

**Humanitarian Assistance in Somalia:  
An evaluation of support for IDPs in  
Somalia, 1999-2003**

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## Abbreviations and Acronyms

ACF-F	<i>Action Contre la Faim – France</i>
AIDS	Acquired Immuno-deficiency Syndrome
CAP	Consolidated Agency Appeals
CIA	Central Intelligence Agency
CHAP	Common Humanitarian Action Plan
DRC	Danish Refugee Council
ECHO	European Commission Humanitarian Office
FGM	Female Genital Mutilation
GDP	Gross Domestic Product
HIV	Human Immuno-deficiency Virus
ICRC	International Committee Red Cross
IDP	Internally Displaced Person
INGO	International Non-Governmental Organisation
MCH	Mother and Child Health Centres
MSF-H/-B	<i>Médecins sans Frontières – Holland/Belgium</i>
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
SACB	Somalia Aid Co-ordination Body
SCF-D	Save the Children Fund-Denmark
SIDA	Swedish International Development Co-operation Agency
SoS	Somaliland Shilling
SS	Somali Shilling
ToR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNITAF	United Task Force
UNOCHA	United Nations Office for the Co-ordination of Humanitarian Affairs
UNOSOM	United Nations Operation in Somalia
UXO	Unexploded Ordnance
WFP	World Food Programme

## Glossary

**(Humanitarian) Access.** The ability to contact, aid and protect people in need. This may be restricted by insecurity, episodes of violent conflict, a lack of a suitable mode of transport, distance, the ‘invisibility’ of the people in need and a lack of cooperation, for whatever reason, from *de facto* powers. Factors such as gender, health, age, knowledge and prejudice may be involved. Access is a two-way process: access by the needy and access by the agency.

**Anthropometric nutritional survey.** A nutritional survey using systematic measurements of samples of the population, particularly children, including height, weight and upper arm circumference. These are analysed in relation to age, sex and other factors.

**Clan.** A large group of people believed to be descendants through males of a common ancestor whose name is also the name of the clan. Several clans constitute a clan-family and each clan is divided into a number of lineages.

**Deng Principles.** The United Nations Organisation *Guiding Principles on Internal Displacement*, UNOCHA, 1998.

**Do-no-harm.** The supply of free food can destroy local food production systems, material aid can be sold to fund conflict and it is argued that the over-provision of aid can reduce the incentive to create livelihoods. Recognising the damage that aid can do, donors and implementers try to foresee and to avoid negative impacts.

**Grey area.** The activities that are carried out following the meeting of immediate needs in an emergency are in the grey area. They are associated with rehabilitation, reconstruction and the transition to development. They may be very similar to those carried out in developmental programmes. The term ‘grey’ indicates their ambivalence. Discourse involving the grey area led to the concept of humanitarian aid plus.

**Humanitarian action.** Activities based on humanitarian principles such as those in the *Code of Conduct for the International Red Cross and Red Crescent Movement and Non Governmental Organisations in Disaster Relief*. The prime motivation for humanitarian action is the alleviation of human suffering, which must be delivered on the basis of need alone and in accord with the humanitarian principles of humanity, impartiality, neutrality and independence. There is currently a debate about the links between humanitarian action and political objectives.

**Humanitarian aid plus.** The concept developed in the 1990s with the realisation that the satisfaction of beneficiaries’ basic needs alone was not sufficient to secure a durable beneficial outcome from an emergency. It seeks to support progress to more developmental activities and may in itself be developmental. It may also link to political ends such as the promotion of peace and good governance. It is particularly relevant to the connectedness of humanitarian activities.

**IDP.** ‘internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an

internationally recognised state border' *Guiding Principles on Internal Displacement*, UNOCHA, 1998

**Mine action.** Activities associated with the removal and making safe of landmines and of unexploded ordnance of different types and the development of awareness of the risks associated with mines and ordnance.

**Peace Process.** The Somali National Reconciliation Conference, begun in October 2002, made state building the *sine qua non* for Somalia's return to normality through sustainable peace. In February 2004, a power-sharing federal system of government, to incorporate Puntland and, more contentiously, Somaliland was agreed. Donors have directly supported the present and the previous peace processes through strengthening civil society, training, research, education and mine action.

**Protection.** All activities aimed at fully respecting the rights of individuals in accordance with the letter and spirit of the relevant bodies of international human rights, humanitarian and refugee laws. This entails provision of material humanitarian aid and services and to protection against various forms of violence. A properly functioning state is, ipso facto, protective of its citizens; hence humanitarian assistance directed towards reinforcing, or enabling the rehabilitation of such a state, is protective activity. The protection of humanitarian agents is defined as security. Protection is a recurrent theme in the Deng Principles.

**Refugee.** A refugee is defined as 'a person outside of his or her country of nationality who is unable or unwilling to return because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.' *1951 United Nations Convention relating to the Status of Refugees and its 1967 Protocol*

**Reproductive health.** In crises such as Somalia there has been increasing emphasis over the last decade on: safe motherhood, family planning, sexually transmitted infections, HIV/AIDS and gender-related violence. Reproductive health is an issue of both human rights and public health.

**Returnee.** A former refugee who has returned, in this report, to Somalia. Most have returned from Region Five of Ethiopia, some after as many as thirteen years. Many are not in their home areas, unable to return to previous livelihoods and in effect in the same predicament as IDPs.

**Security.** The report uses two meanings that are clear from the contexts: first, the safety of individual humanitarian personnel/agencies, and second the general issue of safety and accessibility in various levels of violent conflict. Agencies withdraw humanitarian personnel if insecurity increases. UNOCHA advises on security and produces maps entitled Somalia Security and Access.

**Somali legal systems.** Three legal systems coexist in Somalia: *Xeer* (customary law, which, contrary to a common assumption, changes through time), *Shari'a* (relates to family life) and Secular or juridical law (the law of the state). The first and third of these are most relevant to IDPs.

**Victim.** There is a risk that in IDPs may be perceived purely as victims of their enforced displacement. In floods, fires and droughts they may in fact be victims, but the label gives a misleading impression of impotence and passivity. Investigations of livelihood strategies and their management of their own lives allows a more balanced view.

**Vulnerability.** The product of circumstances that put IDPs at risk: a reflection of their personal and/or communal insecurity. Vulnerability is determined by, for example, poverty and being forced to live in hazardous locations. The level of IDP vulnerability varies in time and space, with specific vulnerabilities relating to food, water, habitat, gender and age.

# **1. Main Findings and Issues**

## **1.1 Introduction**

This evaluation is one of a series of different studies of humanitarian support for Internally Displaced Persons (IDPs) in a number of countries. These studies were conducted by various donors. The overall objective is to draw out system-wide lessons, which are presented in a separate synthesis report.

The current evaluation was commissioned by the Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs. It focuses on humanitarian aid provided by the Netherlands, Denmark, Sweden and the European Commission Humanitarian Office (ECHO) to Somalia in the period 1999-2003. During this period, the four donors provided a total of € 78.6 million, covering interventions in a wide range of sectors.

The study largely covered activities carried out in the framework of United Nations Consolidated Agency Appeals (CAP), as well as activities by other implementing agencies. Its purpose was independently to assess the results of the humanitarian response to the Somali crisis with specific attention to IDPs.

It should be noted that this is not an evaluation of implementing agencies. Nor is it single activity based, because the greater part of the interventions visited and reviewed were funded through United Nations agencies which do not account for their activities by individual intervention, but only nationally by programmes. Consequently, the evaluation focused on sector activity rather than stand-alone interventions. Third, although the Terms of Reference for the evaluation focused on IDPs, the interventions studied did not; rather, they focused on vulnerable populations in Somalia, which include IDPs but were not exclusively IDPs. It became clear that the humanitarian support existed largely to promote and support the ongoing peace process in Somalia.

The evaluation itself was constrained by the lack of peace and a viable state, since many of the interventions it should have examined were inaccessible, either because UN and embassy security staff considered them to be too dangerous to visit, or because one major part of the



communications system (some ECHO flights) was suspended because of an internal difficulty. A further constraint was the lack of documentation for individual interventions.

## 1.2 Findings

1. **Somalia is enmired in a chronic developmental, rather than a humanitarian, crisis. Given a divided country and chronic insecurity, humanitarian assistance was the correct, and also the most practicable response.**

Because political chaos in much of Somalia rendered normal developmental assistance difficult, if not impossible, the donors continued along the path of humanitarian assistance. Violence is substantial, but sporadic and mainly, but not entirely, confined to one region (south and central Somalia). Most of it is 'entrepreneurial', that is to say it is largely a battle for assets and although it leads to periodic waves of further displacement, these are usually of brief extent. In much of the country, including the south and central area, uncertain, uncoordinated, but partly successful attempts at normality are being made.

The donors can be presumed to have recognised the nature of the crisis, since their funding has been concentrated primarily on peace efforts, health, education and water and sanitation, essential services in social reproduction. The donors faced a largely unspoken difficulty in the legitimacy of intervening in a failed state. It was partly resolved by the adoption of the United Nations Organisation's *Guiding Principles on Internal Displacement* (the Deng Principles) which legitimise such intervention on the basis of the rights of the displaced. The *Principles*, mainly concerned with the rights of internally displaced people, alternate between spelling out their rights and the rights that apply to 'Every human being'. Nonetheless, the emphasis of the document lies on intervention on behalf of IDPs, it was this element that evaporated in the face of the Somali reality of widely dispersed people.

Humanitarian assistance is normally a response to a crisis in which rapid action in specific areas (protection, health, water and sanitation, nutrition and so on) are foremost and, commonly, administered from the top down. This was carried out in a number of interventions, in some cases in conjunction with local administrations acting as *de facto* governments. In Somalia as a whole, the donors have elected to support substantial

programmes which included, among other things, wide-spread health programmes, education (to the point of third level education), resettlement, housing and extensive mine action. These activities, identified by the Netherlands as ‘humanitarian aid plus’, were in accord with donor policies, were clearly in support of national reconstruction and the peace process and are usually associated with programmes of development, rather than with humanitarian assistance.

**2. Support for IDPs as a specific group among the vulnerable population is not a specific objective, either for donors or agencies.**

Neither the donors, nor the agencies had explicit policies in operation directed towards IDPs, and none of them actually distinguish IDPs from other vulnerable people. No interventions were aimed entirely at IDPs, although in 13 of them, IDPs did appear, but were last in the list of beneficiaries. Two interventions were aimed solely at ‘not-uprooted vulnerable people’ in an attempt to save their beneficiaries from becoming internally displaced. The agencies were almost unanimous in their agreement that specifically to identify IDPs could further endanger them.

Two positions among agencies and implementers were encountered. One was that IDPs had a human right to direct support and that this was the first consideration to be addressed; the other held that resolving the problems of IDPs, as well as those of all other vulnerable people, depended on securing the peace and restoring a viable state as a pre-condition for addressing needs, commonly referred to as ‘the peace process’. The latter was explicitly supported by Sweden and implicitly by the other three donors.

In agency headquarters the view was commonly expressed that the situation in which IDPs find themselves has deteriorated over the last decade and that they need protection more than they need food, shelter and health-care. This view was modified by findings in Somalia. It may be true in the case of some IDPs in rural areas, but the absence of continuity, produced by the fluidity of the situation throughout the country, meant that comparisons between years were impracticable – only anecdotal evidence of past conditions could be obtained. By definition, it is impossible to generalise in this way about IDPs who have merged with the

general population – the real issue becomes the condition of vulnerable people as a whole and determining their primary needs. Beneficiaries, themselves, do not prioritise protection.

**3. In general, interventions were in support of the Somali peace process and, hence, relevant to widespread need. However, there is no basis on which to judge whether or not the assistance was specifically proportionate to the needs of IDPs.**

The donors funded interventions which, *inter alia*, were designed to facilitate peace and the reconstruction of a viable state. This led to two increasing mismatches with the assumptions in the ToR for this evaluation. The first was the discovery that most interventions helped IDPs only so far as they helped all vulnerable people. The second was an apparent programmatic incoherence caused by violence, particularly in south and central Somalia, and by the political partitioning of the country.

Apart from accepting the UN's *Guiding Principles on Internal Displacement*, neither donors, nor their implementing partners, have defined the needs or the rights of Somalia's IDPs, nor do they treat them as particular cases among vulnerable people. Hence, no comprehensive assessment of their needs was made, even though partial needs assessments, from a variety of sources, do exist. Because, in 1991, Somalia became a failed state, a condition which prevented any normalisation of development aid, it has become a humanitarian crisis of inordinate length.

IDPs are not passive subjects. This is particularly true of a country in which about 40 per cent of the population have a nomadic pastoralist background - a way of life which calls for considerable survival skills and strategies. Displaced people adapt to conditions to ensure their survival and, since the troubles have resulted in rapid urbanisation, large numbers of IDPs have simply merged with other vulnerable people, particularly in urban areas, where they can find work or can scrape a living as petty traders.

**4. Humanitarian aid for Somalia was used by the donors to maintain a presence in Somalia and to support the process directed towards restoring a viable Somali state. Partition and insecurity resulted in patchy coverage of support provided which had affected its effectiveness, efficiency and impact.**

Collectively, the four donors contributed an average of €15.72 million per annum; an average of €3.93 million each; these are small sums, but sufficient to maintain a presence which had some effect on social well-being.

By the close of the evaluation, the peace process had met with some success, so the long-term objectives of the donors have gone some way towards being achieved. That partial success is the evidence that the donors were right to intervene. Their support was for the essential building blocks and structures (for example, health and educational services, mine action and infrastructural rehabilitation), essentially developmental support which will enable the re-creation of a viable state.

Humanitarian crises, outbreaks of cholera, fires in compounds where vulnerable people including IDPs reside, floods and droughts, did occasionally occur, but the ability to respond to them had not been compromised by the developmental trend of the activities.

Humanitarian funds were used and humanitarian assistance was given wherever appropriate. This ‘humanitarian plus’ approach was planned programmatically, yet insecurity and political division within the country compelled implementation which was largely single intervention based.

Delivery was often difficult and some replication occurred because of the problems of access created by frequent, but sporadic, violence. Timeliness, essential to the delivery of humanitarian assistance, was only occasionally an issue since few of the interventions were faced with immediate humanitarian crises. In some interventions, annual budgeting, common in humanitarian assistance, produced problems to do with continuity.

Interventions in major elements of a humanitarian plus approach (health, education, mine action etc.) were adversely affected by the partition of the country into three areas and by substantial insecurity (particularly in south and central Somalia). The consequence of all

these conditions was that there were gaps in provision and many vulnerable people were without support. There were few overlaps within any one of the three effectively partitioned regions because the number of implementing agencies was quite small. Because interventions could not operate across *de facto* borders, or, in some cases, were prevented by violence from operating in specific places, some duplication was inevitable.

Because of insecurity, very few interventions by directly funded NGOs could be visited. Most of the interventions open to examination were supported through multi-lateral channels, particularly the UN agencies. Evaluative judgements were made virtually impossible because of a lack of reporting. None of the reports to the donors from these agencies provide any account of inputs, activities and outputs for specific projects; they report only, and in general, on their programmes.

In general, the interventions that could be visited seemed to be relevant and effective within their frequently isolated and narrow possibilities for action; coverage varied and was determined by levels of security, particularly in south and central Somalia, and by political divisions within the country. Both factors led to some duplication of effort. Efficiency could not be calculated because of the absence of reporting. Impact was limited by insecurity. Dutch policies and programming, despite the former being largely implicit, were coherent with those of the other donors. This unstated, but common achievement underlines the importance of Nairobi in sharing information and as a focal point where all donors and agencies had their headquarters for activities in Somalia.

### **1.3 Issues for Future Attention**

1. Many respondents insisted that identifying specific groups for assistance would cause more problems than it could solve. This is because attention to any one group among the vulnerable can be interpreted as discrimination against the others – it is a difficulty which may also be seen in the tensions between the insistence on the rights of IDPs and the issue of sovereignty (the viable state). Consideration should be given to the possibility, in each case of assistance for failed states, of agreeing to a policy.

2. In situations, like that in Somalia, where humanitarian assistance is used for peace building, then integral planning and reporting on both aid delivery and the peace process should follow.
  
3. Serious consideration should be given to re-examining commitments of humanitarian aid that do not specify reports by outputs, interventions and inputs: the Donors' generosity in emergency aid should not be undermined by poor reporting practices from implementing agencies.

## **2. Origins, Approach and Method**

This chapter begins with the details of the establishment of this evaluation and the issues it was commissioned to address. It then describes the ways in which the objective of the evaluation was compelled to change and the form it took subsequently. The methods and approach employed in its execution are described and the challenges confronting the evaluators are mentioned.

### **2.1 Objective**

In May 2003, four donor organisations, the Dutch and Danish Ministries of Foreign Affairs, the Swedish International Development Co-operation Agency (Sida) and ECHO, agreed to undertake a process of collaborative evaluation of support for internally displaced persons (IDPs) using a common framework. The objective was 'to draw out key, system-wide lesson and thereby improve the provision of humanitarian assistance and protection to IDPs in the future'. Other donors joined the group and a total of eleven evaluations were commissioned.

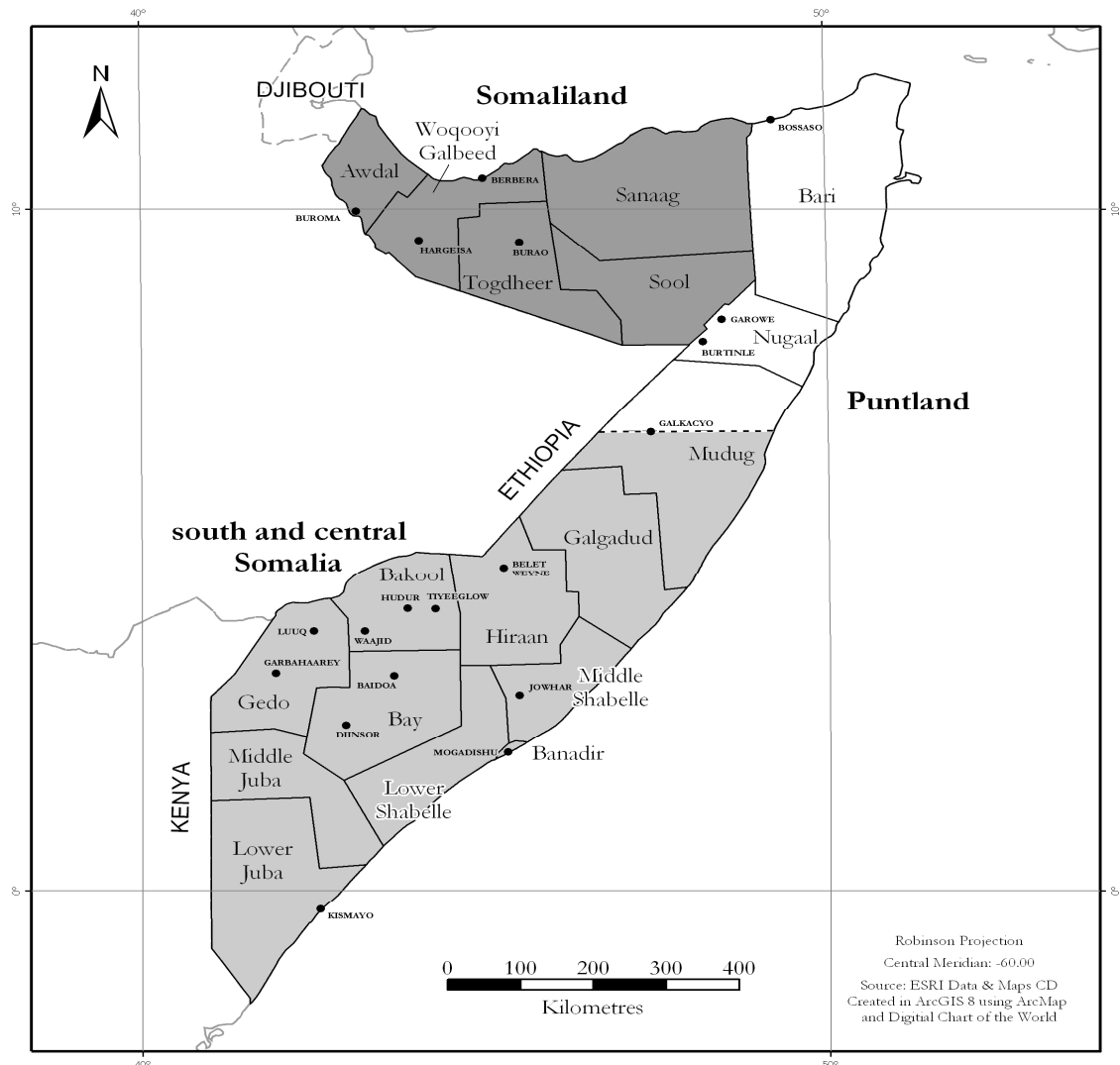
The Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs commissioned the evaluation of humanitarian assistance to IDPs in Somalia funded by the Netherlands, Denmark, Sweden and ECHO in the period 1999-2003; its objective was to provide an account for the support provided. This evaluation covered activities carried out in the framework of the UN Consolidated Agency Appeals and activities which are funded otherwise (NGOs, International Committee of the Red Cross (ICRC), etc.). During the period the four donors provided € 78.6 million, covering interventions in a wide range of sectors.

### **2.2 Scope of the Evaluation**

The evaluation was to cover Dutch humanitarian assistance and the activities funded by Denmark, Sweden and ECHO. The ToR specified the following sectors for examination: food, health, education, water and sanitation, multi-sector and protection/human rights/rule of law. Evidence from these interventions was expected, by the framers of the ToR, to provide an 'illustrative sample of humanitarian activities involving IDPs.' The selection also represented a cross section of organisations involved in implementation (UN, ICRC/Red

Cross, international NGOs, national NGOs and where appropriate local NGOs). Finally, it covered the three ‘administrative’ regions of Somalia: Somaliland, Puntland and south and central Somalia. Map 2.1 shows the *de facto* administrative areas and the eighteen regions of Somalia.

**Map 2.1 De facto Administrative Areas of Somalia During 1999-2003.**





## 2.3 Questions

The ToR, based on a general evaluative framework agreed by the donors and agencies involved in the series of evaluations focused on humanitarian aid to IDPs in several countries, call for a comparative analysis of the donors' humanitarian policies for IDPs and also set out specific questions to be answered by the evaluation. These questions were organised under evaluative criteria and issues as follows:

- **Relevance:** Was the humanitarian assistance provided to Somalia in line with the humanitarian policy of the Netherlands, Denmark, Sweden and the European Commission as well as the needs, priorities and rights of IDPs?
- **Effectiveness:** To what extent did the humanitarian assistance provided achieve its purpose?
- **Impact:** What have been the wider effects of the humanitarian interventions on IDPs and other vulnerable groups?
- **Efficiency:** Were the financial resources and other inputs efficiently (most economically) used to achieve results?
- **Connectedness:** To what extent have the humanitarian activities taken into account the specific context in Somalia with its longer-term and interconnected problems?
- **Coherence:** Are the humanitarian policies and programming of the Netherlands coherent with those of other donors?
- **Co-ordination:** How well has co-ordination taken place?<sup>1</sup>

Each of these general questions was elaborated by wide-ranging lists of more specific subsidiary questions. Taken together, they require the evaluation to consider the effect of programmes of humanitarian assistance on the lives of IDPs.

Timeliness, which is also mentioned in the Terms of Reference, is specific to humanitarian aid and, in the mixture of humanitarian assistance and developmental undertakings common in all those parts of Somalia that the evaluation could reach.

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<sup>1</sup> Terms of Reference, 9-13.

## 2.4 Modifications

The Terms of Reference were unequivocal, clear and very detailed, but uncertainties about their direction began to emerge early in the evaluation. The first stage consisted of interviews, in their various headquarters, with the donors, the principal UN agencies, the Red Cross family, the international NGOs and some other significant bodies. It became clear that although most of the governmental and UN organisations have committed themselves to the United Nations Organisation's *Guiding Principles on Internal Displacement* (the Deng Principles – see Chapter 3), they had no specific policies for IDPs. Together with the NGOs, most of them referred the evaluation team to the administrators of the aid programmes for Somalia, who were situated in Nairobi. Sweden had made its priorities clear by explicitly adopting a policy of providing assistance in support of a peace process.<sup>2</sup> Interviews with the staff in NGO headquarters drew the uniform response that none of them specifically targeted IDPs, but would certainly help them if they happened to be in the areas of their operations. Several respondents thought that to identify IDPs could be counter-productive, since to do so might be interpreted as entailing discriminatory assistance. At this point the evaluation realised that the picture of assistance which might especially benefit IDPs, which was drawn from the ToR, was, at least, open to question. The results of these interviews were chronicled in an Inception (Desk) Report, presented to IOB on the 23<sup>rd</sup> June, 2004.<sup>3</sup>

All major decisions about funding are made by the donors' ministries or, in the case of ECHO, by administrative headquarters; but the administration of assistance lies with their offices and the offices of the agencies and implementers in Nairobi. It was there that the second stage of the evaluation took place. Extensive interviews were conducted with the donors' embassies (in ECHO's case, its office), the EU delegation and its political office, with all the principal UN organisations, with the Red Crescent and with all the international NGOs funded by the donors and operating in Somalia.

In the course of the second stage, the uncertainties about the ToR deepened substantially. The embassies had little to say, since they had only peripheral contact with the administration of

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<sup>2</sup> 'Peace process' was a shorthand expression for all work in conflict resolution, the actual conferences between warring parties and the implementation of interventions which would help to re-establish a viable Somali state.

<sup>3</sup> *Desk Report*, 14th July, 2004. Obtainable from ETC UK.

assistance and the personnel of their Somali desks rarely, if ever, visited Somalia.<sup>4</sup> The UN agencies, with two ambivalent exceptions, were unanimous in saying that they neither specifically identified IDPs, nor had they policies, programmes or projects especially for them. The two exceptions were UNICEF, which did have some small projects in the few places where IDPs were accessible, and UNHCR, which did not deal with IDPs at all, but which might not be averse to an expansion of its mandate provided that new funds came with it. None of the international NGOs differed from the agencies in their responses to questions about their approaches to IDPs.

In 2002, OCHA established an Internal Displacement Unit to encourage and support a collaborative, or inter-agency, approach to the needs of the displaced. In September 2004, after the field work of this evaluation had been completed, the Inter-Agency Standing Committee (IASC) of the UN issued the document 'Implementing the Collaborative Response to Situations of Internal Displacement' which provides guidance for UN Humanitarian and/or Resident Co-ordinators and Country Teams (Borton et al. 2005, 50-2).

Another dimension was added to the issue in Nairobi. It was pointed out to the evaluation that not only would identification, particularly for the purpose of targeting assistance, be dangerous for IDPs, but for most of them, it would be impractical. Displacement has been a norm in Somalia for at least seventeen years (more than an African generation). IDPs, like refugees, are not passive subjects, particularly in a country with a sizeable nomadic pastoralist population, they adapt to conditions to ensure their survival. For reasons spelled out in this report, rapid urbanisation is taking place and large numbers of IDPs have simply merged with other vulnerable people, particularly in urban areas, where they search for jobs. Individuals may declare themselves as displaced, or a few may be identified by other Somalis, but, with small exceptions, no agency or NGO is in a position to identify IDPs on any meaningful scale.

Estimates of their number vary, but 375,000 is a figure widely used by donors and agencies. The best that can be said of such figures is that they are probable, or that they are intelligent guesses, particularly in the light of the mobility, even invisibility, of so many IDPs. Because of the long history of displacement, both internal and external, and because of the lack of

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<sup>4</sup> The Somalia desk officers in the Dutch Embassy were forbidden to do so.

reliable historical figures, even the size of the population of Somalia is a matter of conjecture, which hovers between six and ten million.

When taxed on the matter of the purpose of assistance in Somalia, virtually all the Nairobi respondents referred to the 'peace process'. They made the point that the most protective measure for all vulnerable people, including IDPs, would be the resolution of conflict and the re-establishment of a viable Somali state. What this might mean is dealt with elsewhere in this report (see Chapter 3). Up until this point the responses could be summarised thus:

- With the exception of UNOCHA, the embassies, agencies and organisations interviewed for this evaluation did not have policies specifically directed towards IDPs. In Geneva in 2002, UNOCHA had established a special IDP Unit which published *No Refuge: the Challenge of Internal Displacement* (2003). It points out that IDPs are not well covered in many sectors of humanitarian assistance (see Borton, et. al, p. 49). UNOCHA's report *An Operational Frame work for Vulnerable Communities in Somalia* (July, 2002, 1<sup>st</sup> draft), and another on the livelihoods and protection of IDPs and vulnerable communities (July, 2003), both demonstrated a move towards understanding IDPs not in isolation, but as part of wider vulnerable communities. The same position is implied in the Norwegian Refugee Council's Global IDP Project report dated 24 November 2004. It refers to the paradox of the overwhelmingly largest number of IDPs absorbed into the 'insalubrious slums' of the most dangerous of places, Mogadishu.
- No attempt was made to identify IDPs; it was universally agreed that to do so would put them in danger, because others in need would interpret specific help as discriminatory.
- IDPs were assisted only where they were part of a general population of the vulnerable.
- Since IDPs were generally not identified, no calculation of how many were assisted and by what means could be made.
- Vulnerable people, including IDPs, need protection, but the most protective mechanism would be a positive and durable outcome of the ongoing peace process.
- All activities supported by donors in Somalia were seen in the context of the peace process.

Up until this point, respondents had been questioned in line with the ToR, but, since none of them could respond to the assumptions embodied in those terms, this was becoming increasingly difficult. It became clear to the evaluation teams that the description of the situation of IDPs that emerged in Nairobi was credible. Nonetheless, this evidence came from people whose centre of activity was at some distance from Somalia; many had visited, but few had worked there. It would not be possible entirely to abandon the theses of the ToR without evidence from the field. But what had become of prime importance was the proposition that aid, funded from the donors' humanitarian budgets, was closely connected with the re-establishment of a Somali state. It is at least arguable that had the evaluation not adhered closely to the ToR, none of the problems about IDPs and the prosecution of a peace settlement might have surfaced. At the very least the ToR could be seen as a valuable catalyst.

The notion that it should be possible to evaluate the effect of assistance on IDPs in general was effectively and completely dispelled when the evaluation reached Somalia. In parts of Puntland and in south and central Somalia, there were instances where it was possible to recognise IDPs; in the latter, there were small rural IDP settlements. In both cases the numbers thus identifiable were small. In both regions, minor health and nutrition projects did assist them, but they did not constitute a significant part of the donors' aid (see Chapter 5 for references to them). In the *soi-disant* 'Republic of Somaliland' the situation was even more difficult. Its government had decided to treat all IDPs who were native to the region as refugees and attempted to expel, as foreign and illegal immigrants, the substantial numbers of others. The obvious consequence was to make IDPs even more invisible than usual.

The respondents in Somalia, some Somali, others expatriate aid-workers, all made clear that the resolution of conflict and the re-establishment of a state overshadowed most other considerations. In Nairobi, the evaluation had realised that the agencies and NGOs saw aid as a contribution towards the achievement of peace; this view was reinforced in Somalia. Once again, it became obvious that the ultimate solution to the problems of IDPs, along with all other vulnerable people, would be the protective quality of a viable national government. The ToR were still there, but questions now had to be asked about the generally protective function of assistance, and about its place in the desired outcome. It also had to deal with the

differing responses in what is effectively a partitioned country in which random violence varied in intensity and in cause in the three regions.

The ToR were not abandoned, but circumstance enforced their modification. IDPs remained a focus of investigation, but for investigative purposes they could only be seen as part of a generally vulnerable population; no sense could be given to any attempt to identify or to analyse their problems separately. This was the change of objective referred to in the introductory paragraph of this chapter.

## **2.5 Approach**

Two of the three phases of the evaluation are described in the preceding sections. The final phase was analysis and the production of this report.

Key informants were chosen from donors, the UN, *de facto* governments in Somalia, implementing agencies (including 17 NGOs) and beneficiaries. Discussions with the Netherlands' Foreign Ministry Policy and Operations Evaluation Department's management team and an analysis of available literature informed this process. Discussions were also held with regional representatives (Nairobi) to gather additional information on the policy direction of the peace process.

In-depth interviews, designed to gather detailed, qualitative data to explain the changes and the effects brought about by interventions, were held with them. The results of these interviews were continually analysed and the interim findings informed the selection of future respondents. Rigorous qualitative research requires that hypotheses are developed, tested and refined as an integral part of the methodology, and hypotheses are disproved using information gathered from the research. The time allotted to the evaluation did not allow for this to be done in a thorough way; however, the general principle of developing hypotheses to guide the evaluation process was adhered to. The evaluation aimed to identify key lessons relevant to continued interventions, and future development collaboration.

The evaluation interviewed staff in order to understand the conceptualisation and implementation of the activities; these interviews also focused on the activities' degree of effectiveness.

The evaluation framework presented in this report is based on the OECD guidelines and the generic ToR adapted by the Netherlands Ministry of Foreign Affairs for the Somalia case. The team identified some specific areas of questioning that helped the investigation of the evaluation criteria. This discussion guide format allowed for flexibility and enabled respondents to lead the interview and to impart valuable information in forms that may not have been immediately apparent to the evaluators.

Focus group discussions and individual interviews were the main methods of data collection and were used to gather information on the relevance and effectiveness of interventions. Individual interviews were useful for the discussion of sensitive topics, such as IDP experience, gender and conflict in the community, and to gather important anecdotal information on impact.

## **2.6 Limitations to the Evaluation Method**

In reading this evaluation, it is important to note its limitations: the Terms of Reference focused on IDPs, but, for reasons set out in 2.4, the interventions under evaluation did not. Neither did the evaluation assess implementing agencies even though, as it evolved, there was close contact with them. Nor is it single intervention based, since it was difficult to access individual activities because of insecurity, because they had terminated or because their output was focused on a broader beneficiary population than IDPs alone. Nonetheless, the evaluation was concerned with the effects of interventions on IDPs. Guided by the ToR, the evaluation focused on sector activity, rather than stand-alone interventions, with an understanding that support for activities was intended largely to promote the peace process, not directly for IDPs.

Based on an analysis of the size and continuity of funding, the evaluation established a list of interventions to be examined. Since not all interventions in each sector could be visited, the

list became one of purposive sampling – interventions which were most likely to provide the information necessary for an evaluative judgement were selected.

There were considerable limitations to the process of data collection:

- The limited amount of useful baseline data on IDPs (and other vulnerable groups) made it more difficult to identify impact and forced the teams to rely more heavily on anecdotal evidence.
- In the short time available, it was not possible to collect primary quantitative data, which would have been useful for triangulating against other primary and secondary data that were collected.

In differing degrees, four factors affected the evaluation's work:

- The complete absence of information about detailed expenditure in the reports from the multi-lateral agencies made any attempt at evaluating efficiency impossible.
- Expatriate staff in Nairobi and Somalia were on vacation in July. In many institutions, senior people were away and the evaluation could only interview junior staff, whose acquaintance with the issues was very limited. Many of them were excellent and able people, but largely uninformed about humanitarian principles and practices.
- Insecurity in substantial parts of south and central Somalia and, to a lesser extent, in Puntland, prevented the evaluation from visiting a number of interventions.
- Internal difficulties compelled ECHO to withdraw several of its flights, which resulted in delays and restrictions on the activities of the evaluation in Somaliland and Puntland.
- UN curfews resulted in a heavily shortened working day.

There is general absence of baseline data on Somalia – even the 2002 socio-economic survey, a major effort by UNDP and the World Bank, which is regarded as baseline material is open to question and clarification. Few existing academic studies are available and sectoral studies (for example, Soussan (1989), on water) are pre-war. The best overall, geo-referenced summary is the atlas of Somalia prepared by the Food Security Assessment Unit (of UN Food



and Agriculture Organisation). The Norwegian Refugee Council's annual *Profile of Internal Displacement; Somalia* also provides a most useful overview.

Of the three areas, south and central Somalia was the most problematic, because it was the most fluid. Entrepreneurial war-lords were constantly fighting to establish fiefdoms and this frequently resulted in the withdrawal of all expatriate aid workers and closed many areas to the evaluation. Interviews in the region, surrounded by armed guards from the interviewing and interviewee teams, lead to significant bias and subjectivity, which, in turn, led to incomplete and selective accounts. The possibility of interviews depended on security and, on several occasions, they had to be abandoned. Indeed, the sample frame design was itself formulated not so much by the evaluation team as by the UN and ECHO security teams and informed by the Somali hosts of the evaluation team. The situation was substantially less fraught in Somaliland and Puntland, but low-level conflict existed between them over their common border in Sool and Sanaag (an area badly affected by drought and which could not be visited). In Puntland, following the assassination of the Mayor in Bossaso, the reshuffling of the cabinet caused much resentment among the followers of the former Minister of Commerce. This reorganisation coincided with the visit to Bossaso and the Puntland team was advised to leave immediately. The team members were thus prevented from visiting and interviewing IDPs in the area. The loss of working time was added to by the suspension of the ECHO flights which also meant that Galkacyo, a major area of humanitarian activity, could not be visited. The most secure area was the self-proclaimed Republic of Somaliland, but its regulations provided obstacles for activities and, hence for their evaluation. The greatest difficulty sprang from the government's determination to classify IDPs, who were not from the region, as foreign refugees and to treat local refugees returning from Ethiopia as citizens. To support this position, the substantial compounds which IDPs, homeless and other vulnerable people had occupied were declared to be temporary or illegal, which resulted in an almost complete absence of assistance (see Chapter 5).<sup>5</sup> This produced the anomaly for the evaluation that, apart from reporting the difficulties of the largest populations of the vulnerable in Somaliland, it had virtually no assistance to evaluate.

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<sup>5</sup> 'Compound' commonly describes the enclosed areas used as living and administrative quarters by agencies and aid workers; the evaluation has adopted the word as the name for the varied spaces occupied by IDPs and other vulnerable people.

IDPs, as a socially excluded group, are a sensitive research issue. Respondents were willing to talk about IDPs in general; but, not least because the evaluation team was largely non-Somali and was in Somalia for less than one month, respondents did not divulge detailed personal information about, for example, gendered human rights abuses.

Above all, the evaluation tried to measure culturally and politically sensitive variables, such as the impact of HIV/AIDS. The very process of data gathering is culturally sensitive, particularly in the case of gender issues. Evaluators came from a privileged socio-economic background, and their hotel, 4x4 lifestyle is at odds with humanitarian aid beneficiaries. Most importantly, in a curfew culture, the assumption that beneficiaries would be available to talk to the evaluation team, when they were at work, was an assumption too far. Above all, particularly in south and central Somalia, the evaluation could have been a security risk for some interviewees.

Despite the consistency and continuity of the general thrust of the donors' and the agencies' funding and planning, individual interventions were frequently made to be inconsistent. On the one hand, they were compelled to adapt to three differing political situations, which often determined where they could operate and, on the other, the implementers were repeatedly forced to withdraw by outbreaks of fighting. The consequence of this for the evaluation was, in many cases, the near impossibility of getting reliable field data on the history and progress of interventions over the evaluation period.

### **3. Somalia, Assistance, IDPs and Peace**

This chapter gives a brief historical background to the present situation in Somalia and an account of the position of IDPs. It also gives a short description of Somalia's economy and of the peace process.

#### **3.1 Background**

A brief account of the principal events since Somalia's independence is a necessary step in understanding some contemporary issues.

##### **Elite Politics and the Destruction of Public Trust**

In 1960, following independence, Somalis shared the post-colonial optimism common throughout Africa and their nationalism generated a social unity that reflected their hope for democracy and development; but they did not realise that their hopes depended on the quality of the national elite and on intra-elite politics. Two opposing post-colonial national strategies were embedded in the new republic's fabric; they were Somali-wide versus sectarian trajectories. The struggle between them has marked the state's subsequent institutional history. Four qualities shaped both the civic and the sectarian impacts on public institutions and public trust, these were: the degree of elite unity or lack of it; the legitimacy of its leadership; the leadership's understanding of the nature of the collective aim; the clarity of its strategy in translating plans into concrete reality.

##### **The First Republic (1960-4)**

The euphoria, engendered by independence and the unification of the former British and Italian Somalilands into the new Republic of Somalia, generated a national cohesion that masked differences between groups with competing agendas.<sup>6</sup> The patriotic fervour induced by the 1964 war with Ethiopia and the democratic manner in which the government

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<sup>6</sup> This division was clear even in the first Somali governments formed under Italian and British colonial masters in the late 1950s.

conducted the republic's first post-colonial election prolonged the euphoria:<sup>7</sup> but solidarity was short-lived.<sup>8</sup> The regime's leadership was accepted by the public, but showed no understanding of the specific objectives of the nationalist project beyond the desire to develop; it also failed to articulate a plan for achieving its agenda. It undertook minimal institutional reform, other than stream-lining the British and Italian colonial administrations into a single apparatus.

### **The Second Republic (1964–7)**

This regime is unique on two counts: the 1964, national parliamentary elections exposed the emerging ascendancy of sectarian forces and the opportunistic tendencies of the elite. As individual members of the elite tried to gain parliamentary seats in order to loot the public purse, the number of political parties grew from five to twenty-four: only four succeeded in winning seats. After the elections, nationalist forces made their last systematic effort to prevent the sectarian tide from engulfing public life. The nationalist leadership tried to insulate the civil service from undisciplined particularistic interventions. President Aden Abdulle Osman and Premier Abdirazak Haji Hussein strove to do more than integrate the two former colonies, but the regime failed to enunciate its aims clearly. In spite of this weakness, the Hussein government understood that in order to root out corruption and the abuse of power, and to make public institutions effective, it needed to bureaucratise them.

Two of the Premier's initiatives signalled his strategy: he appointed his ministers for their professional skills and, as a result, a significant number of key portfolios went to northerners. Many southern MPs were unhappy and accused the Prime Minister (who was, himself, from the south) of favouring former British Protectorate parliamentarians and senior civil servants. One northerner, Mohamoud Issa Jama, nominated as minister of agriculture, gave up his post so that southerners could be accommodated. The second, most important, decision was to reform the civil service and establish a professional and autonomous Civil Service Commission. The Commission's mandate, with technical assistance from the UN, was to professionalise the service. It discovered that many senior officials were unqualified and ill-

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<sup>7</sup> There were five active political parties at the time of the Union (three from the North and two from the South). In 1960, the Somali Youth League and its allies from the North dominated the unified national parliament.

<sup>8</sup> Major differences emerged between the President and his Prime Minister over the government's public management. Following the 1964 elections, the President appointed a like-minded Prime Minister.

equipped to lead their departments and, consequently, recommended relieving them of their responsibilities for two years to give them an opportunity to increase their competence. Nearly 200 senior officials were dismissed over the next year for incompetence and corruption.<sup>9</sup> Except for two northerners, all those discharged were from the southern region and were among the southern elite's leading elements.

### **The Third Republic (1967-9)**

The attempt at reform was short-lived; after the 1967 presidential election, an administration less concerned with curbing corruption and insulating public service came to power.<sup>10</sup>

President Osman lost the election for three reasons: he was competing with a popular former Prime Minister, Abdirashid Ali Sharmarke; Premier Hussein's anti-corruption drive and his dismissal of members of the southern elite from the civil service, had alienated a powerful political constituency; finally, Sharmarke and his allies promised rewards for parliamentarians who voted for him: he captured the presidency by a slim margin.

Sharmarke and his Premier, Abdirham Ahmed Ali, immediately started planning for the 1969 parliamentary election. The elite, especially those in parliament, were united by nothing except their willingness to trade off any public resource for private gain.<sup>11</sup> The leaders of the government had fuelled this tendency during the presidential election and knew that the only way to retain power was to appeal to each MP's material interests. The regime abandoned civil service reform and favouritism became the avenue to appointment and promotion. Corruption and the politics of divide and rule became the name of the game.<sup>12</sup>

The 1969 parliamentary elections proved that the elite's sectarian faction had gained the upper hand. The political process disintegrated: ambitious individuals, not selected by the main parties, formed their own and 62 opposition parties fielded candidates: they won 50 of the 123 seats and promptly abandoned their parties to join the ruling party. This shift in political loyalty was induced by the clear recognition that MPs could access public largesse only if

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<sup>9</sup> Several hundred junior employees, appointed on the basis of clientalism, were also dismissed.

<sup>10</sup> Abib, H., 1996.

<sup>11</sup> Lewis, I.M., 1972.

<sup>12</sup> Abib, H., 1996.

they were associated with government. The only opposition member of parliament was former Prime Minister Hussein - the tenure of the regime was brief.

### **The Military Junta (1969-91)**

The military, under General Siad Barre, took control of the government before the sectarian stampede could run its course and the public rejoiced at the ending of corruption. The new regime enjoyed a high degree of legitimacy during the first years of its tenure; the swift and effective management of the 1973–4 drought, the introduction of the Latin script for the Somali language and the expansion of education and other services increased the regime's popularity. The military, with Soviet prodding, adopted a socialist development strategy; but it showed no sign of understanding what a Soviet style of economic management might mean in Somalia.<sup>13</sup> Initially it also retained the rudderless public service policy of the previous regime.

The Somali army's defeat in the 1977-8 Ethiopian-Somali war, brought the regime's honeymoon period to an end. As the public and significant elements of the military challenged the regime's right to govern, it discarded citizens' rights and any pretence of supporting an inclusive national agenda. Paranoia engulfed the leadership - it began a massive campaign to put loyal supporters in all key government positions, without regard to merit or due process. The majority of these new and quickly promoted public employees lacked the skills and experience to manage public affairs. Having lost its legitimacy, the regime used military power to punish entire regions and communities it deemed to be disloyal. In 1988, a sectarian and brutal use of the military machine destroyed Hargeisa and Burao, two of the country's largest cities. They were targeted after the guerrilla fighters of an opposition Somali National Movement, supported by Ethiopia, entered them. Local populations were devastated, and 500,000 survivors fled to Ethiopian refugee compounds.

The end of the Cold War reduced Somalia's strategic importance so that from 1989 external aid decreased. Siad Barre's regime had depended on such aid and therefore quickly lost control of the country. The country bled for another three years when armed guerrilla movements struggled for power and in January 1991, the regime was ousted from its last

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<sup>13</sup> Samatar, A.I., 1993.

stronghold in the capital, but by then, all national institutions were ruined and Somalia became a 'failed state'. In May of that year, the north-western region of what had been British Somaliland seceded from the Republic and declared itself as the Republic of Somaliland.

### **Events in the Interregnum**

The various opposition movements, which had destroyed the regime, were themselves sectarian and had no programme for national reconstruction. They fought each other for control and, in the process, ruined what little was left. The prolonged civil war and the terror instigated by warlords reversed integrative national processes. Faction leaders and warlords fragmented the country into 'clan' fiefdoms, but warring faction leaders from the same clan were not uncommon. Most Somalis agree that Siad Barre's regime was dreadful, but that it was better than what followed, in the south in particular, they often note that 'a bad government is better than none.'

### **Civil War, State Disintegration and the Quest for a Rebuilt Somalia.**

A criminal economy of looting, accompanied by massacres, rape and other forms of violence had developed in Somalia. The theft of livestock became common and in the chaotic conditions agricultural production declined. Conflict combined with drought in 1991 caused a severe famine in which an estimated 500,000 people died and large numbers of others became internally displaced while 1,500,000 became refugees. Minority groups continued to suffer the persecution begun under the Siad Barre regime with confiscation of their land.

The breakdown of social, economic and administrative structures intensified in 1992. At this time up to two million people were internally displaced. The United Nations Operations in Somalia (UNOSOM-1) sent 500 UN soldiers to monitor a cease-fire between factions in Mogadishu and to facilitate the distribution of humanitarian assistance and to protect convoys. Subsequently the operation was extended to the rest of the country. In October, the UN launched its '100-Day Action Programme', which involved a number of UN agencies and INGOs and covered food, health-care, water and sanitation and shelter. In December, the USA intervened with its operations 'Restore Hope' and 'United Task Force' (UNITAF), but, by then, the famine was virtually over.

In January 1993, at a meeting held by the UN in Addis Ababa, fourteen warring Somali factions agreed to a cease-fire. As on numerous occasions the cease-fire did not hold and UN troops continued work in alleviating the consequences of famine. By mid 1993, the number of IDPs had fallen significantly to about 500,000 and for five years continued to fall to below present levels.<sup>14</sup> In March, a UN conference on national reconciliation was convened, also in Addis Ababa. In that same month UNOSOM II, consisting of 28,000 UN troops arrived to ensure protection and to allow disarmament and reconciliation to begin. During 1994, Pakistani and US (Black Hawk Down) troops were killed.

Conflict continued until 1995 when, in March, US troops were withdrawn and soon, during the same year, the remaining UN peace keepers and much of the international aid community left the country in the face of conflict and were replaced by Islamic aid organisations.

Puntland, taking the name of the ‘Somali State of Puntland’, and Jubaland both declared ‘temporary’ independence in 1998. At the same time the economy of the break-away Somaliland continued to strengthen, and thus the threats to the unity of Somalia were increased. Meanwhile, in some areas of south and central Somalia, the UN and other agencies continued to distribute food in response to needs created by continuing insecurity and from 1998, the number of displacements from south and central Somalia began to rise again.<sup>15</sup>

During 2000 and under the aegis of the Inter-Governmental Authority on Development, the five month long Djibouti Peace Conference created an interim constitution and elected a presidential and clan based National Assembly, but the violent conflict continued and the Somali state continued to be threatened by internal stresses, so that in April 2002, the Rahanweyn Resistance Army declared an ‘autonomous’ South-West Somalia which included Jubaland. In October of that year, however, a cease-fire accord was reached in Nairobi.<sup>16</sup>

### **3.2 Somalia and its Divisions**

The collapse of the military junta in 1991 was the collapse of Somalia’s last national government and its move into that uncertain category of ‘failed state’. It was the moment in

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<sup>14</sup> Norwegian Refugee Council, 2004.

<sup>15</sup> *ibid.*

<sup>16</sup> Details of the peace process are provided in Section 3.5



which numerous powerful groups, some clan based, others simply opportunistically entrepreneurial, stepped up their battles for control. In the succeeding years, two unrecognised, autonomous states emerged: the Republic of Somaliland (1991) and the Somali State of Puntland (1998). The remainder of the country, referred to throughout this report as south and central Somalia, remains a chaotic mix of competing groups in a region in which armed conflict continues sporadically to erupt. In the south-west, Jubaland has made claims to autonomy, but shows little sign of emerging as a separate and viable entity. A low-intensity conflict between Somaliland and Puntland, over their common border in the districts of Sool and Sanaag, occasionally became violent. The evaluation was informed that a certain amount of banditry continues in Somaliland, but no evidence in support of this claim was presented to it.

Within a few months following the collapse of the junta, the clans of north-west Somalia declared their independent state, the 'Republic of Somaliland' - its capital is Hargeisa. They appointed Mohammed Ibrahim Egal, the prime minister in Abdirashid Ali Sharmarke's national government (1967-9), as its first president - he remained in power until he died in May 2002. He was succeeded by Dahir Riyaale Kahin. No government has recognised the state, but it has remained relatively stable and has an economy which is growing slowly. Stability has been achieved by means of oligarchic rule by one overwhelmingly dominant clan; economic growth was originally made possible by the results of earlier British, Russian and US military assistance in the region, but has now achieved an impetus of its own. The state is clientalist, corrupt and there is some evidence of brutal repression.

Seven years later, Puntland declared its 'temporary' separation; the territory is dominated by the Darod clan which appointed Abdullahi Yusuf Ahmed (formerly vice-president of the clan's Somali Salvation Democratic Front) as president. It, too, is an internationally unrecognised state and with a struggling economy, which, like Somaliland's, is growing; its clan base, also like Somaliland, renders it both clientalist and corrupt. When Puntland declared its independence, it did so as a 'temporary' measure since, unlike Somaliland, it was looking forward to a united Somalia in which it would have considerable power. Up to a point, its ambition has been achieved, since its President has now been appointed President of the Somali Government in waiting.

South and central Somalia is home to a number of claimants to governmental structures, but none of them has sufficient support, or the ability, to emerge as a viable government. In the south-west, Jubaland's declaration of autonomy has had little practical effect. Major conflict continues in the region and seems largely to be opportunistic fighting for assets, tinged with elements of clan hostility.

The position of all three regions is affected by events subsequent to this evaluation and the current position is unclear and riddled with uncertainty. Somaliland has rejected the outcome of the peace process, south and central Somalia is still troubled by conflict and Puntland is involved in a situation with no clear future.<sup>17</sup> Recent events are not the concern of this evaluation, but it may be useful to note that they arise from exactly the conditions that were encountered by the evaluation.

### **3.3 The Effects of Somalia's Divisions on the Delivery of Humanitarian Assistance**

Somalia's position as a failed state introduced a major set of problems for the donors and for the agencies. Since there was no state with which to negotiate, the legality of intervention was an issue. It was resolved by the determination that Somalis had a right to protection and to necessary support in the face of a multi-faceted emergency.<sup>18</sup> The United Nations Organisation's *Guiding Principles on Internal Displacement* (the Deng Principles)<sup>19</sup> provided the international legitimising text, not the least because, at some point or another in the last 25 years, a majority of Somalis have been displaced.

Far more problematic was dealing with a country which has effectively been partitioned. For the period with which this evaluation is concerned, the three differing areas were a problem for donors and implementers. Proto-national and internationally unrecognised boundaries seriously compromised any nation-wide programmatic strategy, not the least because their existence meant that operations for the country as a whole were difficult and often impossible.

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<sup>17</sup> Many commentators are pointing to the grave difficulties currently affecting the process, including reporters for Reuters-AlertNet and Al Jazeera.

<sup>18</sup> Drought, floods and epidemics added to the internecine violence.

<sup>19</sup> The 'Deng' Principles are so called because their originator and champion was Francis Deng.

South and central Somalia was not only without counterparts, but its recurrent violence meant frequent disruption in the delivery of assistance. It was not uncommon for interventions to be suspended in one place in the area, but to be able to operate in another. The effect of this uncertainty was to make continuity extremely difficult; institutional memory was compromised, supplies could not easily be calculated, valuable local staff were unable to leave a dangerous area from which expatriate staff had been evacuated, the sudden termination of much activity led to the waste of otherwise excellent effort and so on. What is remarkable is the degree of success in spite of these problems.

Somaliland presented different problems. Because it had a functioning, if dubious, government, donors, Denmark in particular, were able to make use of more or less unofficial counterparts; a good example may be seen in mine action. But this unrecognised republic produced other obstacles to the aims of the donors and agencies. Its secession put it at odds with the rest of the country and its insistence on borders meant that Somali-wide programmes had to take them into account; the effect was to splinter the programmes. Hostility between Somaliland and Puntland, over their common border in the districts of Sool and Sanaag, led to the evacuation of expatriate workers in a region of particular hardship. The violence was not on the scale of that in south and central Somalia, but the effect on humanitarian assistance was much the same. Of far greater difficulty was Somaliland's treatment of IDPs. Those who originated in its territory were assisted, were settled in recognised compounds and, together with returned refugees, offered plots of land in those compounds on which to build houses. The government made determined and often violent attempts to round up all other IDPs and expel them as foreign intruders. It was far from completely successful, but it did have the effect of making unquantifiable numbers of IDPs disappear into the populations of urban poor or fleeing to Puntland or even to Yemen. Latterly, the government seem to have taken a more lenient line and is prepared to assist, or to allow others to assist, IDPs in general; but the document suggesting this is geared to attracting more financial support for the state and must be treated with caution.<sup>20</sup>

Puntland also presents nation-wide humanitarian programmes with the same structural difficulties found in the other two areas. Depending on events in the south, its population of IDPs varies drastically. At times, substantial numbers of IDPs appear from the southern cities,

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<sup>20</sup> Ministry of Rehabilitation, Reconstruction and Resettlement, 2004.

but return as soon as matters improve. This is because opportunities for employment and for petty trading and, therefore, for survival, are greater in Mogadishu and Kismaayo than in the north. Expatriate workers in Puntland are affected by the low-level conflict in Sool and Sanaag, just as they are in Somaliland.

Despite the fact that programmes for Somalia were largely reduced to bundles of interventions, the evaluation recognises the importance of the donors' and agencies' struggle to maintain the programmatic approach in the interests of a peace agreement (see Chapters 5 and 6).

### **3.4 Somalia's Economy**

In the nature of the case, facts are hard to come by, but, according to one source, in normal times agriculture and pastoralism accounted for about 40 per cent of gross domestic product (GDP) and 65 per cent of earnings.<sup>21</sup> The evaluation has not been able to find calculations of GDP since the collapse of the state, either for the country as a whole, or individually for the three areas, but it is a reasonable assumption that agriculture and pastoralism remain the largest elements in the economy, or economies. Other significant exports were hides, fish, charcoal and bananas. Violence, land-grabbing, the absence of a state, drought and floods have all rendered the two main avocations precarious; a ban on the export of cattle, imposed by Saudi Arabia, allegedly from fear of Rift Valley Fever, has made matters even more difficult. Despite these difficulties, cattle exports from all three regions continue and, in some areas, there is a thriving export trade in hides.<sup>22</sup>

There is no official banking system and three currencies are in use; the US dollar, the Somali shilling (SS) and the Somaliland shilling (Sos).<sup>23</sup> A crude distinction between the uses of these currencies may be drawn: the US\$ is used for all transactions across borders and for the purchase of machinery, hardware and other relatively high value items; the two Somali currencies (which are not interchangeable) are used for ordinary household purchases, food, cigarettes, bottled water and so on. In the absence of banks, large currency exchange markets

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<sup>21</sup> CIA, 2004

<sup>22</sup> For example, the evaluation saw substantial numbers of lorries laden with hides heading for the ports from Hargeisa.

<sup>23</sup> For approximate rates of exchange, see box 3.1.

are to be found in the major cities. The economies of all three areas are bolstered by remittances from the Somali diaspora; in 2004 the CIA put the figure at between US\$ 200 million and US\$ 500 million.

Of major concern in any future economic recovery is the matter of Somalia's debt. Much of it was incurred in the most venal period of Siad Barre's reign. Since the collapse of the state, the interest on the loans, due to the World Bank and the International Monetary Fund, is mounting rapidly.<sup>24</sup>

### **Box 3.1 Rates of Exchange**

Two local currencies are used in Somalia, the Somali shilling (SS) and the Somaliland shilling (Sos). They are not transferable and can only be used in their respective regions. The Somali shilling is used in south and central Somalia and in Puntland.

During July, 2004, the stated average exchange rate for the Somali shilling was SS2,627.42 to the US dollar, but the rate given to the field team in Bossaso and Garowe, the capital of Puntland, was 17,700 Somali Shillings to the US dollar.

There is no official rate available for the Somaliland shilling, since neither the country nor the currency is recognised internationally. The exchange rate given to the field team in Hargeisa, the capital of Somaliland, was Sos 7,000 to the US dollar. The field teams were informed that these rates fluctuate frequently.

Source: Observations by the evaluation. Currency conversion by Oanda ([www.oanda.com](http://www.oanda.com)).

### **South and Central Somalia**

Although it is not possible, because of the chaos, to calculate the economic value of pastoralism and agriculture in this area, they do continue, since such activities are local and relatively easily protected.<sup>25</sup> In Mogadishu, the principal market is flourishing and in it may be found, in addition to food, a wide range of electrical and electronic goods. Despite the destruction of national telecommunication systems during the conflict, private entrepreneurs have set up successful and cheap alternatives. Hotels are also operating in the city.

<sup>24</sup> Evaluation interview with the World Bank, Nairobi, July 2004.

<sup>25</sup> Index Mundi, 2004

## **Somaliland**

The principal element in the economy of this area is livestock and, from the evaluation's cursory view of the industry as it travelled through the region, despite drought and international bans, it is still central. Its other exports are hides, myrrh and frankincense; it also has access to large fishing grounds, but that industry has not yet been developed. Its government claims that there are deposits of oil, gas, gypsum, lime, mica, quartz, lignite, lead, gold and sulphur, but their extent is not yet fully known.<sup>26</sup> There are clear signs that the economy is growing and, in urban areas, the evaluation saw many reasonably well-stocked shops, busy food markets, cafés, hotels and so on.<sup>27</sup> A major exchange service in Hargeisa substitutes for a bank. None of this was accessible by the large numbers of vulnerable people.

## **Puntland**

This region also has a gradually expanding economy and one of the most startling pieces of evidence for it has been the construction of an attractive and very well equipped university (partly funded by Sida).<sup>28</sup> The diaspora makes considerable investment in elite housing in Bossaso. Apart from pastoralism, frankincense and the possibility of fishing, the region has few resources, but its political position modifies any account of its economy. It is expecting the resurrection of the Somalia Republic of which it intends to be an integral part; its president, is now the president-in-waiting of the recently appointed government-in-waiting. Like the other two regions, funds from the diaspora have made a difference to the economy, though the extent, *pace* the CIA figures, is impossible to gauge.

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<sup>26</sup> Republic of Somaliland, 2004.

<sup>27</sup> In Hargeisa, the evaluation also observed a brightly coloured and large sign in front of a battered building, describing it as the 'Ministry of Tourism' – it was possibly an instance of hope triumphing over experience.

<sup>28</sup> It is currently pursuing international academic recognition.

### 3.5 Internally Displaced Persons

It is particularly difficult to estimate numbers of IDPs in Somalia and their number fluctuates by tens of thousands in the short term; the working figure is 375,000. Present numbers are similar to those from 1999 to 2003. About 11 per cent now live in Somaliland, mainly in Hargeisa; but this estimate is particularly unreliable because of the repressive activity of the government. Approximately 19 per cent live in Puntland, about a quarter of them in Bossaso. The remainder are in south and central Somalia, particularly around Mogadishu and Kismaayo.<sup>29</sup>

‘Somalia’s IDPs are the most vulnerable people in a country whose whole population has greatly suffered from years of war and anarchy.’<sup>30</sup> They are, however, a far from homogeneous population. The most useful criteria in classifying IDPs are the factors that influence their needs for humanitarian assistance, both for short-term survival and longer-term recovery. These needs are for material goods and for services, including the need for protection against all forms of violence. The IDPs’ ability to provide for themselves, in both the short and long terms, very significantly influences the types and duration of their needs. Thus the factors influencing the vulnerability of individuals and groups are central to their classification.

Short-term displacement may be caused by natural disasters such as floods and droughts. In south and central Somalia, in particular, tens of thousands of people may, relatively briefly, be displaced from urban areas by episodes of intense conflict that may last only for a few days or, perhaps, months. Because they will return as soon as they can, it is very difficult to support them during their displacement since it takes time to introduce supportive mechanisms. Recent conflict on the border between Puntland and Somaliland, combined with the effect of drought has resulted in the short-term displacement of many pastoralists. People who are displaced for the short term usually remain near their homes.

Those displaced for the long-term are fleeing the effects of civil war and factional fighting. Some have been continuously displaced since 1988 and numbers of them have been

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<sup>29</sup> Norwegian Refugee Council, 2004

<sup>30</sup> Raymond Johansen, Secretary-General of NRC quoted in UNOCHA IRIN News Online, 2004.

incorporated in local communities, many now own houses and businesses. This is particularly true of those who were better-off initially or who were more highly educated. Much of the movement has been towards urban areas, particularly Mogadishu, but many people have moved from south and central Somalia to the relative safety of the north-east and north-west. In some cases, whole households moved, in others, it may be only part of the household, the latter accounts for many of the splintered families. Some long-term displacement is, to some extent, economically motivated. A UNICEF-funded survey<sup>31</sup> of 4,237 IDP households in Puntland listed the principal causes of displacement, given by the IDPs:

**Table 3.1 Causes of Displacement**

<b>Cause</b>	<b>Percentage</b>
Economic	64.1
Political	0.6
War	27.4
Tribal conflict	1.5
Lack of protection	0.4
Expulsion	3.8
Threat of expulsion	0.8
Other	1.4

Source: UNOCHA and NRC, 2004.

In reality, the decision to become an IDP is likely to be influenced by a range of factors, rather than just one. For example, participants in a workshop, held in Puntland, on internal displacement, suggested that lone male IDPs were usually economic migrants, but families were motivated by other causes.<sup>32</sup>

Inherently vulnerable IDPs, both individuals and households, include: the elderly, the young (under fives, children, youths), the sick, the handicapped, women, widows, orphans, female-headed households (up to 75 per cent in the north) and split households (for example, those in which a man remains in south and central Somalia to look after a farm or animals while the rest of the family move to a place of refuge, or households split in the process of moving to a more favourable site).

<sup>31</sup> UNOCHA and Norwegian Refugee Council, 2004. These findings could not be corroborated by the current evaluation.

<sup>32</sup> *ibid.*



The situations of IDPs vary in the three sections of Somalia. In general, because the threat from conflict is more widespread and more intense, those in south and central Somalia are relatively more vulnerable. In the north-west, the *de facto* government of Somaliland has been antipathetic to the people it describes as ‘foreigners’, but it gives others, mostly IDPs from south and central Somalia, some minimal help. IDPs originating in Somaliland are treated more favourably. In Puntland, IDPs are relatively safe, but economic survival is more problematic.

Members of minority groups in south and central Somalia have suffered discrimination in their home areas which continues even when they are displaced. Those who move to the north are particularly at risk of persecution if they are thought to have been associated with previous attacks on their host community.

Although returned refugees, of whom there are some 460,000,<sup>33</sup> are, in principle, entitled to initial reintegration aid - food, non-food items and cash - in practice, many of them appeared to be destitute and in a situation very similar to that of IDPs. In some cases returnees have been unable to return to their home areas and are thus effectively involuntary IDPs and suffer considerable hardship. For example, at Hussein Compound near Burao, of 2,100 returnees, 80 per cent were unemployed, 75 per cent illiterate and 10 per cent destitute.<sup>34</sup> Refugees, like some Ethiopians in IDP compounds on the outskirts of Hargeisa, are very similar to IDPs in their poverty and lack of humanitarian assistance. The case for regarding such people as IDPs has frequently been advanced.

### **3.6 IDPs – The ‘Deng’ Principles**

The United Nations Organisation’s *Guiding Principles on Internal Displacement* and their role in legitimising intervention in a failed state have been mentioned above, but they are primarily a statement of IDPs rights (see Box 3.2 - a fuller account of the role of the *Principles* in Somalia will be found in Chapter 6).

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<sup>33</sup> UN CAP Humanitarian Appeal, 2004.

<sup>34</sup> UNOCHA IRIN News Online, 2004.

### **Box 3.2      Guiding Principles on Internal Displacement (abridged)**

Internally displaced persons (IDPs) shall enjoy the same rights and freedoms under international and domestic law, as do other persons in their country. They shall not be discriminated against in the enjoyment of any rights and freedoms on the ground that they are internally displaced.

National authorities are responsible for providing protection and humanitarian assistance for IDPs within their jurisdiction.

These Principles must be applied without discrimination of any kind – race, colour, sex, language, religion or belief, political or other opinion, national ethnic or social origin, legal or social status, age disability, property, birth or any other similar criteria.

Certain IDPs – children, unaccompanied minors, expectant mothers, female heads of households, people with disabilities and the elderly – shall be entitled to the protection, assistance and treatment which take into account their special needs.

All authorities shall respect their obligations under international, human rights and humanitarian law, such as to prevent the conditions that might lead to the displacement of people.

Every human being shall have the right to be protected against arbitrary displacement from her or his home or place of habitual residence.

Every human being has the right to respect for her or his family life.

All IDPs have the right to an adequate standard of living. Competent authorities and the international community must ensure the provision of essential food and potable water, basic shelter and housing, appropriate clothing and essential medical services and sanitation. The full participation of women in planning and distribution must be ensured.

Every human being has the right to be a person before the law.

No one shall arbitrarily be deprived of property and possessions.

IDPs must be enabled fully to enjoy the right of freedom of thought, religion and expression; of freedom to look for work and to engage in economic activities; of freedom of association and of community participation; and of freedom to communicate in their own language.

Every human being has the right to education.

National authorities are primarily responsible for humanitarian assistance within their territories. International humanitarian organisations and other appropriate actors have the right to offer assistance for IDPs and such offers should not arbitrarily be refused or ignored. International humanitarian organisations and other appropriate actors should give due regard to the protection needs and the human rights of IDPs and take appropriate measures in doing so. In all these matters, special efforts should be made to ensure the full and equal participation of women.

Source: Deng, M., 1998.

### 3.7 IDPs and the Problems for Assistance

IDPs are about half of the extremely vulnerable population, but in all three stages of this evaluation, many agencies and organisations engaged in Somalia made the point that to concentrate on IDPs could result in considerable resentment among other vulnerable people. That resentment could lead to violence or to other forms of discrimination against IDPs. Some activities, for example by UNICEF and the World Food Programme (WFP), were directed specifically towards them, but almost no-one, from donors to field-workers, concentrated their work on IDPs. It would be foolish to suppose that this is simply an oversight; it is plain that the problems associated with giving them special treatment are widely recognised:

The purpose of focusing on internally displaced people is not to single them out for preferential treatment among equally or more vulnerable people, but to make sure their needs are not neglected.<sup>35</sup>

The crucial distinction between refugees and IDPs is that the former have legal status, have a trigger for action when they cross international borders and a dedicated UN agency, while IDPs have none of these advantages. Over the last decade the UN system has promoted a coordinated, collaborative approach as the preferred model for meeting the protection and assistance needs of IDPs. A model of a dedicated or lead agency has been rejected in favour of a Collaborative Approach among UN agencies. In 2002 an Internal Displacement Unit was created within UNOCHA to encourage and support this Collaborative Approach. (For details see Borton et al., 2005).

With the exception of Somaliland, which, for its own political ends, wanted to redefine all non-Somaliland IDPs as refugees, there were very few agencies or people who felt it necessary to distinguish them from other vulnerable groups. In practice, it would be difficult to do so; even to think of them as a ‘group’ is misleading, because they cannot operate collectively (consider the differences mentioned in section 3.3). A consequence of not having the advantages enjoyed by refugees, is that individually, or as families, they must fend for themselves. They settle in places where they might find work – the men as labourers or, if they have the skills, as craftsmen, the women mainly as domestic workers – or, where there is

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<sup>35</sup> UNOCHA, 2003.

an opportunity, as petty traders. In some instances, the places in which they settle are the same as those in which refugees, the homeless and other vulnerable people are housed.<sup>36</sup> The evaluation discovered that this was particularly true of IDPs in Mogadishu, a city in which the greatest aggregate number of them is to be found.

### **3.8 The Real World of IDPs**

Above all, displaced people need work (see Chapter 5). Jobs are difficult to find, but are most abundant in urban centres, so IDPs gravitate to them. It is necessary to bear in mind the demographically obvious fact that 75 per cent of IDPs are women and children; the less obvious fact is that many displaced families are headed by women and that their survival depends, in large part, on the labour of both women and children. This predominance of women and children in the compounds is often commented on, but a more important distinction is between women and men; the majority of compound households are headed by women, often because the men are trying to find work elsewhere. It is necessary to keep this in mind because, in addition to all other difficulties faced by IDPs, both women and children suffer from male violence, rape and sexual harassment. All IDPs share the wretched conditions of the existing urban poor and also find themselves in competition for work with the urban population. Many IDPs have been pastoralists and lack the skills called for in the better paid urban jobs and are therefore candidates for the lowest paid and most menial work.

#### **Support for IDP Livelihood Strategies**

Humanitarian interventions focus on satisfying human need, and needs based analyses can imply that beneficiaries are no more than demanding consumers of aid; they may also imply that IDPs are essentially the victims of circumstances beyond their control, necessarily dependent on outside help. Certainly IDPs are, to varying extents, restricted in their opportunities. But they, and other vulnerable people, are also agents able to make choices and to survive by making them; they are, or can be, in control of their lives; acknowledging this creates a different space for intervention.

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<sup>36</sup> Homeless or displaced may be a distinction without a difference; the former are people, mostly urban, who have not left their place of origin, but whose housing has been destroyed.

In differing locations and circumstances, IDPs make different judgements on which of their problems is most severe, and which needs most pressing. At times their priorities may be at variance with those of the agencies, and which should prevail is a matter of detailed negotiation. Both IDPs and agencies would agree that there is a major difference between the livelihood possibilities for urban and for rural IDPs: many IDPs have voted with their feet for the urban option; but there are huge variations within these groups.

In general, IDPs lack financial capital, have little access to physical and natural capitals and so need to make the most of their human and social capitals. Leaving home areas has restricted their access to social capital and they generally depend on group solidarity, which is sometimes absent. This leaves human capital as their main asset, though it can be weakened by ill-health and the lack of relevant skills, particularly among rural-to-urban migrants. For many their only human capital is their capacity for unskilled labour. Politically, they are largely powerless and their voices are unheard. From such limited capital, IDPs must develop strategies for survival. In most cases the household is the unit in which the resources are mobilised and the structure of the family, taking into account numbers, ages, health and skills, determines who will succeed. Female-headed households with young children are particularly vulnerable. For example, the evaluation interviewed one such woman in Garowe. She was clearly ill and unable to work and depended for survival on the labour of her young children.

In rural areas, IDPs may be able to maintain a livelihood through agriculture or herding. This is possible because in some cases they have been granted land. Farming and herding are a severe challenge because poor rainfall, in both north and south, has led to poor harvests and grazing and because animals have been lost in conflict. At Walak, South Wajid, 80 families, which had lost their herds, now have small farms for sorghum and cow peas with a small number of cows and goats. In Gersale village, IDPs are reduced to selling sorghum stalks to survive, while in Garsamo village the men hunt dik-dik to sell as meat in the market.<sup>37</sup>

IDPs in towns develop different survival strategies, partly because they have virtually no access to land and cannot produce food. In the Hargeisa and Garowe compounds, the evaluation saw few animals apart from the occasional hen or some goats owned by the better-off. Men, women and children in urban areas have a range of income generating activities.

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<sup>37</sup> Dik-dik is a popular name for a number of varieties of small antelope native to East Africa.

Those with skills, usable or saleable in towns, have a strong advantage. A nutritional survey of households in Bossaso (Table 3.2), shows that the overwhelming bulk of IDPs have to undertake unskilled casual work. There is a widely-held assumption that many depend on begging - a view which stresses the incapacity and dependence of IDPs – but the actual number is surprisingly small (see Table 3.2).

The jobs specified in the survey were for men: porters, market selling, unskilled and semi-skilled building. In Bossaso, where a considerable amount of building was taking place, the evaluation was told that the unskilled labourers were IDPs. Women in the town collected garbage, engaged in petty trading, sorting/grading frankincense, clothes washing and acting as home helps. Children worked in low-paid menial jobs like shoe-shining. Matters were similar in the south, where, for example, women and children, sold peanuts and men carried charcoal.

**Table 3.2 Sources of Income for IDPs in Bossaso**

<b>Occupation</b>	<b>Number of Households</b>	<b>Total (%)</b>
Casual	1,427	90.4
Business	72	4.6
Begging	59	3.7
Salaried	14	0.9
Remittances	5	0.3
Fishing	2	0.1

Source: UNICEF, 2003 (a)

In Hargeisa and Garowe, some internally displaced men were seen to be earning incomes by selling water from hired donkey-tankers. Others, said to be IDPs, were selling goods on market stalls, some were herding sheep and goats for local people. A number of IDP women wove baskets for sale, an activity consistent with child care. In Hargeisa, IDPs ran market or tea stalls, sold *qat*<sup>38</sup> or meat, delivered charcoal or water, exchanged money, portered, waited in restaurants, were drivers, petty traders and beggars.

Among those interviewed in the north, incomes were low, usually varying between US\$0.30 and US\$1.5 per day. Skilled builders can earn up to US\$6 per day and it is possible that traders earn even more. It is common for whole families to seek work, but interviews in

<sup>38</sup> *Qat* is a stimulant contained in *Catha Edulis*, a flowering evergreen tree or large shrub which grows in East Africa and Southern Arabia. The leaves are chewed.

Garowe suggested that not all were able to find it and the number of IDPs who were in compounds during interviews suggested that work was scarce.

Table 3.3 compares the cost of living with incomes in south and central Somalia, the figures are similar to those in the north.

**Table 3.3 Expenditure and Incomes in South and Central Somalia**

<b>Purpose</b>	<b>Expenditure (US\$)</b>
Food	\$0.3 per day (family of three children and two adults) \$0.1 litre of skimmed milk \$0.1 meat scraps
Charcoal	\$0.2 per day
Water	From \$0.0 to \$1.0 per day
Rent	\$0.0 to \$1-2 per month
Education (primary)	\$3-4 per month
Education (secondary)	\$10 per month
<b>Occupation</b>	<b>Income</b>
Portering	\$0.8-\$1.5 per day (average about \$1.0 per day)
Selling water	\$4.0 - \$10 per day, but equipment rental of \$3 per day

Source: Evaluation investigations.

Agencies have encouraged those searching for work by, for example, food for work schemes like the World Food Programme’s support for digging latrines, wells and drains; or in cash for work, like *Action Contre la Faim*’s support for well digging in Arsamo village in Bakool. The Danish Refugee Council has also supported them by cash payments for construction work on minor roads. Agencies, such as the Danish Refugee Council and Care, have also provided women’s groups with micro-credit for setting up small businesses, and then to incorporate their interventions into self-sustaining rotating funds. Repayment rates have been good and the women have been helped to develop a range of transferable skills.

Many IDPs and agencies commented on the severe restrictions on livelihoods created by the lack of access to affordable land, or indeed any land with title, for houses. In Bossaso, UNICEF has been lobbying on behalf of IDPs who object to a plan to move them to a patch of near-desert some kilometres from the town.

The evidence from the field is that those agencies that have strong teams of local people with detailed knowledge of the local community and ways of life, who are trusted, are able to work closely with local NGOs and Community Based Organisations and have good working relations with governments, are the agencies most likely to be able to help IDPs to develop and strengthen their livelihoods.

### **3.9 The Somali Peace Process**

The Somali National Reconciliation Conference, held in Nairobi, which began under the auspices of the Inter-Governmental Authority on Development in October 2002, is the fourteenth attempt to achieve a sustainable peace in Somalia.<sup>39</sup> The most productive previous attempt, the Somali National Peace Conference (Djibouti, 2000), had led to the formation of a Transitional National Government and had attempted to involve civil society in a national framework of governance. Briefly, in 2001, it had been thought that peace and the development of government had been achieved, but it soon became apparent that the Transitional National Government had no effective power and conflict continued, particularly in south and central Somalia; it involved up to 20 warlords, each with his own private army.

Like the previous attempts, the current peace process has been closely linked to state building as a *sine qua non* for the sustainability of peace. The states which surround Somalia, together with Egypt and Yemen, have participated in the conference, which has also involved the USA and the European Union. At the time of the evaluation, there had been three phases in the process:

- The Declaration of Cessation of Hostilities (27<sup>th</sup> October, 2002).
- Technical consultations elaborating the structures of governance. Six committees made decisions on federation and the system of government, demobilisation and security, land and property disputes, economic planning, conflict resolution and regional relations.
- Power sharing, implementation and monitoring.

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<sup>39</sup> Amnesty International, 2004.



In February, 2004, the Transitional Federal Charter was agreed. It aims to foster reconciliation, national unity and good governance, with provisions for human rights, the rule of law and the separation of powers. The Charter involves a federal system of government, which will incorporate Puntland and, more contentiously, Somaliland. Somaliland refused to participate in the conference on the ground that it was not party to the conflict,<sup>40</sup> but the hosts of the peace talks appointed representatives for the north-west. A power-sharing model was agreed; this is represented in the allocation of seats in the 275-seat Parliament: 61 seats for each of the four major clans and 31 seats for minor clans.<sup>41</sup> Initially 100 of the 350 seats at the conference had been intended for civil society, but this was reduced to eleven seats by the politicians and faction leaders. Many of the representatives of civil society had strong political and clan affiliations.

Donors have directly supported the present and the previous peace processes during the conference and indirectly through strengthening civil society, training, research, education and mine action. Much of this indirect support for the peace process had positive effects on civil society, for example, by creating humanitarian and developmental awareness, gender awareness and extending dialogue beyond elite groups.

Mainstream analysts of Somalia's problems begin their assessments by describing the tyrannical rule of the military regime and the brutish warlord era. They note that post-independence regimes centralised both political power and the management of public affairs. This marginalised traditional leaders who were the legitimate authorities of Somalia's constituent clans. These analysts conclude that, given the centrality of the clan system to community identity and social structure, marginalising that tradition disconnected the state from the public. Consequently, those in power could only sustain their authority by armed force and by reinventing a 'divide and rule' strategy in favour of certain clans. The net result was the fragmentation of the social fabric, the collapse of the state and national institutions and the catastrophic civil war.

The evaluation discovered that a common assumption among the agencies was that the clan (confounding clan with genealogy) is the basic social unit, and that by denying its centrality,

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<sup>40</sup> *afrol News*, 2004.

<sup>41</sup> In the late autumn of 2004, a provisional government was formed by the process which, at the time of writing this Report, was operating in Nairobi.

post-colonial Somali governments instigated the calamity. It followed that peace and reconciliation would come about only if the importance of clan territories was recognised. The outcome of the recent peace conferences would suggest that this view formed the centre of their deliberations; a government of 89 cabinet ministers, representing the interests of the clans and sub-clans, has been formed. Assessing the viability of such a government is an issue beyond the scope of this evaluation. But the solution to the problems facing IDPs would follow a successful peace process culminating in the restoration of normality and development in a re-united country.

## 4. Donor Policies, Funding and Institutional Partners

### 4.1 Donor Policies

Accounts of the donors' humanitarian assistance and its effects on the population in general and on IDPs in particular, are given in the next chapter. As in all such instances, policies are formulated and planning and financing are designed programmatically. But the *de facto* political division of Somalia, consequent on the failure of the state, together with considerable, if sporadic, violence, made programmatic action remarkably difficult. The situation called for ingenious and subtle responses and this chapter examines the policies of each donor in that context.

#### The Netherlands

The Netherlands prefers multilateral humanitarian aid and, in order to allow greater flexibility to UN agencies, does not normally earmark its funds. In principle, its Ministry of Foreign Affairs would prefer to contribute 70 per cent of its funds through the United Nations CAP and 30 per cent through Dutch and international NGOs, in practice, the ratio is closer to 60:40.<sup>42</sup> The CAP is the major organising principle underlying the international response to the humanitarian needs of the Somali population.<sup>43</sup> Donors providing funds to the CAP are commonly earmarking their contributions by implementing agency and sector. In practice, their funds are often pooled to finance specific activities.<sup>44</sup> For instance, a specific activity carried out by UNHCR can be funded by more than one donor.

The decision to prefer the CAP ('multilateral where possible, bilateral where necessary') reflects three considerations:<sup>45</sup> the CAP provides a sound overall framework for co-ordinating policy, an organising framework for individual implementing agencies, particularly INGOs and NGOs and an efficient and effective way of disbursing funds in emergencies. A

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<sup>42</sup> Interviews in The Netherlands Ministry of Foreign Affairs.

<sup>43</sup> One of the main goals of the CAP/Somalia, 2003, is to assist in the integration/protection of IDPs, minorities, refugees and returnees and other vulnerable groups by enhancing efforts aimed at building: local/national protection capacity and participation in governance; increasing humanitarian access; raising awareness among populations and local authorities; and developing and promoting durable solutions.

<sup>44</sup> As a consequence, activities funded within the CAP framework offer possibilities for joint evaluation.

<sup>45</sup> Netherlands Ministry of Foreign Affairs, 2003.

consequence of using the CAP is that some 62 per cent of the funds go to countrywide uses, chosen by UN agencies. For this reason Dutch funds are not regionally concentrated. The Netherlands believes that funding through the CAP is more appropriate for acute need, and that non-CAP funding better relates to chronic need. Similarly, the Ministry considers that the CAP, because it is addressed to acute need, is more effective in assisting IDPs. Non-CAP funds are more appropriate for areas like health and infrastructure, which tend to be long-term and developmental.

Dutch policies for humanitarian assistance have evolved significantly since the Cold War era and in response to emergencies during the 1990s. Two publications from the Ministry of Foreign Affairs set out the bases for change: *A World of Difference*<sup>46</sup> argues for coherence between political and humanitarian actions and against compartmentalising aid. *A World of Dispute*<sup>47</sup> explains that poverty reduction is needed to reduce conflict. Both sets of ideas continue to influence Dutch policies for humanitarian assistance. In the reform of the Ministry of Foreign Affairs (1995-6), arguments for coherence in foreign policy were directed towards achieving complementarity between political and humanitarian action, in which the need for humanitarian aid to support conflict management and peace building in countries in internal conflict was fully recognised. Macrae and Leader of the Overseas Development Institute (UK), suggest that a fundamental aim of Dutch policy at this time was the creation and maintenance of a stable world order, hence the focus on peace building.<sup>48</sup>

This broadened version of humanitarian aid created concern within the Government, which, in 1997, asked for an opinion from the Advisory Committee for International Affairs. A key question on humanitarian assistance and conflict was the extent to which it should involve rehabilitation and more developmental activities. The Committee reported in 1998, recommending a more restricted version of humanitarian aid and commented that more than half of it was in fact used in structural development.

In May 1999, however, the Dutch Government advocated a wider, more flexible, integrated approach to humanitarian assistance including rehabilitation, conflict prevention, reconciliation and reconstruction. This view was accepted, against the report of the Advisory

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<sup>46</sup> Netherlands Ministry of Foreign Affairs, 1990.

<sup>47</sup> Netherlands Ministry of Foreign Affairs, 1993.

<sup>48</sup> Macrae J., Leader N., 2000.

Committee, but in accord with the views of the Ministry of Foreign Affairs. Thus its humanitarian policy, at the time of this report, had moved away from concentrating on basic needs and physical survival and towards a more complex approach, which included recognising the need for a transition to more structural development and peace building. As Macrae and Leader note, aid is not now a substitute for politics, but part of them. This shift is summarised by Smit (late of the Ministry of Foreign Affairs):

[H]umanitarian aid is most efficient when accompanied by peace building and rehabilitation activities. The Netherlands and a number of other donors have launched what we call ‘humanitarian aid plus’<sup>49</sup> as a first step in this direction ... it means thinking about AIDS awareness, education and employment ... Within the framework of emergency aid programmes it enhances a society’s inherent strength.<sup>50</sup>

At the same time the Ministry’s humanitarian assistance structures were changed to reflect the complexity of combining immediate and long term aims, so that human rights, good governance, conflict management and humanitarian aid were, from 1999, merged in the Directorate of Human Rights and Peacebuilding. The Directorate addresses human rights, good governance, conflict management and humanitarian assistance. Crisis management and humanitarian assistance are priority areas for Dutch development cooperation.

Poverty alleviation, particularly for women, children and the aged, is fundamental to Dutch aid policy and it does not focus on IDPs as such, but on their vulnerability.<sup>51</sup> This position is reflected in the Africa Memorandum of 2003. Current practice, in dealing with IDPs, is to follow the Deng Principles and existing humanitarian aid policies. The ultimate test of the effectiveness and efficiency of funding is through transparent reporting and accountability from strong, trusted and experienced implementing partners. Respondents in the Foreign Ministry stressed the importance, in the case of IDPs, of a pragmatic approach, which can respond to an evolving situation rather than one which follows a blueprint.

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<sup>49</sup> ‘Humanitarian aid plus’ is aid that supports activities beyond the satisfaction of the beneficiaries’ immediate needs. It seeks to strengthen links to more developmental activities and in some cases may in itself be developmental; it may also link to political ends such as the promotion of peace. It is implicit in the structure of the Directorate of Human Rights and Peace Building.

<sup>50</sup> Smit F., 2000.

<sup>51</sup> But for later policy see Box 1.1.

Dutch humanitarian aid policy is currently under revision. In various statements, the Minister for Development Cooperation, Ms Agnes van Ardenne, in a lecture delivered in 2002, gave an indication of the new directions.<sup>52</sup> Most of the aid is for countries in conflict - Somalia is a typical case. Humanitarian assistance is an integral part of both foreign policy and development cooperation. It must respond to immediate needs, help to remove the causes of conflict and be linked to the post conflict phase. Ideally, aid is reduced slowly, but must avoid creating dependence. It is conceptualised as ‘humanitarian aid plus’, which allows, for example, the creation of conditions for the return of IDPs. The challenge is successfully to link humanitarian aid with peace building, the creation of security, reconciliation, reconstruction, development cooperation and private investment. Neutrality and impartiality continue to be essential and aid must be separated from military action (‘as civilian as possible, as military as necessary’).<sup>53</sup>

African countries get 50 per cent of Dutch bilateral aid and the Horn of Africa is one of two priority regions (the other is the Great Lakes) and the humanitarian imperative is central to the Netherlands’ support. In the Africa Memorandum of 2003, five priorities were identified:

- Peace, security and stability through conflict management and prevention.
- Good governance and good policy.
- Investments in people, particularly in health and education.
- Pro-poor growth.
- Sustainable development.

Different kinds of funding, including humanitarian assistance, may be co-ordinated through the Stability Fund.<sup>54</sup> A conflict policy framework has been developed for Somalia, which covers support for the most vulnerable, including IDPs.<sup>55</sup> In it, the Netherlands follows Somalia Aid Co-ordination Body (SACB) and UN strategies, giving support mainly through the UN and the ICRC. Eligible sectors include food, basic health care, shelter for returnees and water and sanitation. Allocations are based on analyses of need, strategy, channels, long

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<sup>52</sup> Ardenne A. van, 2002.

<sup>53</sup> *ibid.*

<sup>54</sup> Created in January 2004, the Dutch Stability Fund provides flexible support for activities at the interface between peace, security and development. It brought together a number of smaller funds.

<sup>55</sup> Netherlands Ministry of Foreign Affairs, 2002.

term aims and an exit strategy. In the north of Somalia, support is given to physical rehabilitation and institutional capacity building. In south and central Somalia, support is given to health, shelter, emergency preparation and emergency response. The Memorandum does not prioritise IDPs, though their interests can be covered under the five priorities.

## **Denmark**

In 2000, following the 1999 evaluation of Danish humanitarian assistance between 1992-8, Danida's policies on humanitarian assistance were revised.<sup>56</sup> The evaluation had made recommendations on policies, strategy, co-ordination with the UN and the Red Cross, and on implementation by Danish NGOs. IDPs are a significant component of the revised policies. In that revision, Danida elaborated the concept of development-oriented emergency relief, which entails a move from a short-term focus on basic need and the mere survival of victims to a more comprehensive concern for their future welfare. In principle humanitarian assistance might be extended until development could take over.

Danida's policy in Somalia is not to focus specifically on IDPs, nor to call for their registration, but to see them as one among other vulnerable groups, like women, female headed households, children and the elderly. Approximately one third of Denmark's humanitarian assistance is through the CAP (previously, it had been one half) and is particularly in support of UNICEF's work in primary education. Danida supports the same kinds of activity both within and outside the CAP.

For funding outside the CAP, Danida uses the SACB in organising its priorities, but also co-ordinates with the other donors through ECHO's Humanitarian Action Group. Implementing partners are chosen on the basis of their competence and capacity; they include the Danish Refugee Council, which gets 25-30 per cent of Danida's direct funding for its reintegration activities, the Danish De-mining Group for its mine action, and other NGOs such as DanChurchAid for its general aid.

Danida interprets the emergency as chronic, but with intermittent acute episodes. Investment is, therefore, pragmatically biased towards the transitional grey area, with a trend to longer

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<sup>56</sup> Evaluation of Danish Humanitarian Assistance 1992-1998, Synthesis Report, ETC UK Ltd.

term, more developmental programming, which retains the possibility of responding quickly to acute emergencies. It describes its special aid programme for Somalia and, particularly, Somaliland, and its intentions for the two years following the period of this evaluation, thus:

The overall aim of the special aid programme has been to promote the reintegration of refugees to improve living conditions and to support positive political and economic developments.<sup>57</sup>

Danida selected Somaliland for support as an area in which the relative stability of the *de facto* government made resettlement possible and which explicitly links returnees with provision for IDPs.<sup>58</sup> This points towards Danida's policy of giving support where implementation is feasible and most likely to succeed. The report describes the policy as a 'peace dividend' for areas which make an effort to maintain peace and stability. An additional reason cited for concentrating on Somaliland is the expectation that the number of IDPs will increase in the near future. Returning refugees are called 'returnees', but many of them are unable to continue to their places of origin and, effectively, become IDPs (see Chapter 3).

From 2003, Danida's funds will be used to create an enabling socio-economic environment, re-establishing secular education, basic health and social services and reinforcing a positive democratic process.

## Sweden

Sida's policies on humanitarian assistance and conflict management are currently being reassessed. They had not been finalised at the time of the evaluation, but it was known that they would include sectoral and cross-cutting strategies. The current principles of Swedish humanitarian assistance are that it is strictly needs based, prevents and alleviates human suffering, is both impartial and neutral and protects civilians and non-combatants.<sup>59</sup> Sida engages in an annual policy dialogue with major humanitarian organisations and has close working relations with the other donors. Swedish humanitarian assistance is usually for sectors like food, health and water and sanitation. In long complex emergencies, such as

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<sup>57</sup> Danida, 2003 (b).

<sup>58</sup> The problems attached to Somaliland's policies for IDPs are mentioned in chapters 3, 5 and 6.

<sup>59</sup> Sida, 2003.



Somalia, Sida may propose humanitarian ‘Country Strategies’ to prioritise sectors and targets and/or to promote conflict management. It has policies for gender equality, children in conflict, health support, mine action, peace building and conflict management, developmental disaster relief, education and co-ordination.

More than a third of Swedish assistance is through the CAP, with some earmarking, but Sida regrets the one-year restriction in CAP funding. Outside the CAP, it favours long-term partners such as Diakonia and Life and Peace Institute. In Somalia, it thinks that solutions to the humanitarian problem can only be long-term, but is aware of the need for short-term responses. This position clearly reflects the Swedish commitment to support for the peace process; it is reflected, too, in the sectors it chose to fund.

During the 1990s, Sida linked humanitarian relief and development in the concept of developmental relief and, in 1998, produced a concept paper on developmental humanitarian assistance.<sup>60</sup> Then, in 2000, it produced a paper explaining the policies and practices of developmental relief for implementing partners.<sup>61</sup> The guidelines stress the longer-term impacts of humanitarian assistance, the need to evaluate them and to deliver assistance in such a way as to support development.

In 1999, the Government adopted the policy of linking humanitarian assistance to the resolution of violent conflict as part of the strategy for conflict management and peace. It reflects the view that the relationship between conflict and aid is dynamic.<sup>62</sup> So, in the period 1999-2003, humanitarian aid was linked both to developmental processes and to peace building and democratisation. An earlier example of peace-creation work was that of the Life and Peace Institute, which, from the mid 1990s, used a bottom-up approach with local communities to achieve reconciliation.<sup>63</sup> The Department for Cooperation with NGOs, Humanitarian Assistance and Conflict Management supports Sida’s development of civil society as an agent for achieving peace and for development and humanitarian assistance. Sida has policies for civil society that emphasise social capital, peace building, conflict

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<sup>60</sup> Sida, 1998.

<sup>61</sup> Sida, 2000.

<sup>62</sup> Malmqvist, H., 2000.

<sup>63</sup> The Institute’s almost exclusive reliance on clans as building blocks in this process has met with criticism (Samatar, A.I., unpublished paper)

prevention and the ‘Do No Harm’<sup>64</sup> principle. Currently it has no specific policy for IDPs, but treats them as one category of the vulnerable.

‘Development assistance is based on a combination of humanitarian assistance and support for reconstruction.’<sup>65</sup> Reconstruction is intended to contribute to the reduction of poverty and the development of peaceful democratic structures. In reviewing humanitarian assistance, 1999-2001, the ‘Country Strategy’ notes the major problems of security and access, particularly in south and central Somalia. It stresses the significance of the SACB and of the national capacity of local staff and institutions. It also comments on the frequency of droughts and floods and the need for rapid intervention. IDPs, returnees, women and children are priority targets and particular attention is paid to education, health, nutrition, water and sanitation, rights, democracy, good governance, reintegration of refugees, IDPs and minorities and mine action.

## **ECHO**

The EU mandate for humanitarian assistance derives from Council Regulation EC No. 1257/96. This regulation does not restrict relief to saving and preserving lives in emergencies and permits some rehabilitation to allow relief to arrive, but the emphasis is on short-term intervention. Impartiality and neutrality are key principles. Almost all EU humanitarian assistance for Somalia is through ECHO, which generally funds for six months, but in protracted crises, like Somalia, the period may extend to twelve months. These allocations are renewable and may be renewed many times.

ECHO produces an Annual Aid Strategy. These documents show continuity in principles and priorities over several years. According to its general strategic guidelines, ECHO provides aid in response to natural, man-made and conflict-related emergencies. For several years it has maintained the fundamental principle that aid is allocated according to need and not subject to political considerations. During the period 1999-2003, a division has emerged within ECHO over the grey area: it is a debate whether, on the one hand, to maintain the ethical purity of humanitarian assistance and not to engage in rehabilitation, or, on the other hand, to think

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<sup>64</sup> The ‘Do No Harm’ principle stresses that aid may have very harmful effects, for example it may be misused to support the continuation of conflict.

<sup>65</sup> Sida, 2002.

about the longer term and to undertake activities not only in rehabilitation, but even in development. This longer term thinking is reflected in ECHO's current policy document, *Linking Relief, Rehabilitation and Development*.

There is some tension between ECHO's policy of impartiality and neutrality and the wish of other directorates in the EC to use humanitarian assistance to support more politicised and longer-term aims. This reflects the debate around traditional and new humanitarianism. Fox describes the new humanitarianism as human rights based, politically sensitive and a tool for achieving rights, political goals and developmental relief. She identifies the danger of creating a moral hierarchy of victims in the politicisation of aid.<sup>66</sup>

In this debate, ECHO has taken a middle road by prioritising those in greatest immediate need, but with the longer-term aims of supporting the recovery of self-sufficiency, and linking relief, rehabilitation and development – this is work well within the grey zone. Since 1999, ECHO has prioritised forgotten crises and needs and so has increased support to meet the needs of returned refugees and IDPs in Somalia. It also pays increasing attention to some cross cutting issues relevant to IDPs, for example protection, gender and human rights.<sup>67</sup>

The European Community has given considerable support to the SACB in co-ordinating humanitarian aid. Before 1999, ECHO had concentrated rehabilitation on areas with stronger local authority control, relative peace and stability: the 'peace dividend' approach. Humanitarian assistance was provided in areas of continuing crisis. During 1999-2003, most ECHO funding has been directed to the less secure areas in south and central Somalia.

ECHO has not yet made use, in Somalia, of a humanitarian aid plus programme, which became possible under the Cotonou Agreement, article 96, and which would allow more flexible and coherent uses of longer term funding.<sup>68</sup> It could go beyond strictly humanitarian approaches to reduce beneficiary dependence on emergency aid.<sup>69</sup> In the protracted

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<sup>66</sup> Fox, F., 2001.

<sup>67</sup> European Commission, 2003.

<sup>68</sup> The Cotonou Agreement (or 'Accord') is an accord between the EU and the ACP (African, Caribbean and Pacific countries) which combines political, trade and developmental aims. As a sub-Saharan country Somalia was, though without an effective government, covered by the Accord. The Agreement entered force in April 2003, too late for the evaluated activities, but relevant to future investments.

<sup>69</sup> Mowjee, T., 2004.

emergency of southern Sudan, for example, humanitarian aid plus has been used with some success.

ECHO's funding of its flight programme has contributed significantly to the effectiveness of humanitarian operations throughout Somalia, but reducing costs to agencies has implications for any assessment of the efficiency of their interventions.

## **4.2 Strategic Considerations**

There is currently no universal definition of humanitarian assistance and the four donors hold principles, policies and implementation priorities that reflect different national interpretations. Nevertheless, all the donors share a strong commitment to humanitarianism, based on the principles and practices of international humanitarian law. They all participate actively in international humanitarian and donor fora, and are well aware of each other's priorities.

All the donors participate in the 'new humanitarianism', which recognises that aid can be harmful (the 'do no harm' argument), but, at the same time, recognises the need to act. New humanitarianism entails a shift from action based simply on agencies' perceptions of need, to humanitarian action relating to rights. It recognises that humanitarian assistance is not, in itself, sufficient and that other complementary forms of action are needed. Finally it aims for peace building.<sup>70</sup>

Differences in donors' policies and actions do arise, for example, Sweden is particularly concerned with creating peace and the Netherlands with rehabilitation. They may partly be explained by the different histories of interventions, differing perceptions of the advantages of specialisation and differing interpretations of humanitarian plus aid. During the last few years, all four donors have tended to interpret humanitarian assistance, or at least the relations of humanitarian assistance, more widely, particularly through versions of humanitarian aid plus. The results of doing so may be discerned in the choices of which sectors to fund each of them made. In extending their view of humanitarian activities, all four donors recognise the risks in politicising aid. The transparency involved in co-ordinating activities through the SACB, sensitising and training staff and communities in rights are examples of ways in which

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<sup>70</sup> Based on Duffield, M., 2001.

agencies respond to the risks of politicising humanitarian action.<sup>71</sup> One difference in policies may be seen in the donors' responses to the Peace Process: Sweden's support for it is explicit, but the other three donors gave it implicit support. Each position has its virtues and the difference seems to spring from the nature of the interventions. Those funded by the Netherlands, Denmark and ECHO were, so to say, the building blocks for peace; Sweden's were directed to the necessary aims of the Process. In effect, this difference was complementary.

Building a base of longer-term knowledge of environments, of activity and of effective working relations with *de facto* political authorities, local communities and long term implementing partners, the individual donors have also tended, to some extent, to concentrate their activities geographically. Thus Sida and, to a lesser extent, the Netherlands have concentrated on Puntland, Danida on Somaliland and ECHO on south and central Somalia. This is partly a consequence of earlier areas of activity, but it has the fortunate result of ensuring coverage of the whole country. Given problematic security and, for some donors, the impossibility of travel to the field, this concentration, continuity and specialisation may help to achieve better control of the funds, particularly with strong operational partners.<sup>72</sup> Donors explained that to secure quality in these difficult conditions they rely on a two-way relationship of trust with implementing partners and on subsequent evaluation.

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<sup>71</sup> 'Rights' are western enlightenment views of rights (and are perceived as politically neutral), just as the peace is a western view of peace. The experience of Danish Refugee Council's Advocacy Project in Chapter 5 is informative in this respect. Acceptance of local ethical systems is in itself a political decision.

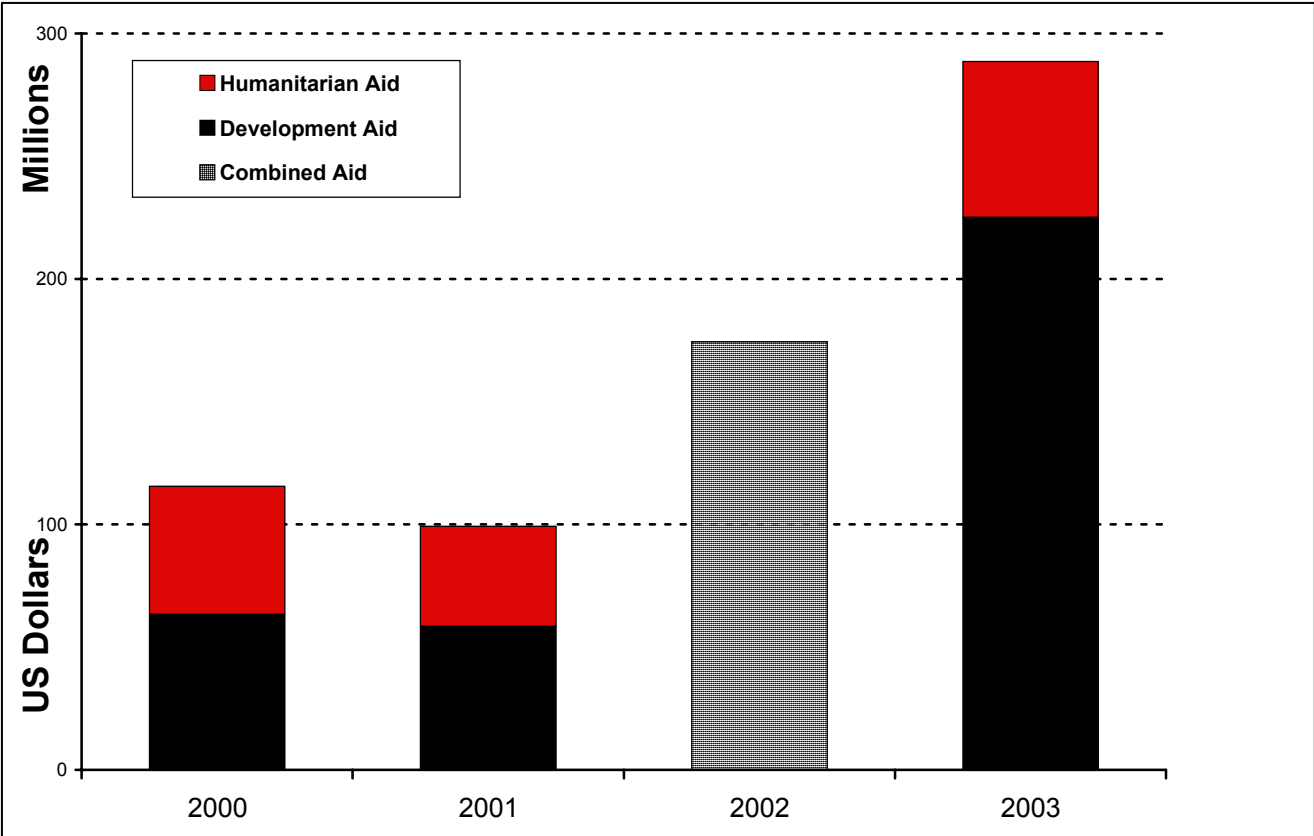
<sup>72</sup> An example of the problematic consequences of insecurity may be seen in the Somalia Desk in the Netherlands Embassy in Nairobi: no member of its staff is allowed to go to Somalia.

### 4.3 Donor Funding

#### Funding for Somalia from all Donors

Over the last four years there has been a significant increase in developmental and humanitarian funding for Somalia. Figure 4.1 shows the total expenditure of the members of the SACB; including bilateral and multilateral donors, Intergovernmental Organisations, United Nations agencies, international and national NGOs and the ICRC. The data were obtained from the Donor Reports on the SACB web-site; figures for 1999 were unavailable.<sup>73</sup> In the figures for 2002, no distinction was made between humanitarian and developmental assistance.

Figure 4.1 Total Funding to Somalia through the SACB by type of Aid

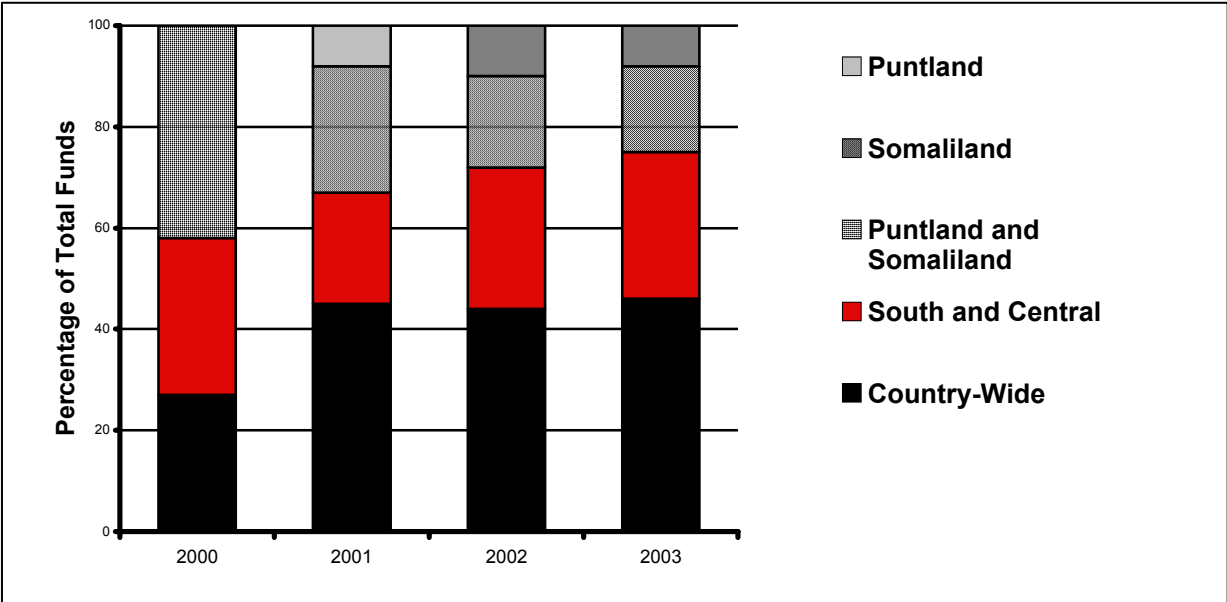


Source: SACB, 2003

<sup>73</sup> These figures are compiled from data on the web-site of the SACB because that organisation provides data for all four donors in a comprehensive and, where necessary, in dis-aggregated form.

Figure 4.2 gives the distribution of interventions. The data were collated from the SACB’s Donor Reports, which lack some data, but clearly indicate trends. Between 2000 and 2003 the funding to the two northern regions decreased significantly in favour of country-wide interventions. The proportion of funding in south and central Somalia decreased in 2001, but has subsequently increased though not quite to the level of 2000. Country-wide funding increased significantly in 2001 and has since remained the largest component. In 2000, the largest investment was in the north, but subsequently this has decreased. Puntland and Somaliland are similar in size and population, but the former consistently receives less funding than the latter.

**Figure 4.2 Proportions of Funding by Administrative Region**



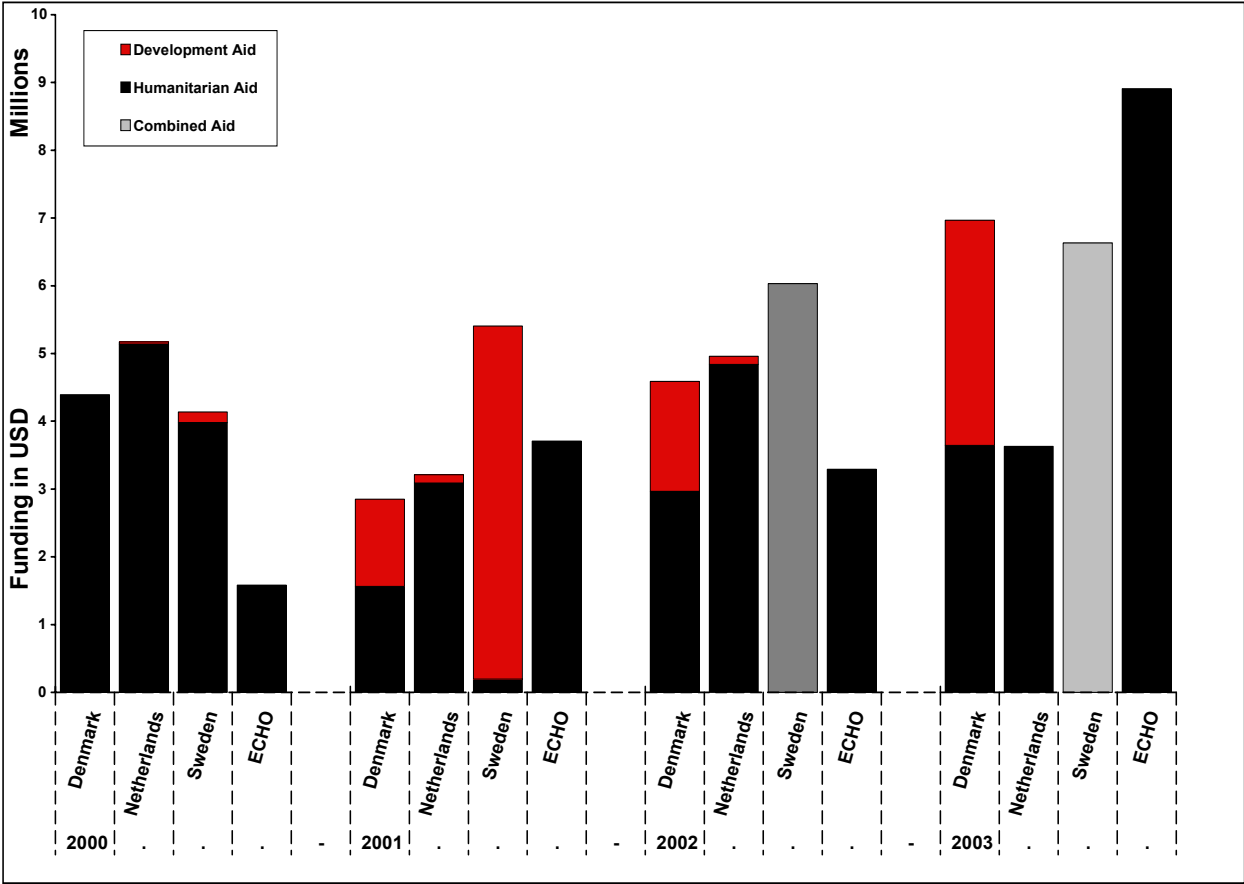
Source: SACB, 2003

**Specific Donor Funding**

Annual funding from the four donors is shown in Figure 4.3 and is presented here in order that the changes may be observed. On occasion, humanitarian and development assistance were difficult to separate, as the data available did not distinguish between them. A shift from purely humanitarian aid in 2000, to a combination of development and humanitarian aid in later years, can be seen in aid from both Denmark and Sweden. The Netherlands continues to

provide most of its aid as humanitarian assistance. ECHO gives humanitarian assistance only and, in 2003, increased it sharply.

**Figure 4.3 Annual Funding to Somalia by Netherlands, Danida, ECHO and Sida**

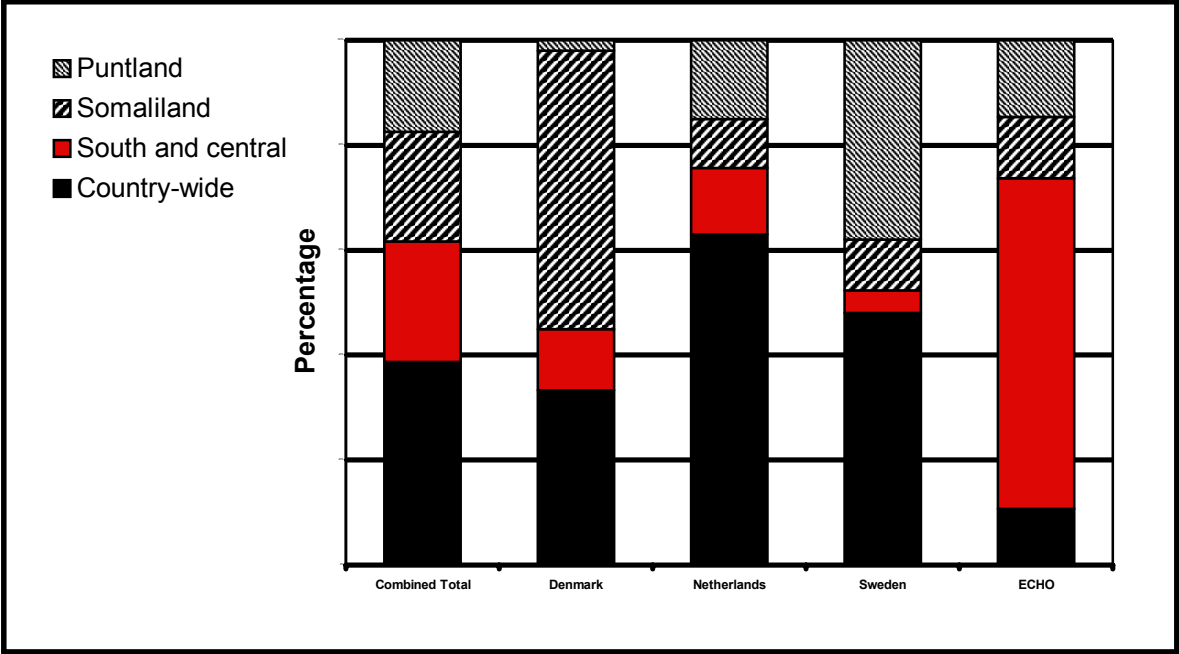


Source: SACB, 2003

The geographical distribution of funding can be seen in Figure 4.4. Patterns of overall distribution (the first column) are consistent with the total funding (Figure 4.2), but each donor has a preferred distribution. Denmark favours Somaliland through the Frame Agreement Component interventions with the Danish De-mining Group and the Danish Refugee Council, both of which operate there. The Netherlands prefers to fund through the CAP, this is why most of its funds go to country-wide programmes. Sweden prioritises Puntland and concentrates on education and peace promotion. ECHO spends most of its funds in south and central Somalia, concentrating on health, nutrition and food security.



**Figure 4.4 Geographical Distribution of Donors' Funding**



Source: SACB, 2003.

In the years 1999-2003, just over €78.6 million was provided to Somalia through 203 separate allocations. They are grouped under nine headings and the expenditure on, and the number of interventions in, each of them are given in Table 4.1. Even though a programme may continue over a number of years each funding application is counted as a new intervention.

**Table 4.1 Sectors Funded**

Sectors	Total Funding (€ million)	Proportion of Funding (%)	Number of Allocations <sup>74</sup>
Multi-sector	11.72	14.9	29
Health Care	18.63	23.7	55
Water and Sanitation	7.91	10.1	18
Education	7.21	9.2	14
Food Aid	6.85	8.7	11
Economic Recovery	6.44	8.2	15
Peace Promotion	6.38	8.1	22
Mine Action	5.77	7.4	11
Other	7.66	9.7	28
<b>Totals*</b>	<b>78.57</b>	<b>100</b>	<b>203</b>

Source: Evaluation analysis. \*Discrepancies due to rounding.

<sup>74</sup> It should be noted that the number of allocations relate to a smaller number of interventions. This is a result of yearly allocations made to interventions (projects/programmes) which were extended. For instance, the Netherlands provided 67 allocations covering a total of 47 separate interventions.

The ToR identified six main sectors: food, health, multi-sector, water and sanitation, protection/human rights/rule of law and education.<sup>75</sup> Two more sectors, based on donors' categories, were added: economic recovery and infrastructure and mine action. A category entitled 'Other' has also been added to cover significant activities, funded by the donors (for example, support for co-ordination), which do not fit into a single category. Because all four donors categorise their support differently, it has been necessary to allocate some interventions to compound categories. For example ECHO funded five interventions under the sector 'Emergency Nutrition' and these were incorporated into 'Health Care'. This was necessary because there were interventions funded under health care, which included an element of emergency nutrition and the two were inseparable. A second example is found in interventions with similar functions, even though the sectors were different. An embankment reconstruction intervention funded by the Netherlands under 'Disaster Preparedness' was incorporated into 'Economic Recovery and Infrastructure' because its nature was similar to many reconstruction interventions. Another complex category is Peace Process/Protection/Human Rights/Rule of Law, the constituent elements are obviously related, but they are amalgamated in this fashion because that is how Sida funds it. The nine sectors are described below.

**Multi-sector** is not a sector, but covers multiple large-scale interventions either funded through the CAP or through an Emergency Appeal, predominantly for ICRC and UNICEF.

**Health** includes, *inter alia*, reproductive health and nutrition. It is not possible to separate them because many interventions incorporate the two within a single funding proposal.

**Water and Sanitation** comprises both joint and separate interventions.

**Education** includes primary, secondary and tertiary levels and forms of adult and compensatory learning.

**Food** includes food aid, which is a separate sector in the table within the ToR.

**Economic Recovery and Infrastructure** is not included in the ToR, but it is the largest sector for Danida's funding. It includes road reintegration, bridge rebuilding and the reintegration and rehabilitation of returnees and IDPs.

**Peace Process/Protection/Human Rights/Rule of Law.** The Peace Process is not included in the ToR, but is a sector in Sida proposals.

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<sup>75</sup> ToR, section 6.

**Mine Action** includes de-mining, interventions involving unexploded ordnance and awareness campaigns.

**Other Interventions** includes agriculture, capacity building, research, co-ordination and support services and civil society.

These categories are used in Chapter 5 in the examination of the field experience of the interventions.

**Table 4.2 Sectors and Relative Funding**

<b>Sector</b>	<b>Netherlands</b> (€ millions)	<b>Denmark</b> (€ millions)	<b>Sweden</b> (€ millions)	<b>ECHO</b> (€ millions)
Multi-sector	7.35	2.41	1.96	-
Health	4.55	1.00	2.63	10.45
Food Aid	6.29	-	0.55	-
Economic Recovery	2.02	4.43	-	-
Water and sanitation	2.15	2.62	0.07	3.08
Education	0.25	3.68	3.28	-
Peace Promotion	0.11	0.22	6.04	-
Mine Action	0.27	4.09	1.41	-
Other Interventions	1.07	1.75	1.38	3.47
<b>Total Funding*</b>	<b>24.06</b>	<b>20.02</b>	<b>17.32</b>	<b>16.99</b>

\*Discrepancies due to rounding.

Source: Evaluation analysis.

Twenty-four per cent of the funds were allocated to health interventions, which included emergency relief, such as controlling a cholera outbreak in Bossaso, emergency nutrition in drought affected areas and rehabilitation/development interventions, supporting hospitals and building mother and child health centres. ECHO's expenditure on health care and nutrition, over 60 per cent of its total, explains the dominance of health expenditure over other sectors (see Table 4.2).

Sida and Danida both emphasised Peace Promotion initiatives. This sector contained not only interventions dedicated to the peace process, but also interventions in human rights, protection and the rule of law. Over the five years, Sida allocated 34.9 per cent of its funding to activities which promote peace. Sida also supports education and, in 2003, funded long-term interventions that continued for two or three years.

Over the five years at issue, Danida devoted 21.9 per cent of its total funding to economic recovery and infrastructure, the latter mainly in road and bridge rehabilitation. This was

plainly indirect support for the peace process. It also supported the mine action of the Danish De-Mining Group and the Halo Trust. In more recent years, Danida has directed its support to education, water and sanitation and health care.

Funding from the Netherlands was primarily for food aid and multi-sectoral interventions, moving, in 2003, towards incorporating health care and water and sanitation. The Netherlands directs 62.3 per cent of its funds through the CAP, and a further 10.4 per cent goes to support the ICRC emergency appeal process. In some cases, it is possible to determine which interventions benefited from these funds, but most of them were for multi-sectoral, country-wide interventions or for food aid. Only 27.3 per cent of total funding is allocated to individual interventions, principally in health care, in particular *Médecins Sans Frontières* in Galkacyo and World Vision in Wajid.

The donors’ funding channels are given in table 4.3 and include a ‘Frame Agreement Component’ for both Danida and Sida; it covers long-term funding for the activities of the Danish De-Mining Group and the Danish Refugee Council and is not earmarked for specific interventions. ECHO funds only through individual intervention proposals in three sectors, the largest is health, but water and sanitation and agricultural interventions have recently been added.

**Table 4.3 Proportions of Donor Funding by Channel**

<b>Donor</b>	<b>CAP</b>	<b>Emergency Appeal</b>	<b>Individual Intervention</b>	<b>Frame Agreement Component</b>
	(%)	(%)	(%)	(%)
Danida	14.4	12.3	28.8	44.5
The Netherlands	62.3	10.4	27.3	-
Sida	29.2	20.1	42.0	8.7
ECHO	-	-	100	-

Source: Evaluation observations.

A full list of the interventions funded by the four donors and implemented from 1999 to 2003, may be found in Annex 3.

In all interviews, with donors and with implementing agencies, at Headquarters and in Nairobi, the respondents all maintained that the dominant purpose of humanitarian

intervention was to support the peace process. They were all well aware of the Deng Principles, but, with the exception of UNHCR-Nairobi, argued that a focus on IDPs was counter-productive. It would inhibit the delivery of humanitarian assistance and was likely to result in host populations adopting a negative view of IDPs and, hence, in lower levels of protection for them. Donors and implementing agencies also recognised that many of the activities were developmental rather than emergency interventions and that, as such, Sphere Standards did not apply.

#### **4.4 Approaches to Funding Channels and the Choice of Sectors**

The use of the CAP seems to be determined by two factors: its efficiency as a process for wide-ranging funding and, more importantly, by the extent to which each donor supports the UN system established for this purpose. Table 4.3 shows that The Netherlands makes the greatest use of the CAP, followed by Sida and Danida. ECHO is a humanitarian agency of the European Commission and so makes no use of it. Sida and Danida are increasingly moving away from the CAP and channelling their funds through their national NGOs and, to a lesser extent, through foreign international NGOs. Both expect their NGO partners to join the process of the Common Humanitarian Action Plan (CHAP). Danida increasingly makes use of framework agreements with its NGO partners, backed up by annual performance evaluations.

Differences may be seen as a measure of the extent to which each of the three national donors is committed to multi-lateral funding. Dutch policy favours this approach in general; in the case of Somalia, a chronic disaster in a fragmented country, it seems clear that such an approach is the most rational and efficient reaction.

Whatever channel is used, each donor funds a number of specific sectors and, in the cases of ECHO, Danida and Sida, may concentrate on particular regions. ECHO is prominent in south and central Somalia, Danida has a particular interest in Somaliland and Sida has funded extensively in Puntland. Because of its use of the CAP, Dutch funding has not been specifically located to the same degree.

In the period evaluated, the sectors supported by each of the donors are, to a large degree, a reflection of historical circumstance. Why particular sectors were chosen in the past is a

question beyond the competence, and the remit, of this evaluation, but a number of factors inhibit change. It must be noted that Somalia is not high on the list of the donors' priorities: the donors' total expenditure over the five years amounts to an annual average of €15.72 million, or €3.93 million per donor per year – in the scale of humanitarian assistance, these are very small sums (for actual figures, not averages, see table 4.2). That apart, Somalia is undergoing a chronic, slowly changing emergency which does not call for rapid changes in response. An important factor lies in the expertise in particular sectors, which has been built up over the years by implementing partners. In all instances of bilateral funding, the donors rely on partners who have demonstrated their ability to work in such a complex and fractured situation.

The rate of the recruitment of new partners is relatively slow for two reasons: the complexity of the situation calls for particular care and understanding and the available funds are not large. Nonetheless, new sectors do emerge; for example, there is a strong case for expanding psycho-social activities, which would call either for an extension of the activities of existing implementers, or for the recruitment of new partners.

Neither the donors nor the UN are able to make rapid changes in the present arrangements, combined with the difficulties the donors face in monitoring this means that continuity is encouraged, not change. Many difficulties are avoided by using tried and trusted, large, well-staffed and well-established INGO and Red Cross partners; but this does not mean inflexibility, and an example of interesting change may be seen in the Danish Refugee Council's new campaign of advocacy. What is essential, if such arrangements are to continue, is very good reporting and complete transparency.

## 5. Sectoral Investigations

### 5.1 Introduction

The following information is based on the Desk Study, interviews with donors and agencies in their headquarters and on three types of formal investigation in Somalia. Teams visited the offices of humanitarian agencies and of *de facto* governments and their agents; in these visits they held discussions with staff and inspected records of activities. The teams also visited and observed activities in the field, including the places in which IDPs and other vulnerable people were living. Finally, the teams held conversations with IDPs, refugees and returnees either as individuals or in groups. In addition to these formal investigations, the teams met a range of local people and members of other agencies: these informal meetings have influenced judgements.

The greater part of the interventions visited by the evaluation were funded through United Nations agencies, which do not account for their activities by intervention, but only nationally by programme. It is possible only to identify the funds from each donor by sector. Determining expenditure on specific interventions is possible only in the case of NGOs and, given the political and security difficulties in Somalia, they formed the minority of cases to which the evaluation could get access.

Before considering the individual sectors or, for that matter, multi-sectoral funding a caveat must be entered. Funds for Somalia were taken from the donors' humanitarian budgets and, since they have largely agreed to the Sphere Project's standards set out in its publication *Humanitarian Charter and Minimum Standards in Disaster Response*, it is not entirely mistaken to ask if the standards were met. Although the budgets were humanitarian, most of the interventions funded by the donors were, essentially, developmental to which these standards do not apply. Short-term humanitarian crises (floods, fires, disease and drought) did occur, for which the same budgets were used, but the total direction of sectoral funding was in the transitional phase towards development, or 'humanitarian plus'.

## 5.2 Multi-Sectoral Funding

Multi-sectoral funding covers multiple large-scale interventions, they are funded either through the CAP, or through Emergency Appeals, the latter predominantly for the ICRC and UNICEF. The mechanism is also sometimes used to fund NGOs. Fifteen percent of the total funding by the four donors fell into this category and there were ten occasions on which the mechanism was used: seven of them were by the Netherlands, two by Danida two and one by Sida. ECHO does not use this category of funding.

Two of the Dutch multi-sector interventions were channelled through NGOs – Novib and Norwegian People’s Aid.<sup>76</sup> With one exception, all the other multi-sectoral donations are through the CAP or through emergency appeals from large UN humanitarian agencies or the ICRC. The exception is Dutch support for UNDP through a Framework Agreement. Framework Agreements are intended to allow greater predictability and timeliness of funding. Allocation through the CAP and emergency appeals is intended to allow timeliness and increased flexibility in funding.

Of the €11.7 million devoted to multi-sector interventions, 15 per cent of total funding, 46 per cent was channelled through the ICRC and 44 per cent through UNICEF’s emergency appeals process.

It is difficult to determine which component of any of the many interventions visited by the evaluation belonged to the multi-sectoral category, but comments on UNICEF, UNOCHA, UNDP, UNHCR and ICRC activities elsewhere in this chapter may be used as proxies.

## 5.3 Health Care

### Sectoral Problems

Health systems, which had been poor even before the civil war, were disrupted or destroyed in periods of conflict.<sup>77</sup> In some cases this was deliberate, as in Gedo where the Cordaid

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<sup>76</sup> Neither intervention was accessible to a field visit.

<sup>77</sup> Norwegian Refugee Council, 2004



hospital, funded by The Netherlands, was targeted and a member of staff killed.<sup>78</sup> Somalia has an extreme shortage of qualified doctors and, since 1991, few medical staff have been trained: many members of staff emigrated or became refugees. Throughout Somalia, medical infrastructure is still insufficient for the population. What exists is not always well-equipped or, more precisely, very few clinics or hospitals can offer a wide range of care (surgery, for example); there is a lack of preventative health-care and there is no national referral system.

Several conditions were reported as common by the staff of health institutions: tuberculosis is widely prevalent and is among the highest incidences in the world. IDPs have difficulty in getting adequate treatment, since they may have to move, often in search of jobs, before it can be completed. Diarrhoeal diseases, including seasonal cholera, are common. Malaria is also prevalent in the wet season. Measles kills many children and rumours that viruses are injected with the vaccine have been a disincentive for vaccination; but vaccines for other conditions are accepted. Rates of post-natal mortality, for both mothers and children, are also among the highest in the world, made worse by the almost universal female genital mutilation (FGM),<sup>79</sup> but also by the limited access to appropriate aid in cases of difficult delivery. ‘Mortality rates for internally displaced children can be as high as sixty per cent higher than the others in the same conflict-affected areas.’<sup>80</sup> Scabies is spread by crowding and by the shortage of water for washing. Other parasitic infections are also common and contagion is rapid in the overcrowded conditions. Crowding also causes acute respiratory infections. A survey in Puntland towns has suggested that the number of people affected by AIDS has recently increased.<sup>81</sup> Another survey in Puntland, this time of sex workers, revealed very high rates of infection.<sup>82</sup>

Injuries by gunshot and mines (as noted in the *Médecins Sans Frontières*-H hospital in Galkacyo,<sup>83</sup> funded by the Netherlands) and psycho-social difficulties are frequently

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<sup>78</sup> Interview at Cordaid HQ. The site could not be visited.

<sup>79</sup> FGM or female circumcision is practised among all Somali clans. It is carried out between the ages of 7 and 12 years, to ensure marriageability and almost all girls experience it. FGM is painful, risks transfer of infectious disease, including HIV/Aids, reduces sexual stimulation for women, causes severe problems when giving birth and also contributes to urinary tract infections..

<sup>80</sup> UNICEF, 2003 (b)

<sup>81</sup> Carried out the by Somali Development Organisation and the Puntland Ministry of Health, using MCH centres and blind testing of blood samples.

<sup>82</sup> The Global Fund supported this survey.

<sup>83</sup> Interview with *Médecins Sans Frontières*-H in Nairobi

encountered. Limited breast-feeding, infant malnutrition and problems related to poor housing (diseases of overcrowding and insanitary conditions) are common among IDPs.

Maternal health exemplifies the problems of the health sector: in Wajid pregnant women know that no surgery is available in the region and that a caesarean delivery is only possible in Mogadishu - an impossibility for most of them. The field team was also told that women, in the last months of pregnancy, ate very little in the hope that babies would be smaller and delivery easier: as a result women become anaemic. FGM is another major complicating factor, both for the mother and for the child. These problems combine with the lack of preventive care, of medical structures and of services to produce one of the world's highest rates of maternal mortality (16 per cent).

### **Donor Support**

In the period covered by the evaluation, health care interventions account for 24 per cent of the donors' funds – the largest single sector. The documentation of proposals for health interventions identifies a wide range of intended beneficiaries; in some cases they are not specified, but, when they are, the targets include: local people (an undefined category), refugees, returnees, IDPs, children, pregnant women, vulnerable and extremely vulnerable people.

Interventions in health visited by the evaluation included work in primary and curative health, responses to epidemics, women's (including reproductive) health, children's and community health, HIV/AIDS, sexually transmitted diseases and, to a small extent, psycho-social problems. A number of other activities, such as mine action and adult education, particularly education and training in child-care, nutrition and so on, contribute significantly to preventive health care.

Several public hospitals visited by the evaluation have operating theatres, outpatient departments and laboratories, and are able to run curative health systems. The ICRC runs Kisane hospital for war traumas in Mogadishu and SOS Kinderdorf International runs a hospital for children and mothers; both are funded by ECHO. The latter has an outpatient department with 200 consultations per day, obstetric surgery, nutritional services and a TB treatment centre. It is well kept and is effectively staffed. There are some minor technical

flaws, particularly the sterile/septic circulation system. Part of this intervention is a four-year nurse-training programme and each periodic admission to the course registers 20 new students.

Small hospitals in small towns have, as in Hudur (*Médecins Sans Frontières-B*, supported by ECHO) only a limited capacity to intervene, and, as in Wajid (World Vision, supported by the Netherlands) a very limited capacity. The main concern of these two hospitals is with preventive health, but they also run mother and child health centres (MCH). Red Crescent, on behalf of ICRC, runs Hanano Hospital in Mogadishu to which an MCH is attached; health is monitored and vaccinations are effected. These facilities are used by IDPs, although there were reports that the numbers attending some MCHs were low because of the cost: there may be charges in addition to the registration fee, for example, for drugs or laboratory services. The centres operate by cost sharing, not cost recovery; attempting to provide free medical care would threaten the sustainability of the service. In some cases in larger towns, as in Hargeisa, the MCHs are near compounds of vulnerable people, including IDPs, and in smaller towns there are some which make referrals to hospitals.

The Netherlands supports UNICEF in immunisation and antenatal care in Hargeisa, where the evaluation visited two MCHs. The catchment areas of 8,000 and 10,000 people include IDPs, returnees, some refugees and local people. In the smaller MCH there were 280-300 patients per month; each has an administrator, two nurses, two auxiliaries, and two watchmen. There is a registration fee of \$0.7 and, in principle, there should be no further cost. Vaccination is available as part of Somaliland's National TB Programme and oral rehydration is available. The MCHs have no inpatients, but do have delivery rooms with about four deliveries per week; they are using a UNICEF delivery kit, but also have traditional birth attendants associated with them. One MCH had 15 such attendants who, during the week before the visit, had assisted at a total of 45 births elsewhere. If there are complications in delivery, MCHs can call on additional medical support. Both have a laboratory and a dispensary, with drugs supplied primarily by UNICEF. In one case volunteers from a local hospital ran the laboratory and the dispensary. Both MCHs lack sterilising equipment and refrigerators, but one had cold boxes for vaccines, which are delivered daily from the hospital. Because of lack of funding for incentive payments, one MCH is open only in the mornings; the other is also able to open in the afternoons. Both are completely closed at night.

Since 1997, *Médecins Sans Frontières*-H has run two hospitals in Galkacyo with Dutch support:<sup>84</sup> one, in Galkacyo North, has 120 beds, the other, in Galkacyo South, has 20. There are two hospitals because it had been thought a service should be provided on each side of a ‘clan boundary’. Health charges are necessary for maintaining the service, but limit access because IDPs are unlikely to be able to meet the expense.

Much support for health is through and in health professionals, health facilities and governmental structures, but, particularly in the more stable conditions of the north, UNICEF, works with local communities, community leaders, religious leaders, women’s groups, youths and other components of civil society, incorporating health issues within broader community-based programmes. Activities relating to hygiene, nutrition, child rearing, recreational drugs (*qat*), HIV/AIDS, sexually transmitted diseases and FGM are examples of health issues that UNICEF normally treats in broader and cross-sectoral contexts.

In Wajid, where World Vision has set up health posts, so many people arrive at them that the medical staff can cope only with the most urgent and serious cases. They are unable to staff either the campaigns of prevention or the mobile clinics – both could reduce the number of urgent cases and could fight ignorance and some devastating cultural beliefs.

Cholera is a recurrent wet season problem in IDP settlements in larger Somali towns. It is particularly associated with the use of shallow wells and surface reservoirs, which, due to inadequate latrines, are polluted by sewage. The response to cholera is twofold: prevention, which is a water and sanitation issue, and after the event, which is an emergency health issue. *Médecins Sans Frontières*-H, Care, UNICEF and the World Food Programme (see section 5.6) responded at different times to cholera outbreaks in Bossaso, where there have been outbreaks each year since 1998. UNICEF carries out similar activities in south and central Somalia.

For rapid technical responses to outbreaks of cholera, agencies need a continuous presence, not necessarily at the point of intervention, but with a skilled team able to travel quickly – *Médecins Sans Frontières*-H was able to reach Bossaso within a day. In June 2003, cholera was quickly contained and fatalities were confined to 2.5 per cent of the cases, compared to a

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<sup>84</sup> *Médecins Sans Frontières*-H in Galkacyo could not be visited, but the senior member of field staff was interviewed in Nairobi.

6.2 per cent fatality in April-June 2002. For community-based responses, which involved a long-term programme for improving water supply, agencies must work through local communities over a longer period. UNICEF has provided latrines in Bossaso, but the land on which they were constructed is privately 'owned', and users were said to be charged. In 2000, UNICEF, supported by Danida, introduced the Bossaso Water Intervention, which constructed five water kiosks in an attempt to limit water-borne diseases. Three more are under construction and another three are planned. Other UNICEF activities include the construction of latrines and improved hygiene.

In Somaliland, UNICEF, supported by Danida in an HIV/AIDS intervention, estimates that the incidence of HIV/AIDS is 0.8-2.0 per cent. At present there is no government policy relating to it, but there are 64 NGOs, which do respond. In responding to HIV/AIDS, UNICEF has prioritised youth groups, which it sees as particularly at risk but also as agents of change. In Bossaso, UNICEF has a well-attended series of literacy afternoons for women, at which, among other health issues, there is education relating to AIDS.

In addition to humanitarian interventions and, in Somaliland and Puntland, national health care, there is also a private health system, usually based in the larger towns, but with small private dispensaries elsewhere. Only a small elite, which lives apart from other IDPs, can make use of this higher quality system with well-equipped hospitals and clinics. Reportedly, IDPs in Bossaso do use the private dispensaries rather than the public health system. In Mogadishu, private health clinics offer free access for the poor on one day a week, but this is for consultation only, not for medicines.

Nutrition is linked with health, particularly in relation to therapeutic feeding. UNICEF and the World Food Programme carry out nutritional and food security surveys in relation to emergency events, such as the drought in Sool-Sanaag and floods in south and central Somalia. Emergencies apart, UNICEF has systematically monitored nutrition throughout Somalia in every year since 2001. Since 1999, it has also monitored the nutrition of IDPs living in Bossaso, in surveys which include broader investigations of health, water and sanitation, shelter and livelihoods.

The Netherlands supported UNICEF in a nutritional survey in Bossaso.<sup>85</sup> In 2003, the survey covered 1,077 children. Of these, 3.2 per cent were classified as severely malnourished and 16.2 per cent as global acute (moderately) malnourished. These figures are similar to those current since the late 1990s and are almost identical to those for the whole of Somalia (17 per cent moderate malnutrition, 3.5 per cent severe).<sup>86</sup> At the time, malnutrition was not thought to be the major problem for IDPs.

Seventy per cent of mothers stop breast-feeding before the minimum target of six months. There is a strong statistical link between malnutrition and a child's history of diarrhoea and acute respiratory infection. There is also a statistically significant correlation between diarrhoea, acute respiratory infection, male children and the use of latrines. This is problematic, since one response to diarrhoeal disease has been to build latrines (75 per cent of IDPs in Bossaso excrete in the open, perhaps because the latrines are badly maintained). Diarrhoea and acute respiratory infection, diseases of over-crowding, are major causes of morbidity. Among Bossaso IDPs, only 64 per cent of under-twos had ever been immunised against measles, polio coverage of under fives was 89 per cent.

According to the UNICEF survey, fifty-four per cent of those IDPs who access health facilities use a private clinic or pharmacy, only 35 per cent use public health facilities. UNICEF provides insecticide-treated mosquito nets at the town's MCH, for sale, at a subsidised rate, to expectant mothers and under fives.

The treatment of malnutrition is supported in the therapeutic and supplementary feeding centres in south and central Somalia. In *Action Contre la Faim's* Mogadishu programme, which was supported by ECHO, mothers and children were provided with a weekly ration; the programme was technically sound and well supervised and was co-ordinated with a hygiene education programme and the distribution of medicines. The programme in the SOS Kinderdorf hospital was less thorough, and would benefit from the integration of the therapeutic and supplementary feeding programmes within the hospital.

Psycho-social problems, including traumas associated with violence, which are simultaneously both medical and social issues, have not been much addressed in Somalia.

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<sup>85</sup> UNICEF, 2003 (a).

<sup>86</sup> Sida, 2002.

Save the Children Fund - Somaliland has a psycho-social officer, but the evaluation found no evidence of the existence of any other such person. The interview with Save the Children Fund was virtually the only occasion on which the evaluation heard discussions of psycho-social problems or any response to them in relation to IDPs, though UNICEF intends to become involved if funds become available. There was no evidence of any research into, or an attempt to respond to psycho-social problems which, *prima facie*, because of deprivation, loss of social support systems, discrimination, extreme poverty and so on would seem to be major difficulties for IDPs. The lack of funding seems to be the principal reason for inaction in this area, but, given the funds at present available, the general consensus among agencies is that there are other and greater priorities.

## **Discussion**

Many health problems are deeply rooted in cultural systems and not necessarily related to humanitarian emergencies. While it is possible to respond to some of them through medical interventions, a sustainable response requires changes in cultural attitudes; how this might be achieved should be examined.

The major specific issues encountered were:

- The coverage of health services.
- The cost, for the clients, of access to services.
- The cultural issues, particularly ‘circumcision’ (female genital mutilation) and some aspects of hygiene (for example, the use of water points for both humans and animals).

Coverage is limited by sporadic, but frequent violence and by the effective partitioning of the country. These two elements add to the limitations of the pre-war medical infrastructure, its decline during the war and increasing needs produced by conflict. Much more must be done fully to meet the needs in this sector - particularly in the cases of women’s reproductive health and psycho-social problems. In severe conflictual emergencies, which involve rapid shifts of populations, mainly in south and central Somalia, it was scarcely possible for any health intervention to take place.

The move from free medical services to cost recovery is contentious, but for the sustainability of the service, a significant and guaranteed flow of resources is necessary, particularly when the tax base and governmental capacity are either non-existent or very limited. In some places, such as Bossaso and Hargeisa, there were suggestions that very vulnerable people were unable to afford the public system. Cost sharing rather than cost recovery may be a viable system if IDPs and other ultra-vulnerable people are to gain access to the health system because of unmeetable charges.

## **5.4 Water and Sanitation**

### **Sectoral Problems**

Because the country is semi-arid, water supply and sanitation, even in peacetime and with a stable population, would be a huge developmental challenge. This is particularly true of the north, where there are no perennial rivers and, over extensive areas, the water table can be hundreds of metres below the surface. In Hargeisa, the main centre for IDPs in Somaliland, the water supply is remote from the city and must be pumped hundreds of metres uphill. The quality of water in some parts of south and central Somalia is extremely poor, well water is often not drinkable and, in some areas, the salt content of ground water is so high that it is unusable. In addition supplies have been stretched by rapid urban growth, particularly in Mogadishu. In Wajid and Gedo regions IDPs have about 2 litres of water per day: the minimum recommended is 15 litres. In Somalia many wells have been deliberately destroyed, for example almost half of the 175 wells in Bay and Bakool regions.<sup>87</sup> In other areas of the south along the Juba and Shebelle Rivers, flooding is an occasional problem.

For both rural and urban IDPs, water is problematic in several ways. Rural women IDPs in south and central Somalia may walk up to ten kilometres to fetch water; not only is this costly in time, it also carries the risk of attacks by militiamen. Given the price, water for drinking, personal and clothes washing, watering animals and for agriculture, may be a significant element in the cost of living. For some IDPs, selling water is a source of income, but these are a minority. In the south, water supplies, both for people and for animals, require complex intra

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<sup>87</sup> Norwegian Refugee Council 2004



and extra-clan negotiation. In many rural areas there is no water, and even in villages it may be necessary to buy it.

In the nine sites visited in south and central Somalia, the availability of water varied widely. In some villages and compounds it was free and supplied by tap, as in Mogadishu's Mascalax compound; or from a building, as in Bourako compound. In others, for example, Arashamo, a village in Bakool, it could be free of charge, but would have to be carried for considerable distances. In three compounds, water was sold at rates of up to \$0.05 per litre, expensive by any standard.

The shortage of water contributes directly to health problems like the prevalence of skin diseases. Killing diarrhoeal diseases, including cholera, are the results of inadequate sewage disposal and the consequent contamination of water. To some extent waterborne diseases are spread because, for example, three quarters of the IDPs in Bossaso excrete in the open. This is partly due to the inadequacy of latrine provision and partly to the charge levied for their use. In most of the nine IDP sites visited by the evaluation in south and central Somalia, sanitation was very poor; three of them had no latrines at all. In the Mogadishu Polytechnic School compound, which has 34 latrines for 3,500 IDPs and refugees, their condition was dreadful. IDPs here put the improvement of sanitation at the top of their list of priorities, as did those in Mogadishu's Stadium Compound.

## **Donor Support**

Eighteen allocations of funds, accounting for ten per cent of the total expenditure, were in water and sanitation - some for water supply alone, some for sanitation alone and others for both. Several involved a variety of other activities, such as income generation, training and education. Interventions involved increasing the volume, quality and reliability of water supplies, providing latrines and education in hygiene. They were given cross-sectoral support through the health and educational programmes. Funding was rarely directed specifically to IDPs and few interventions were specifically and solely focused on them, partly because in many cases they lived alongside other groups, but some did serve their needs.

The largest water and sanitation funding, provided by Danida, which amounted to 25 per cent of the total for the sector, went to UNICEF's emergency appeal to assist returned refugees.

This particular intervention was timetabled from 2003 to 2006, but UNICEF has worked on water supply in the returnee camps in Hargeisa, Garowe and Bossaso for the entire evaluation period.

The improvement of water supply at State House IDP/returnee compound in Hargeisa, funded by Danida exemplifies UNICEF's water and sanitation programme. Water is piped to State House, which is officially a short-term compound, but the supply is completely inadequate. There are four water points (kiosks) served by a central, municipal source; the pipe diameter at these points is about 4 cm. Water is available for as few as three hours every fourth day, often in the middle of the night. The purpose of water kiosks, rather than stand pipes, is to ration a scarce resource and to avoid vandalism. Each kiosk is controlled by a nominated person (the evaluation interviewed two women with this function) who makes a small charge, said to be \$0.03 for a 25 litre can. Water is much more expensive if bought from trucks or donkey tankers. In 2000, the average daily per capita income in the compound, was below \$0.3,<sup>88</sup> so the financial cost, the cost in women's time and the cost in effort are cumulatively significant. The kiosk system is used throughout the towns visited in the north. With the exception of Hargeisa, where water is exceptionally scarce, it seems to be efficient and equitable and the agencies' participation is justified.<sup>89</sup> It was said that several IDPs earn a living from supplying water by donkey tanker.

Diakonia, supported by Sida, has developed a very deep borehole at Burtinle, a town in Nugaal which is an area with very few reliable water resources. The town is host to a settlement which includes an unquantifiable number of IDPs and it shares the borehole with the town. The local water table is considerably more than 100 metres below ground, so neither shallow nor deep wells would suffice and surface water was very unreliable and needed expensive transport. The field team had planned to inspect this site and to meet beneficiaries, but the disruption of air transport made it impossible. The team was able to discuss the intervention with Diakonia in Nairobi and Garowe.

UNICEF implemented fourteen water and environmental sanitation activities throughout the country. All four donors supported them in this. These activities include: providing new water supplies, constructing water kiosks, rehabilitating older systems, constructing latrines,

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<sup>88</sup> United Nations Country Unit (2002)

<sup>89</sup> See Table 3.3 for relative incomes.

training operators and hygiene education; in some cases these were specifically for IDP settlements. The field teams were able to discuss activities with field staff in Puntland and Somaliland, and were able to visit sites in Hargeisa and Garowe. The visit to a site in Bossaso, in which several water kiosks were added to the existing water supply system, had to be abandoned. UNICEF was noteworthy for co-ordinating its activities, with well-considered links between providing water, educating mothers in sound hygiene practices (along with nutrition and child rearing) and providing latrines. It also contributed to the responses to outbreaks of cholera throughout urban areas (see Health). Donor support is used, by *Action Contre la Faim* and UNICEF, for anti-cholera chlorination campaigns in Mogadishu, but because of the annual recurrence of cholera, it is suspected that their effectiveness is limited.

In the Mohammed Mooge compound, Hargeisa, the Danish Refugee Council, supported an IDP entrepreneur in providing 1,400 latrine slabs, for individual households, and the community provided the labour for digging latrines and building houses for IDPs and returnees. Other compounds in Hargeisa lacked household latrines. Group latrines were in such poor condition as to deter many people from using them.

In Puntland, the World Food Programme has supported the construction of latrines and drainage systems in IDP settlements by means of food for work interventions. This provides a double benefit of providing food for needy people and being a significant environmental improvement.

## **Discussion**

A reasonable proportion of the donors' funds were used for water and sanitation, but supplies are still inadequate.

The major specific issues encountered were:

- Water is a scarce resource in an arid and semi-arid country.
- Urbanisation is putting great pressure on specific areas where adequate infrastructure was either never in place, or has been destroyed by conflict.
- The cost of water for vulnerable people, together with the inadequacy of supply, can inhibit its use for hygienic purposes.

- Adequate sanitation in vulnerable areas, particularly in compounds, scarcely exists.

There is little distinction to be made, in this sector, between IDPs and other vulnerable people. One insignificant exception may be found in the information given to the evaluation that a number of IDPs made a little money by working as water vendors.

For necessarily quick and cheap responses, shallow wells have been used, though at the risk of spreading diarrhoeal disease. Integrated water supplies exist in urban areas, but rapid urbanisation is producing new problems for supply. In the longer term, improved piped water supplies are needed, but water is scarce.

## **5.5 Education**

### **Sectoral Problems**

Somalia's Primary Gross Enrolment ratio is the lowest in the world.<sup>90</sup> In Puntland fewer than one child in five receives even basic education. After more than 15 years of civil wars, warlordism, displacement and destruction, Somalia has a generation of children and young adults who have missed formal education. By 1999, few schools were operating: ninety per cent of school facilities were destroyed in the war; many of them in Puntland and south and central Somalia had even become the sites of IDP compounds. Before 1991, according to Diakonia, public education in Puntland had virtually collapsed and there is every reason to see this as so throughout the country.<sup>91</sup> As recently as 2002, Sida found that only 14 per cent of Somali children were enrolled in compulsory education:<sup>92</sup> the figure is even lower for IDPs. In comparison, up to 75 per cent of children in surrounding countries attend school. A second product of the last 15 years is a severe shortage of trained professionals (including teachers) and of technicians. Fewer than 40 per cent of Somali teachers are trained; many have not even had primary education. Adult literacy, in 2002, was 19 per cent, compared with 24 per cent before the war.<sup>93</sup> Somalia needs not only re-created education systems and infrastructure, but also the development of compensatory education and training for a generation of

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<sup>90</sup> Total enrolment in primary education as a proportion of the relevant age group.

<sup>91</sup> Diakonia, 2004.

<sup>92</sup> Sida, 2002.

<sup>93</sup> UNDP Somalia and The World Bank, 2003.

educationally deprived children, youths and adults. Without this, recovery from conflict will be slowed.

The languages of instruction raise some important issues; including the effect of each language on people's ability to access education and livelihood opportunities. In the early years of the post-colonial era, the education system had used several languages as media of instruction: Koranic schools use Arabic. In Primary grades 1-4 Arabic is used with English as a second language. Primary grades 5-8 use English with optional Arabic. Secondary schools: use English, universities use Italian and English.

During the 1970s, the Somali language became more fully incorporated into education, but a command of English now gives greater access to jobs. For this reason, Puntland has recently institutionalised English as the language of instruction throughout its primary system. The increasing use of English in higher-paid jobs and in the process of modernisation, reduces the value of other languages and so disadvantages those who have only attended Koranic schools and those, including most IDPs, who have never attended school. In Hargeisa school fees, for the public sector, are between \$1 and \$3 per month. In urban areas in south and central Somalia, a figure of \$6 was suggested. UNICEF and some Somali NGOs support school fees for some IDP children. A more important factor in the low rates of attendance by IDPs is the lack of places (in Hargeisa, for example, class sizes were up to 100) and, even more central, the need for children to work. A UNICEF survey found that about 30 per cent of children and 42 per cent of adults in IDP camps said their households were fully or partially dependent on child labour.<sup>94</sup>

Some schools are generally accessible for IDP children, particularly in urban areas, though there is serious crowding. In rural areas, where there are fewer schools, the main option is a Koranic school. Few IDPs attend schools beyond primary level.

### **Donor Support**

The donors supported different levels of conventional, compensatory and adult education. They also supported education in human rights and democratisation relating to the peace

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<sup>94</sup> UNICEF, 2003 (b).

process.<sup>95</sup> The four donors provided 14 allocations for educational interventions, accounting for a little over nine per cent of total funding. Some significant expenditure in support of peace initiatives also supported education and training.

In Puntland, Diakonia, funded by Sida, received the largest portion of educational funding, 23 per cent of the total for this sector. In 2003, as part of the Democracy and Education Programme, Diakonia completed the rehabilitation, enlargement or building of 12 primary schools and provided some equipment.<sup>96</sup> In one school UNICEF provided textbooks. The Netherlands, Sida and Danida have supported a programme, run by UNICEF and UNESCO, to produce a curriculum and textbooks in Somali and in English, to be used throughout the country. The intervention report shows the high quality of the buildings, but stresses the need to find a way of funding their operation by creating sustainable income generating interventions for staff pay. Because of holidays, it was not possible to visit a school to see if there were sufficient trained teachers or whether the UNESCO textbooks were available and whether they were being used.

Sida, again through Diakonia, and in collaboration with UNESCO, the Puntland Ministry of Education and the EU, supported the construction and development of the Garowe Teacher Training College. The field team visited this building, which was to open in September 2004 and will have an annual intake of 200 students of both sexes; a further 200 teachers will be trained in schools. This development is in response to the need for a huge increase in the number of trained primary teachers to compensate for the collapse of Somalia's education system. Training in schools is intended to compensate for the low educational standard of some teachers. Clearly, reconstructing schools is meaningless without trained, and retrained, teachers.

Sida also partly funds the university level Puntland Community College in Garowe, again through Diakonia in conjunction with KAALO Relief and Development Organisation, a local NGO which is responsible for administration and academic work. Computers and other support are also provided by the Somali diaspora. There are 15 members of staff for courses

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<sup>95</sup> 'Peace process' is a term employed universally by the staff of the agencies interviewed by the evaluation. It covers the negotiations and activities in conflict resolution and the moves towards the re-establishment of a viable Somali state.

<sup>96</sup> Diakonia, 2004.

in management, administration, English, accounts and information technology. The field team visited the College, saw some teaching (in English) and confirmed that there is a good supply of up to date information technology equipment and a well-stocked library.

The field teams visited a number of schools used by IDPs in the different regions of Somalia including one in Sheikh Noor Returnee/IDP Camp Hargeisa. This school was built with the support of the UNHCR and provided with textbooks by UNICEF. Holidays made it impossible to inspect the school as fully as desirable, but pupils, parents and a governor turned up for interview. The building was designed for 670 pupils, but now has 1,180. The morning shift is for upper primary and the afternoon for lower primary students. Attendance by girls is good in the lower grade, but falls off in the upper grade. Half day schooling allows students to take jobs. There are normally about 70-80 students per room, more favourable than in other local schools. A Community Education Committee is responsible for cleaning and security and, like much of Hargeisa, it has problems with water supply. Children attend school without breakfast; the World Food Programme now provides school meals for 23 Somaliland schools as an incentive to attend (particularly for girls) and to improve performance. Since the school visited by the evaluation was closed, it was not possible to discover whether, or not, it had benefited from the WFP initiative during the period under evaluation.

Several agencies are involved in adult education. In Garowe, the Adventist Development and Relief Agency Denmark (supported by Danida) provides vocational training and education for more than 50 IDP girls aged 15-18; the pupils pay a small fee for the year-long courses. The Somali Women's Association, with the involvement of the Puntland Ministry of Education, offers training for girls in some of the following: tailoring, tie-dyeing, crochet and soap making and, in parallel, they are given some health education; the rate of course completion is high. Diakonia also supports the education of women in Puntland in, for example, functional literacy, reading, writing, numeracy, hygiene, HIV/AIDS, sexually transmitted diseases, breast-feeding, immunisation, human rights and FGM, a cross-sectoral issue relevant also to health and human rights. This education is carried out both in urban areas and in villages: it is not specifically aimed at IDPs.

Since 2000, Sida, through Diakonia has also supported capacity building for women's NGOs and community based organisations including We Are Women Activists, a consortium of 23

Somali women's NGOs who are involved in education and training for, among others, IDPs. This has involved training in office skills and administration and is linked to the supply of computers. The field team was unable to witness any compensatory or adult education, but discussed the programmes with field officers and inspected relevant materials.

UNICEF supports women's literacy afternoons in Bossaso, which are held in the open air with groups of 50 to 60 women, who attend for three months. In them, compensatory teaching in literacy and numeracy goes alongside discussions of hygiene, children's needs and health, FGM, HIV/AIDS, sanitation and other linked matters.

## **Discussion**

Education will, among other things, assist the break out from the current social and economic impasse by facilitating significant cultural changes and modernisation.

The Major specific issues encountered were:

- Cultural attitudes commonly result in the failure of girls to attend school beyond the lower primary level. But adult women are enthusiastic about adult education wherever it is available.
- Since the collapse of the state resulted in the collapse of educational structures, compensatory education is a necessary process, both for women and men.
- Infrastructure is inadequate, both teachers and materials are in short supply, both result in massive overcrowding in class rooms and the exclusion of many would-be pupils.
- Teachers' salaries and the costs of education for the poor are serious issues in education.

No evidence was offered to the evaluation that IDPs were more vulnerable than others in this sector. It is possible only to conjecture that in those instances where IDP families are more mobile, or are only temporarily removed from their homes, that attendance at school while they are displaced will be far more problematic.



## 5.6 Food Aid

### Sectoral Problems

In general, the need for the substantial provision of food became less urgent during the period under evaluation, though there are periods of greater need in some areas. Donors are aware of the risks associated with supplying food: it may be used to support conflict; importing it can have adverse effects on systems of local food production and it is possible for food aid to develop dependence. IDPs suffer from two kinds of food insecurity: chronic inability to access food and periods of intense need; they are still facing a chronic shortage of food in south and central Somalia.

In south and central Somalia, once the most productive area, recurrent conflict and several years of poor harvests, floods and the loss of land through expropriation, created crises in nutrition. In Walak, south Wajid, food is so scarce that several families share the same pot and depend on local charity. IDPs in Arashamo village in Bakool and in Mogadishu's Polytechnic School compound cope by taking only one meal per day. In most of Somalia, because of the shortage and variability of water supply, the prospect of famine is recurrent, but local and regional insecurity is a practical difficulty for any intervention. Between 1999 and 2003, a number of periods of locally and relatively short-term acute need for food occurred. Apart from periods of intense conflict, particularly in south and central Somalia, but occasionally elsewhere, these episodes were caused by floods, as along the Shebelle River, or droughts, as in Sool and Sanaag since 2000, and by annual fires in IDP settlements. These fires occur accidentally in the dry season and are caused by the close crowding of huts and strong winds during the dry seasons.

Food security depends on a complex system of international, regional and local production and exchange, but the system has been eroded by many years of conflict, and by conflict-related restrictions on the movement of animals. Restrictions on the import of cattle to the Arabian peninsula in response to a threat of rift valley fever have reduced pastoralists' incomes. Many pastoralists in the north lost their stock and turned to charcoal production for export to Yemen. This led to environmental degradation. In the north, the continuing four-

year drought has led to further environmental degradation and to the destitution of herders and farmers.

Global acute malnutrition rates of IDPs have tended to be about 15 per cent and severe acute rates around two per cent. These figures can be explained by limited access to food due to poverty, by poor child rearing practices and poor health. It is noteworthy that 85 to 99 per cent of their food is bought rather than produced.<sup>97</sup>

### **Donor Support**

Eleven allocations for food aid accounted for about nine per cent of the total funding for the period. The Netherlands provided most of them, mainly through the CAP to the World Food Programme and UNICEF. Between 2000 and 2002, the largest input of food aid, 68 per cent of the total, was to south and central Somalia. Nutrition is included in health because donors fund the two together.

The field teams were not able to witness the distribution of food but discussed the topic with members of agencies, particularly the World Food Programme, examined records of distributions, including drought and fire emergencies, and discussed the problems of nutrition with beneficiaries.

Agencies have striven in a number of ways to avoid some of the problems associated with providing food. So far as possible, they have avoided blanket or unselective feeding of whole communities of the kind that occurred in the early 1990s.<sup>98</sup> This is because of the negative effects on local production, the possibility of the misuse of aid in support of conflict and the danger of encouraging dependency. In order to reduce theft in south and central Somalia, food is imported through local contractors, who are responsible for any losses. Where possible, agencies use food for work: it aids the recreation of livelihoods and provides employment for those in desperate need.

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<sup>97</sup> Norwegian Refugee Council, 2004

<sup>98</sup> The negative effect of the methods and types of food provision were discussed in Operations Review Unit (1994) *Humanitarian aid to Somalia*, DGIS, The Hague.

The World Food Programme has been in Somalia for thirteen years. Its main targets are vulnerable groups including IDPs. In 2003, the World Food Programme provided food for 23 schools in Somaliland and has identified 17 more in Puntland for feeding programmes from September 2004. In the Mohamed Mooge settlement, Hargeisa, it also supported cholera eradication by providing food for work in the construction of latrines. Most of its work has been in emergency responses to incidents like the cholera outbreaks, the annual fires in IDP compounds, floods and the four-year drought in Sool, Sanaag, Bari, Nugaal and Mudug. In conjunction with UNICEF, 732 tonnes of food were distributed to destitute, disabled, aged drought victims and those identified as needy. Each family was to receive a single, unrepeated, allocation of 104 kg of food, but this was halved when supplies became inadequate.

## **Discussion**

Nutritional evidence suggested that although chronic malnutrition, which is an indicator of poverty, still exists, providing food, including school feeding, helped to avoid severe food emergencies.

The major specific issues encountered were:

- Sporadic conflict, drought, occasional floods and the expropriation of many small farmers, all lead to periodic needs for nutritional responses.
- The ability to respond quickly and effectively to emergencies depends on the presence of agencies when there is no emergency.

The UNICEF nutritional surveys allow annual monitoring, but the agency also monitors acute emergencies such as drought. At least in the north, agencies have successfully co-ordinated the provision of food with other types of intervention in emergencies. But if staff and facilities are not in place, it may take up to six months to set up a food supply pipeline. The presence of food and health-oriented agencies in more developmental activities ensures that they are able to intervene as soon as emergencies arise. In the light of this, the issue for discussion for donors is the significance of continuing the presence of agencies during non-emergency times, particularly in a country like Somalia without a governmental structure of services. The practicalities and importance of long-term monitoring, of the kind found in projects of health and nutrition, both locally and regionally, should also be analysed.

The only region in which certain IDPs (those not native to it) are distinguished from vulnerable people at large is in Somaliland, where the government made some attempts to expel them. In all other instances, no distinction was, or could be, made between IDPs and all other vulnerable people.

## **5.7 Economic Recovery and Infrastructure**

### **Sectoral Problems**

As a result of the violence and destruction in the civil war and the accompanying pillage economy, much of the infrastructure of Somalia was destroyed or just not maintained. Even where they still existed, infrastructure and modes of production were unmodernised. Limited transport made it difficult to market products. Urban employment is at about 65 per cent<sup>99</sup> and IDPs, many lacking relevant skills, have difficulty accessing even these jobs in a socially alien environment. IDPs and returnees, created by the conflict, but lacking resources, are without the means to recreate livelihoods and destroyed infrastructure added to their difficulties in reintegrating in the social economy. In these circumstances most IDPs have little choice other than to look for income in the informal sector and many families are very dependent on child labour. Most IDPs lack the safety net of the clan system and few receive any income from the diaspora.<sup>100</sup>

These conditions affect both the whole Somali economy and individual households. It is necessary to restore a functioning inter-related economy, with effective links between the different economic sectors, both nationally and locally. It is also necessary to facilitate the recreation of the IDPs' household economies: particularly difficult for the many who have previously been pastoralists and for whom a return to nomadic pastoralism is impossible and urbanisation is well established. To achieve better linkages in the economy, it is also necessary to improve transport systems.

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<sup>99</sup> UNDP Somalia, and UNHCR 2003.

<sup>100</sup> UNICEF, 2003 (a).

Possibilities for recovery differ in each of the three areas of Somalia. Somaliland is relatively secure and has a functioning economy, particularly helped by the diaspora. Puntland's economy is also recovering, but south and central Somalia continue to stagnate economically, though there are some stable areas.

## **Donor Support**

There were 12 allocations, six by the Netherlands and six by Danida; seven were in Somaliland, three were country-wide and two were in south and central Somalia. The sector incorporates rehabilitation and reintegration interventions for returnees and IDPs, which absorbed eight per cent of the total funding.

The Danish Refugee Council in rebuilding roads supports the Somaliland Road Authority in Hargeisa. In total, two hundred workers were employed, of whom a number were said to be IDPs. In partnership with the International Labour Organisation, the Council supports a minor roads programme with such activities as bush clearance. It has also supported training for four IDPs as road engineers, who will work in the Road Research Laboratory. Training took place in Kisii, Kenya, the Regional Road Training Centre. The team also saw a bridge that had been repaired by the Road Authority with Danish Refugee Council support. This particular bridge replaced a ford in which a displaced woman, returning one night from work in the town, had drowned.

Low-cost housing, a necessary condition for communal rehabilitation, was first introduced, by the UNDP, supported by The Netherlands, in a large compound at Koosar village a few kilometres from Burao, mostly inhabited by returnees, but also by IDPs. Although several small houses were constructed, the intervention suffered from deficiencies in community participation, dialogue and management as well as in technical design. Sometime after that intervention had been completed, the International Labour Organisation introduced a similar intervention,<sup>101</sup> but with a different approach 'based on the concept of community contracting in which the community basically runs the intervention.'<sup>102</sup> It involves a thorough and participatory assessment of local economic possibility, and working through a village development committee, the programme finances training in simple building-block making

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<sup>101</sup> The International Labour Organisation activities were not supported by the four donors

<sup>102</sup> Response from International Labour Organisation. December, 2004.

and supports their manufacture and sale (at a price considerably below blocks produced commercially in Burao). The principal market is among fellow inhabitants of the compound, but the International Labour Organisation also finances the purchase of blocks for the very vulnerable. Training in building skills is offered and those who are trained are paid a small wage for undertaking the actual building. The allocation of these houses is by lottery, which included a complex weighting in favour of the vulnerable; it is a system which seems to have met with complete approval from the beneficiaries. The programme was planned to make women major participants and beneficiaries (a similar programme has been launched in Aden Saleban village, also near Burao). Their involvement would help them to participate actively in the production of building blocks, and thus enhance their sources of income. It would also enable them to participate in decision making as members of the local committee for housing.

Members of the Koosar Village Development Committee assured the evaluation that gender balance was respected in the Committee's membership, which, the respondents claimed, consisted of six men and three women. This confusing claim was made without irony. In subsequent interviews, women in Koosar maintained that there were no women on the Committee. They also made the point that they would very much like to take part, since the Committee was an important decision making institution – they wished to be part of intervention planning from which they felt excluded. Referring to the first period of this intervention, UNDP maintained, in a later communication with the evaluation, that women were present at meetings and were very vociferous. Since the temporary director of UNDP's Hargeisa office was unable to meet the evaluation, it was not possible to follow this cross-cutting issue further.

In the current programme, both men and women returnees have a right to property ownership and a plot of land (18 by 12 metres) is allocated to the head of the household who is expected to build a family house/shelter on it. Land is allocated to men, women and orphans without discrimination so long as they head a household. Latterly, the size of the house (now rectangular and encompassing from two to four rooms) depends on a family's size and resources.

Apart from the issue of women's participation, the programme exemplifies most of the developmental virtues: it is sustainable, locally owned, in distribution it is non-discriminatory and it builds capacities. A major practical difficulty arises in funding; the careful preparatory

work (community sensitising and communal assessments of needs and opportunities) takes considerable time. Once work begins, the first building is of a community resource centre – a cross between a builders yard, a store-house and a training ground – only then can house construction start. The need for annual applications for funds in consequence of the donors' humanitarian, as opposed to developmental, programming is seriously inappropriate for such a venture and causes considerable cynicism and disillusion.

## **Discussion**

Where infrastructure is devastated and the economy barely functioning, it follows that both prior and ongoing analyses of investments in recovery, and the essential move away from basic humanitarian assistance, take place from the beginning. Issues arise over support for all levels of the economy, right down to individual households.

The specific major issues encountered were:

- Since an unquantifiable number of IDPs found work in road reconstruction and house-building, the question of whether this might be the most practicable support for them should be considered.
- A more specific issue arises in the greater economic recovery of Somaliland compared with the rest of the country; it unequivocally demonstrates the benefits of a peace dividend as opposed to continuing discord in a collapsed state, but does it assist the long-term interests of the donors in the peace process?

The number of IDPs is unquantifiable because, in general, they cannot be identified.

Respondents, who may or may not be displaced, could be asked about building workers, but could not say how many of them were IDPs. Attempts to distinguish them from other vulnerable people would be a futile exercise, since unskilled vulnerable people of all kinds were employed, usually as labourers. Those with skills were usually better-off.

## 5.8 Peace Promotion, Protection, Human Rights and Rule of Law

### Sectoral Problems

The four components of this sector are closely linked and human rights are central to all of them.

‘Peace Promotion’, in the context of the assistance provided by the donors, refers to programmes and interventions directed towards recovering normality. Protection, in periods of emergency, may mean actions directly in support of the protection of life, but has more to do with creating the conditions in which normal society can operate; such society is protective of its citizens. Human Rights are summarised in the UN Declaration<sup>103</sup> and their achievement and reinforcement is a mix of advocacy and, as in protection, working towards the conditions for their recognition. The Rule of Law would be a natural consequence of a successful outcome from the peace process.

Violent conflict led to the collapse of the state; in much of the country it continues to dominate daily life and spawns numerous violations of human rights. The central aim in this sector is the elimination of these violations through actions in the household, the community and the *de facto* states. The promotion of a peace, which goes beyond simply ending violence and allows the consequent emergence of a viable state, will create a situation in which the full range of human rights can be protected. Such an outcome would go far towards a durable resolution of the problems of IDPs, returnees and other vulnerable people.

Some violations relate specifically to the years of emergency, some to deeply rooted cultural values, but others spring from poverty, from the need for protection and from the need for improvements in the rule of law. The United Nations Country Team identifies major groups of human rights abuse in Somalia.<sup>104</sup> They have implications for protection and the rule of law and are summarised below:

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<sup>103</sup> The United Nations Millennium Declaration of September 2000 includes a summary statement of human rights.

<sup>104</sup> United Nations Country Team, 2003.



Conflict-related violence causes displacement, but even after displacement it may continue to affect IDPs; for example, Gersale village in Bakool has frequently been deliberately burned. Vulnerable people are discriminated against and marginalised. IDPs generally have little access to services and are poorly protected by *de facto* governments, they are subject to arbitrary arrest and restrictions on their movement. Children who are without primary carers, who live and work on the streets, or who are in conflict with the law, are examples of the marginalised. Women experience violence and discrimination including: rape, limited access to reproductive health, stigmatisation from HIV/AIDS, reduced rights in divorce, intra-family violence and FGM. For most vulnerable people there is little, if any, protection: there is no national state, two weak and unrecognised *de facto* states and a large region in which anarchy prevails: protection is, at best compromised and, for example, as in the case of domestic violence, has to deal with a society in which such matters are not discussed.

There are three parallel legal and ethical systems in Somalia and these influence Somalis' differing perceptions of what is acceptable or unacceptable behaviour:

The first, secular law, is the closest to international human rights law. This is the 'official' state view of rights, but depends for its exercise on an actual state (it operates in Somaliland, even though questions about its determination of law do arise). The second, *Shari'a* (divine) law, largely concerns family life. The third is customary, entrenched and unwritten law, *Xeer*. The Danish Refugee Council, which works in Somaliland, has found that *Xeer* dominates most people's lives and is most likely to influence their views. Customary law is, however, evolving rather than unchanging. Some 80 per cent of the criminal cases in Somalia are dealt with through the *Xeer* by *aqils* who are local leaders and peacemakers in relation to other clans.

There are many circumstances in Somalia in which the threat of extreme physical violence is a reality and some, but not all, of the interviews were with people who were displaced by the fear of it, or by a search for peaceful living conditions.

## **Donor Support**

Between them, the four components of this sector absorb a little over eight per cent of the total funding. Protective activities supported by the donors are in different categories, partly

determined by organisational mandates and mission statements. One important group consists of those whose main purpose is protection: UNICEF and Save the Children Fund, for example, exist to safeguard children, while the UN Development Fund for Women and the NGO We Are Women Activists exist to safeguard the interests of women. Other agencies and organisations have undertaken protective activities, which are not necessarily inherently part of their remit. Two examples are *Médecins Sans Frontières* and the Danish Refugee Council: the former provides basic health care but includes witnessing (a protective activity) as an important part of its activities. The Danish Refugee Council has chosen to include advocacy as a major new theme.

Mine action, considered separately below (section 5.9), is a specific response to physical violence, as are some of the interventions to protect women and children against, for example, domestic violence or rape (see below). But most were in response to broader threats to the security of individuals and households, particularly in the fields of food and health. A practical problem in protection against violence is that UN agencies and NGOs have limited influence with militias, though they may be able to encourage or negotiate more acceptable behaviour.

Other activities, in relation to governance, for example by UNDP, supported by Sida, were generally more remote from violence, but included components relating, for example, to violent phenomena like FGM. The general lack of psycho-social intervention reflects a failure to respond to traumas that are the result of physical violence.

There are four main activities: advocacy, basic services, capacity building and research. More has been achievable and more attempted in Somaliland and Puntland. Advocacy has been carried out at various levels throughout the governmental system and the community. These actions have related to the peace process, democratisation and good governance in a very practical way. The Danish Refugee Council's Peace, Human Rights and Advocacy Campaign, supported by Sida, is reviewed below: UNICEF, *Médecins Sans Frontières*, Novib, Save the Children Fund, Care, Life and Peace Institute, War-torn Societies International, We Are Women Activists and others have been advocates for the rights of women and children. UNICEF, for example has lobbied governments and their ministries of justice, and has also carried its advocacy to communities.

The Danish Refugee Council's core mandate now covers protection and rights; previously its activities had been entirely provision-based. It now has an advocacy intervention in the 'Peace, Human Rights and Advocacy Campaign' in which advocacy is defined as 'creating changes to remove obstacles to rights'. The particular issue that it has addressed relates to the secular and customary legal systems in Somaliland. The intervention is examined here in detail because its achievements have been significant.

In the customary legal system, *dia* (compensation for an injustice, usually in the form of camels: 100 for the murder of a man, 50 for the murder of a woman) is a collective responsibility for the whole group. Revenge killings following a murder have been common in Somalia. Such killings are not specific to the murderer, but to the *dia* group and, since the killings destabilise development interventions, the Danish Refugee Council finds it necessary to intervene.

NGOs have previously targeted *aqils* in workshops on civil society and human rights. A chief *aqil* from Togdheer came to the Danish Refugee Council, saying that he was at present required to sanction human rights violations and requested the Council, as trusted neutrals, to help to arrange a seminar to discuss a reduction of these abuses. Between August 27th and September 2nd, 2003, 80 *aqils* from Togdheer met in two unprecedented seminars. The meetings agreed to a resolution very much in the international human rights framework – stop revenge killings; widows could choose whether to marry the brother; rape victims would no longer be forced to marry the perpetrator and so on. Wrongdoers would no longer be protected, but be handed over to the agents of the secular system, i.e., the police. During September and October 2003, the Danish Refugee Council provided cars and loudspeakers for *aqils* to inform their people of the decisions. One immediate response was that three widows immediately decided to marry men of their choice.

In February 2004, the Danish Refugee Council monitored the success of the intervention in 12 villages. Instead of being daily events, only two cases of revenge killing had occurred in the five preceding months and 250 land disputes had been settled. The Danish Refugee Council received letters of request from Sanaag Region for a similar event there. Unfortunately the Puntland-Somaliland border conflict has stopped this, but in May 2004, there have been four meetings of *aqils* and religious elders in Hargeisa. They agreed on the protection of the lives of expatriates and aid workers, protection of infrastructure, such as clinics and schools, and on

controls on charcoal burning and the enclosure of land. *Aqils* have now asked the Danish Refugee Council to provide a meeting-house in Hargeisa as in Togdheer. The Council is assisting an NGO, *Haqsoor*, which means ‘sharing fair judgement’, to build links with *aqils* and wish to find some in IDP camps who could be useful contacts in relation to human rights issues.

In future, the Danish Refugee Council hopes to work on women’s issues through the *Shari’a* system but it has some concerns: it thinks that the Government of Somaliland does not feel in control of the process and that it is a governmental right to facilitate changes in legal systems; the Council is also worried that it might be seen as anti-Islam; and it is alarmed by the possibility that other agencies, in making ill-considered attempts to copy it, might compromise the present achievements.

The Save the Children Fund-Denmark, funded by Danida, also working in Somaliland, has advocated appropriate treatment for children in gaol and for training the police and judiciary and modifying their role and activities. Supported by The Netherlands, Care-NL and Care-Somalia have also carried their rights campaign both to governments and to communities in Puntland. The human rights and democracy courses and training for traditional leaders, parliamentarians, village councils and the media involve advocacy throughout. For example, advocacy in relation to FGM is a common feature of community based training and education; work with women’s groups incorporates advocacy in relation to child rearing, women’s issues, health and nutrition.

Capacity building is closely linked to advocacy and entails creating a better understanding among duty bearers in relation to protection at all levels, from governmental to local. Many interventions involve capacity building, which is usually associated with education and training; a number of them need special mention. In Somaliland and supported by Sida, the UNDP is now involved in a Rule of Law programme, particularly focusing on the secular (judicial) system; training judges, the police, the prison services, and extending gender-sensitivity in the legal system. In effect, it is an attempt to rebuild the judicial system and build a public culture of accountability; part of this work is through the sensitisation of the media. The Life and Peace Institute and War-torn Societies International, supported by Danida, with their local implementing partners, have worked with local authorities, traditional leaders and village councils in democracy and human rights training. The support of action to

improve women's rights has involved training women, which is accomplished through the training and practical support of women's NGOs and community based organisations. Child protection is a key UNICEF priority and, in 2003, supported by The Netherlands, it examined matters in Somalia associated with it. The study is based on 10,000 interviews with adults, children and key informants in government and civil society.<sup>105</sup> Child protection is defined as 'programmatic intervention targeting children who are particularly vulnerable to rights abuses pertaining to violence, exploitation, abuse, neglect and discrimination.' Children are people under the age of 18.

The study finds that in IDP compounds 29 per cent of adults and 31 per cent of children said that rape had affected their families, a huge challenge for humanitarian response. Half of the perpetrators are never found and 15 to 20 per cent of the raped died after the assault. *Qat* is identified as a severe cause of psycho-social problems, including domestic violence.

There are said to be 200,000 former child soldiers in Somalia and 5 per cent of the children said that they, or their siblings, had carried a gun or helped militias. Another problematic group is street children of whom there are estimated to be over 3,000 living on the streets and 14,500 working on the streets; they survive on \$0.25-\$1 per day.

The study finally reports that 12 per cent of the population, apart from those actually in IDP compounds, saw themselves as displaced. In IDP compounds 30 per cent of adults and 42 per cent of children claim that families are fully or partially dependent on children's earnings.

## **Discussion**

In this sector are the matters which lie at the centre, *inter alia*, of the rule of law, human rights, gender (particularly in the case of female genital mutilation), the welfare of children, physical violence and the containment of HIV/AIDS.

The major specific issues encountered were:

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<sup>105</sup> UNICEF (2003b)

- The need for the resolution of conflict and the re-establishment of a viable (and just) Somali state (commonly referred to, by agency staff, as the ‘peace process’).
- Violence against women, including FGM, but this issue was only raised by Somali women’s NGOs and by staff working in health care. Much advocacy among ordinary women and men has yet to take place. Rape is also a major issue for all vulnerable families.
- Child protection covering orphans, child soldiers, children living and working on the streets of urban settlements and the problem that poor families must depend on child, as well as adult, labour for survival.
- Most agencies interviewed by the evaluation accepted the political anthropological interpretation of protection as a key function of the clan system. The clan system is a pastoralist phenomenon. It is necessary, therefore, to consider the consequences of adopting it, in a period of permanent and large-scale urbanisation, as a solution for the whole of Somalia.

All the components of this sector belong to the humanitarian plus form of assistance and, because they affect everyone in Somali society, they are appropriate for IDPs. More must be done on behalf of the disadvantaged, but it would be otiose, if not impossible, to construct a hierarchy of vulnerability.

## **5.9 Mine Action**

### **Sectoral Problems**

Mines and unexploded ordnance (bombs, rockets, mortar shells and other sorts of ammunition - UXO) have been major threats to safety since the start of the civil war. Casualties are not carefully or systematically recorded and estimates, confined to particular places and not comprehensive, are thought to be unreliably low. Figures exist for two regions in south and central Somalia, Bay and Bakool; in 1995-9, 2,626 deaths and 1,731 injuries were recorded but the national total is unknown.<sup>106</sup> Considerable numbers of Somalis are killed and injured because they encounter mines and UXO when collecting fuelwood; anti-personnel mines kill more women than men. As well as being a problem for health and safety, mines and UXO

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<sup>106</sup> [icbl.org/lm/2004/somalia](http://icbl.org/lm/2004/somalia).

effectively sterilise otherwise productive areas of land and make roads unusable. In 2003, the final year covered by this evaluation, 40 deaths and 35 injuries were reported in south and central Somalia, but, like the overall figures, reports are an unreliable guide to the reality.

Landmines may be either anti-personnel or anti-vehicle and they may be laid systematically in minefields, or may be placed at random along roads. A military clearance of mines is normally done quickly, but some will remain. Humanitarian mine clearance is slower and more expensive because all mines must be cleared. It must also be negotiated with governments and communities, a process which adds to the lead time (usually three to six months). Explosives from anti-vehicle mines are a valued resource and may, at some risk, be removed by local people for use in the creation of water holes.

Sixteen Somali faction leaders signed an agreement, in 2002, to ban the use of anti-personnel mines in that region, but there is still a large backlog and it is thought that they are still being placed. Somaliland, which is probably typical of areas in which major violence has occurred, was surveyed between May 2002 and March 2003, was found to have '357 mine-affected communities and 772 suspected hazard areas'. It should be borne in mind that the region accounts, at most, for 25 per cent of Somalia's land area. Mines are not restricted to rural areas and, in 2001, there were six landmine and 20 UXO incidents in which 60 people were killed and 61 injured in Mogadishu alone.

People collect mines and UXO to extract the explosives from the former and in the belief that the latter can be used for their protection. It can be difficult to persuade them to part with them and protracted negotiation is necessary. Unfired UXO is relatively easy to deal with: those that have been fired, but have not exploded are particularly dangerous. Because Somalis treat mines and UXO carelessly, with insufficient concern for possible danger, it is necessary to educate communities in mine action awareness.

## **Donor Support**

Since 1999, Somaliland has been the only region in which significant mine action has taken place, because mine action is only practicable where mines are no longer laid.<sup>107</sup>

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<sup>107</sup> Four mine action teams have been trained in Puntland, but they carry out little de-mining, they are mainly concerned with UXO

Implementation has been carried out by three international NGOs: the Halo Trust (supported by The Netherlands), Danish Demining Group (supported by Danida and Sida) and the Santa Barbara Foundation.<sup>108</sup> Some activity has also taken place in Puntland, but most of it is subsequent to the period of this evaluation.<sup>109</sup> Very little has been attempted in south and central Somalia. In 2000 and 2001, the United Nations Mine Action Programme attempted to begin operations throughout the country. Its plan was to establish mine action offices in Mogadishu, Baidoa and Garowe, but insecurity in all three areas was such that in November, 2002, it was forced to withdraw.

The donors provided eleven allocations to support mine action, accounting for over seven per cent of the total investment. For reasons of safety, the Danish De-Mining Group and the Halo Trust do not work together on the same mine field, but they cooperate in the use of equipment.

The Danish De-Mining Group team is 80 strong, with two de-mining and two UXO teams. It trains local people and staff retention is good. The complete de-mining of Somalia would undoubtedly be valuable for everyone's safety, but it is impracticable and needs must be prioritised. The Group clears mines only where there is a positive benefit for specific populations, or for strategic facilities like roads and airstrips. As an example, it involves herders in working out suitable safe access to waterholes; it focuses on benefits for civilians and not for the military.

A Landmine Impact Survey of Somaliland, completed in early 2003, reported 402 mined areas (this was increased in a later – 2004 – survey to '772 suspected hazard areas'). Results of the action by the two NGOs subject to this evaluation have been impressive: the Halo Trust cleared 50.5 million square metres of land, destroyed '460 antipersonnel mines, 120 anti-vehicle mines and 331,937 UXO'.<sup>110</sup> The Danish Demining Group cleared 1.8 million square metres of land and destroyed 1,104 anti-personnel mines, 540 anti-vehicle mines and 39,741 UXO.

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<sup>108</sup> Stiftung Sankt Barbara is a German NGO, but since it was not funded by the donors, is not included in this evaluation.

<sup>109</sup> In 2004, subsequent to this evaluation, the Puntland Mine Action Centre was set up and a Landmine Impact Survey was launched.

<sup>110</sup> [icbl.org/lm/2004/somaliland](http://icbl.org/lm/2004/somaliland).



The Danish De-Mining Group hopes to hand over the management of its activities in the medium term, though there is a conflict between the UN and the government of Somaliland over who will run the teams. Co-ordination would be improved if a Somaliland national co-ordinating body for mine action, capable of managing for the next twenty years, existed to tackle the problem.<sup>111</sup> Somalis have demonstrated their competence in both types of mine action, so a hand-over is feasible, but programmes of updating and retraining will be essential.

In the short term it may be possible to extend mine action to Puntland and, in the longer term, to the whole country.

## **Discussion**

Mine action has been confined to Somaliland, largely because it is relatively secure. But a second reason is that, although unrecognised, the Somaliland Government was sufficiently like a counterpart for a mine action programme to be constructed. It may be necessary to discuss the ramifications of this position, but a discussion of how the programme is to be widened for the future may also prove to be valuable.

The major specific issues encountered were:

- Advocacy is a vital and painstaking element in mine action; people must be persuaded that UXO, in particular, is very dangerous and that hoarding it is both unwise and deeply anti-social.
- Eventually, Somalis must be trained to take over the responsibility for organising and carrying out all the elements of mine action. Early attempts to arrange for this in Somaliland must, in the event of the restoration of a viable state, be extended nationwide.
- The scale of the task is likely to be such that some planning beyond the present exit strategy should begin.

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<sup>111</sup> If an effective Somali national government were to emerge from the present negotiations a comparable agency would be desirable for the whole of Somalia.

Everyone benefits from mine action and distinctions between categories of vulnerable people would be meaningless. Discussion of the issue that the most disadvantaged might be in greater physical danger from mines and UXO (collecting water and fuel, hunting in dangerous places, ignorance of the dangers) might be useful.

## **5.10 Other Interventions**

Many humanitarian assistance activities, particularly those supporting basic human needs such as health, water and sanitation and education fit easily within a sectoral framework. Other activities, for example, in co-ordination or research, support the main categories; or there are so few within a particular category that it is not appropriate to separate them as a group. This section of the report is about three of these activities which could be seen by the evaluation: they were co-ordination, research and help for adolescent children.

### **Problems Addressed by Other Interventions**

To increase efficiency and effectiveness, avoid replication, gaps in necessary support and to achieve coherent programming in a complex situation, activities must be co-ordinated. The UN achieves this through the CAP and through the activities of UNOCHA and its support to SACB. In a complex emergency and with a small investment in humanitarian assistance relative to the level of need, uncoordinated work leads to patchy coverage, missed opportunities, conflicting aims and unrelated activities. This is particularly the case when, as in Somalia, donors and agencies are aiming to make significant changes in economy and society in order to achieve a peace settlement.

Somalia is a country with a very limited database of information on most aspects of the human environment, but a considered response to the emergency is essential, hence the need for action-oriented research. The changing agenda for humanitarian action with an emphasis on IDPs, vulnerability and rights-based programming demands new and more detailed information and new styles of intervention for particular groups such as adolescents.

## Donor Support

‘Other’ is a mixed category that takes nearly ten per cent of the total funding, but consists of a range of activities. Several of these activities, capacity building, research, co-ordination and support, significantly underpin many others. UNOCHA, supported by The Netherlands, is developing a stronger permanent field presence and has new offices in Puntland and Somaliland; previously, co-ordination in both regions had to be achieved in Nairobi, remote from the realities of IDP’s lives. Access to education and health for IDPs was limited and few agencies responded to their needs. UNOCHA, which has a special responsibility for IDPs is increasingly focusing on their protection in its research, awareness raising, training and workshops in both Somaliland and Puntland and is funded through the sector co-ordination and support services.

Research in Puntland by the War Torn Societies International, supported by Danida, included investigations of socio-economic issues in governance and legal systems. It involved workshops and seminars for civil society and was designed to include a wider range of views than those of political leaders. The mode of investigation was through participative action research. This was carried out recursively, initially using focus groups with representatives of different sections of society to identify critical issues for peace building. This led to discussions in new groups including members of the *de facto* government, and to the identification of acceptable models of governance. Among other issues, the significance of urbanisation on social relations was examined.

In 2000 in Hargeisa, The Save the Children Fund - Denmark, supported by Danida, ran an intervention for returnee ‘separated’ children, many of whom were IDPs. These had been sent to Scandinavia, pending the possibility of their return to Somalia. They had returned for a two-month visit to investigate the feasibility of a permanent return. Red Barnet provided a reintegration programme including skill training. Subsequently it extended the skills programme to 900 youths of both sexes. Examples of the six-month courses include: electrical skills, tailoring, information technology, secretarial skills, vehicle maintenance and solar energy technology. In some cases, trainees were provided with tools, to link training with income generation. The Save the Children Fund-Denmark also provided alternative basic education for children. As part of its advocacy programme, it trains the judiciary, the police,

religious leaders and community leaders in human rights. This is relevant to, for example, the treatment of street children, child criminals and children in prison.

## **Discussion**

Rapid urbanisation and its consequences are in need of substantial examination and co-ordination is in need of further analysis.

The major specific issues encountered are:

- The demographic transformation at present being created by urbanisation will call the piecemeal delivery of assistance (inevitable in such a confused situation) further into question.
- Issues which are peculiar to urban reconstruction and growth, like, for example, the needs of adolescents must be taken into consideration.
- The meaning and extent of capacity building in fairly large scale towns and cities should be discussed.

It is probable that most IDPs will end their condition of displacement by settling permanently in the growing cities. But it is also probable that they, and most other vulnerable people, will remain part of the urban poor and will continue to live in extreme need. Since this process is already in train, this is not an issue which can simply be left to future discussion.

## **6. Analysis**

This chapter provides an analysis of the findings of the evaluation. The first part of the chapter deals with issues concerning internally displaced persons. The second presents findings per evaluative criterion. Finally, a note on the Peace Process is provided.

### **6.1 Internally Displaced Persons in a Partitioned State**

#### **Identifying Internally Displaced Persons**

Reliable statistical information on numbers of displaced people is missing, even the population of Somalia is a matter of dispute, but most estimates hover between six and ten million. Of this population, 700,000 to 800,000 people were thought to be in serious need and about 50 per cent of them were probably IDPs. Political circumstances made accurate counting impossible, but the approximation is credible. The evaluation has adopted the approximate figure of 375,000 used by the humanitarian agencies, but there is little evidence to support the accuracy of any estimate.

An additional analytical difficulty arises from the return of large numbers of refugees, particularly from Ethiopia (often enforced – *refoulement*). In south and central Somalia and in Puntland, they simply become displaced people, but in Somaliland, those who came from the area are treated, no matter how inadequately, as citizens. Simultaneously, Somaliland authorities attempted to classify all IDPs from other parts of Somalia as ‘foreigners’ and made sporadic, violent and, despite the departure of some IDPs for fear of persecution, not very successful efforts to eject them.

The lack of evidence for numbers also springs from the nature of displacement. Refugees are displaced people who have crossed a national border and who have organisations which secure their immediate well-being – the UNHCR and the ICRC. Internally displaced people have no such support and their first concern is to find a means of survival and, in much of Somalia, that meant looking for jobs.

The ability to identify IDPs differed in the three areas: in south and central Somalia, IDPs were often the principal occupiers of rural compounds, but in urban areas they merged with the general population in need, either within compounds or in makeshift huts or in other dwellings. In Somaliland, IDPs were either absorbed into compounds, urban or rural, along with other vulnerable people, or they had merged with the urban population. Somaliland's official hostility to IDPs ensured that they kept a low profile, but, for example, in a large, mixed settlement near Burao, IDPs, returned refugees and other vulnerable people were all to be found. There are IDP compounds in Puntland, particularly near Bossaso where the administration had allocated land for them, but many IDPs had also been absorbed by other populations. Unless IDPs are living in compounds specifically created by or for them, it is very difficult, if not impossible for non-Somalis, to identify them, since they merge with the general population. Somalis, on the other hand can easily identify people's origins by their dialects.

### **Differences Among the Internally Displaced**

Approximately two thirds of the IDPs are in south and central Somalia and many of them live in compounds of varying sizes (ranging from hundreds to thousands of occupants) and locations. Of the urban compounds, few are inhabited by IDPs only and are usually a mix of all kinds of vulnerable people. IDPs, who are not living in compounds, are dispersed throughout the population and have partially been absorbed into local economies.

In Somaliland, most IDPs, unsupported refugees, returning refugees and other vulnerable people (female headed households, elderly, orphans etc. who fall into neither category) live together in temporary urban compounds, with virtually no social services, that have existed for long enough to become 'normal'. With the exception of those compounds very recently established by returning refugees, IDPs are to be found in most of them. In Puntland, many IDPs are from Mogadishu and other towns in south and central Somalia and some of them are beginning to return; others, including the minority agricultural communities, cannot return for socio-economic reasons.<sup>112</sup>

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<sup>112</sup> Land-grabbing by entrepreneurial war-lords has driven them from their homes and they cannot safely return. The common word used for them is 'Bantu', the evaluation has rejected it because it denotes a false homogeneity and is a colonialist concept.

Compounds in Somaliland provide another difference between south and north: permanent compounds, at least in theory, are shelter for returning refugees and the quasi-state provides plots of land for them, but not for IDPs. A recent publication from the government of Somaliland marks a distinct change in its former policies for IDPs, it plans to provide permanent compounds for a total 24,000 returnee and IDP families (the latter from its own region).<sup>113</sup> But if it maintains its policy of not providing land for housing IDPs' from elsewhere, the compounds will become a chequered pattern of privately owned plots and others which are effectively 'squatted'. The evaluation found little, if any, inter-personal discrimination based on the distinction made between returned refugees and IDPs, but it could appear with the emergence of any future normalisation. Conditions in all compounds are grim and the distinctions between them are to do with arcane decisions by the Somaliland government, which result in permanent compounds having a greater range of services than those which are temporary. The latter are insanitary, lacking in effective health and educational services and, to a certain extent, are housing people, particularly children, who are showing signs of some malnutrition, but they are centres of acute urban and peri-urban poverty and not of the casualties of an immediate humanitarian crisis.

### **Donor Policy on Internally Displaced Persons**

Each of the donors had accepted the Deng Principles, which are essentially a bill of IDPs' rights. The position adopted by the Netherlands is largely representative of all four; its policy for humanitarian assistance, at the time of the evaluation, was in the process of revision, but, in common with the other donors, it did not distinguish IDPs *per se*, but included them in general humanitarian assistance.

In the first phase of the evaluation, respondents in the Netherlands suggested that without a political solution to the situation in Somalia, the position of IDPs could only deteriorate. Those interviews, together with others in Sweden and Denmark, produced further issues which, at the time, were unaddressed by policies, or more correctly, which lay behind implicit policies: exit strategies could not be formed in the course of a 'chronic emergency' with acute intervals. This means that long-term planning is essential if policies are to be articulated.

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<sup>113</sup> Ministry of Resettlement, Rehabilitation and Reconstruction, 2004.

Interventions which become a continuous mix of humanitarian relief and development are the key, not only to assisting IDPs, but also to creating a long-term strategy.

Hindsight makes plain that these interviews were the first indications of the existence of a flexible, implicit policy in support of a political solution which would help all vulnerable Somalis, including IDPs. This understanding was reinforced by most of the respondents in the agencies in Nairobi, who also agreed that explicit policies for IDPs did not exist and, in consequence, they were certainly not targeted. Most of them agreed that the Deng Principles were of great importance, but did not see how, in practice, they could be adhered to. This is because the political, physical and financial conditions were such that, for example, the Sphere standards, taken as basic rights by Deng, could not be met; but this could not be allowed to lead to inaction – to do nothing cannot be an option. Attention, among these respondents, had switched to support for the peace process, which could best be given by a developmental orientation of their interventions.

In moving from the administrative offices of the agencies to the work in Somalia itself, two sets of policies, both implicit, became apparent. The first, largely theoretical, was to pay particular attention to the plight of IDPs; the second, largely practical, was to support and encourage the peace process. Each called for specific responses. IDPs, like all other vulnerable people, need immediate, material responses to do with their rights to housing, health and other basic necessities. The peace process needs the backing provided by social infrastructure in areas like, for example, health, education (including training for professionals) and the securing of social space (mine action). In effect, the donors' choices prioritised support for peace. That, combined with the extent to which IDPs merged with the general population, led to the evaporation of any policy for ensuring (and distinguishing) the rights of IDPs. There is a sense in which merging with the general population is the evaporation of the status of IDP – displacement from one community might be seen, in such cases, as replacement in another. This is particularly the case for those displaced from agriculture and for those prevented by multiple difficulties from returning to pastoralism. It follows that the donors' decisions in support of peace were the correct decisions for meeting the needs of IDPs.



## **Protection and Security**

As mentioned above, most IDPs are dispersed among the urban populations of Somalia, protective activities which benefit the vulnerable population at large will also protect IDPs. 'Protection' refers to the beneficiaries and is primarily a matter of re-creating a functioning society, hence the protective nature of the donors' funding choices. Security is to do with safe environments for personnel delivering assistance and varied in time and place. The degree of effectiveness, in provision for IDPs or for the generally vulnerable, depends on the ability of the agencies to maintain a long-term presence. This last condition is gravely affected by sporadic and apparently random violence, principally in south and central Somalia. Both protection and security were seen by the agency offices and representations of the donors in Nairobi as matters of rights, but their major concern was with the promotion of peace.

In agency headquarters the view was commonly expressed that the situation in which IDPs find themselves has deteriorated over the last decade and that they need protection more than they need food, shelter and health-care. This view was modified by findings in Somalia. It may be true in the case of IDPs in rural areas, but the absence of continuity, produced by the fluidity of the situation throughout the country, meant that comparisons between years were impracticable – only anecdotal evidence of past conditions could be obtained. By definition, it is impossible to generalise in this way about IDPs who have merged with the general population – the real issue becomes the condition of vulnerable people as a whole and determining their primary needs. Beneficiaries, themselves, do not prioritise protection.

The situation for vulnerable people and, therefore, for IDPs, varied in the three areas. In south and central Somalia, urban compounds were long-standing and, although they differed markedly in quality, the means of livelihood were much the same. Opportunities for employment were few: portering, water trading, charcoal making and selling, providing materials for the makeshift huts in compounds, begging and so on. In small rural compounds, conditions were even more precarious and livelihoods virtually confined to selling wood and hunting. In Puntland, IDPs were, in some cases, granted land, though the land was not always appropriate to needs. In south and central Somalia, the population of IDPs varied substantially with the security situation. Violence frequently led to the large scale, but often temporary, movement of people from Mogadishu and Kismaayo to Puntland. Once security improved, they would return because work was far more plentiful in the cities than in the largely rural

north. In Somaliland, there were no official compounds solely for IDPs, partly because of the government's attempt to classify many of them as 'foreign refugees' and to evict them. The result was that groups of IDPs, or a mix of IDPs and returned refugees, were housed in temporary or illegal compounds, while other returned refugees were settled in legal compounds to which substantial numbers of IDPs also drifted. A large, but unquantifiable number of IDPs merged with other vulnerable groups within the towns and cities.

Protection entails the reduction of a range of vulnerabilities, not just physical violence. The community ownership of interventions is seen as a vital part of protection, particularly in times of threat. But, above all, IDPs, in common with other vulnerable people, need jobs more than they need other kinds of support, since an income is their highest priority.

Security, obviously enough, is governed by the perceived severity of threat. The evaluation teams found that the UNDP security section was, understandably, very cautious. In south and central Somalia, violence frequently inhibited the work of agencies and NGOs in the field and is the reason why provision in the area is so sketchy. Somaliland has a weak, under-funded and clientalist government, but it does function and the area is relatively secure. Puntland also has a government, but it is of more recent origin; at the time of the evaluation, its capacity for protective measures had yet to be seen. A relatively small problem emerged in Sool/Sanaag following a dispute between Somaliland and Puntland over the border, but, for the greater part of both areas, security is no longer a major issue. Nevertheless, the field missions were unable to visit the frontier area and access for NGOs was limited. Of far more interest is the view encountered in the offices of the agencies in Nairobi that protection and security are matters of rights. It is quite possible that the donors take the same view, but the donors' concentration on giving support to the peace process, by establishing socially reproductive interventions in order to rebuild a society in which rights can be exercised, has altered the balance of attention. This alteration is certainly apparent in the donors' largely implicit policies, but is also clear at all levels of the agencies' operations.

## 6.2 Humanitarian Assistance Provided

In this section the findings of the evaluation are presented by evaluative criteria.

### Relevance

The interventions funded by the donors in Somalia were relevant only to the plight of those IDPs who had become part of the overall vulnerable population. This is not a criticism, in the circumstances it could scarcely have been otherwise. What is certain is that the interventions were relevant to the peace process; if that is successful, then they will, by derivation, have been relevant to IDPs as well as to everybody else. Despite the degree to which the donors supported interventions in the interest of peace and did so from a humanitarian budget, this support was accompanied by the maintenance of the capacity for humanitarian assistance in troubled circumstances.<sup>114</sup> Implementing partners were chosen on the basis of their ability to establish particular programmes relevant to the overall objectives. Intermittent violence, two separate mutually hostile *de facto* administrations, south and central Somalia in chaos and the absence of an overall state, resulted in programmes that looked more like individual interventions. Nonetheless, some have successfully combined material assistance with empowerment, which, inevitably, is a protective, and therefore relevant, result.

### Effectiveness

In the period at issue, the ultimate objective of the assistance was the restoration of a functioning state, which, if successful, would enable the re-establishment of a process of development. It is clear that the assistance has, in many cases, been very effective in providing supportive conditions, but any conclusion about the ultimate effectiveness of these interventions depends on the outcome of the peace process. Many individual interventions have achieved their immediate objectives in the face of major disruption and difficulty.

The extent to which humanitarian assistance achieved its purpose is a matter of interpretation. The donors' concentration on health and education has been a corollary of, and has added a further impetus to, the peace process. Monitoring field performance by donors was sometimes

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<sup>114</sup> This includes not only the troubles caused by violence, but also, for example, the outbreaks of epidemics, major fires in compounds, floods and drought.

less than effective and instances of agencies in Nairobi simply believing what they were told came to the attention of the evaluation. This was especially true of interventions in which the issue of gender, particularly in matters of health, became important (see Chapter 5). The Netherlands, in particular, lacks any direct monitoring, since none of its Embassy personnel may visit Somalia.

Timeliness is essential for effective humanitarian assistance, but in the period at issue, although there were IDP emergencies, since little assistance was provided specifically for Somali IDPs, it is not relevant. But it does translate into a question of continuity; the short-term, intermittent funding characteristic of humanitarian budgets, was frequently counter-productive and debilitating: interventions are begun, but, for long periods, are left in limbo while new applications are made for funds for their next stage. Not surprisingly, this has led to considerable cynicism among beneficiaries about the aims and intentions of the donors and, since those aims and intentions are laudable, this is a pity.

Through no fault of either the donors or the implementers, coverage was sometimes weak or patchy because of political and security problems. For example, in Somaliland few services or systems of support were available for the inhabitants of ‘temporary/illegal’ compounds, but the obstacles to such support were not of the implementing agencies’ making.

## **Impact**

The *nation-wide* impact of the assistance can only be assessed at the end of the peace process – if a viable state emerges. Insecurity and a partitioned country turned programmes into clusters of interventions, each of the interventions has been relatively local in its achievements and its impact is normally only on the immediate area in which it operates.

The widest and, in some ways, most valuable effect of the donors’ humanitarian assistance has been, despite some distrust, to maintain a western presence, which obviously affects the peace process (see Efficiency, below). As mentioned, coverage of support provided is poor, a consequence of operational difficulty rather than operational failure, but where action has been possible some results have been substantial. They may best be seen in the large scale re-establishment of social space by mine action, by numerous health interventions, both large

and small-scale, and in education.<sup>115</sup> Logistical and security difficulties and the lack of a working referral system, have meant that health interventions have, by and large, had only a minor impact; but it has been positive for those it could reach. With exception of the development, by UNESCO and UNICEF, of a widely welcomed curriculum, this has also been true of education; mine action (by two radically differing groups, the Danish De-mining Group and the Halo Trust) has had very beneficial effects in Somaliland, which is the only part of Somalia in which systematic mine clearance has been attempted. In several instances these have been beyond the obvious matter of clearance (for example, communal understanding and awareness).

Constant interruption, principally in south and central Somalia, makes impact difficult to gauge with any certainty. Partition also modifies the possibility for judgement. In a divided country with some dangerous areas, most interventions can only have a limited impact: mine action has an impact only in areas where mines are no longer being laid; local health posts have a local impact, the impact of large hospitals is confined by borders or violence and the consequential impossibility of a national referral system; despite the welcome given to UNICEF's curriculum, education remains fragmented, under-resourced and largely minimal.

Little, if any, difference is made in the circumstances of IDPs by the choice of implementing partners. In effect, the donors scarcely have a choice since they can only work with partners present on the ground (some new partners are slowly emerging): these are agencies and NGOs which established their good faith by concentrating on development throughout the chronic phase. The funds channelled through them have little or no direct impact on IDPs, except as members of a vulnerable population. Because IDPs are not targeted, relations between them and other vulnerable groups are unaffected. There is no connection between funding and conflict.

## **Efficiency**

Efficiency is a measure of the extent to which the desired outputs derive from the economical use of funds, materials and people.

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<sup>115</sup> 'Social space' refers to the physical and emotional space within which communities operate.

The peace process currently dominates decisions on humanitarian reactions, both in Nairobi and, to a lesser extent, in Somalia. Support for it entails a move from solutions which are ‘least cost’, to solutions which, at more or less any cost, are thought to produce the maximum benefit - a situation which is expected to be relatively short-term. Only the donors are able to decide what an acceptable term would be. Aid is rarely diverted, but additional costs arise because of the need for ‘technical’ to protect either goods or staff.<sup>116</sup>

Political and security difficulties meant that planning, supplying and staffing were inevitably piecemeal. Expensive hospital reconstruction, for example, is less efficient than it might have been if, as in Mogadishu, it happens in isolation from some national health programme. Health centres with indifferent back-up (see Chapter 5) are, by definition, inefficient. The fact that ECHO supports air transport must have a substantial effect in calculating the efficiency of the interventions it assists, the evaluation could find no evidence of any calculation of that effect. What is certain is that flying is an expensive way of supplying and staffing interventions, but, in this case, it was essential for keeping agencies in the field. Finally, coordination of the aid provided was generally poor (see below) which had its effect on efficiency.

### **Connectedness and the Transition from Emergency Assistance to Development Aid**

The most important connection between the donor’s humanitarian action and longer-term issues lies in the peace process. Support for the peace process comes in several forms: human capital is constructed by, *inter alia*, the programmes of health care and education; and physical capital by mine action and herd inoculation. Because the evaluation was restricted, by the ToR, to an examination of humanitarian assistance, it missed the European Commission’s significant contribution to agricultural rehabilitation which, in turn, assists the rehabilitation of the market economy; to a certain extent, this inhibited the assessment of connectedness. Connection between interventions seemed to operate well in what were often very difficult circumstances. One example could be seen in the interchanges between the two mine action groups (they operated separately, but exchanged technical resources) and both connected very well with the local populations. But such connections were only possible

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<sup>116</sup> ‘Technical’ are heavily armed guards and their transport and equipment.

within specific geographical areas delineated either by the two *de facto* governments or by the prevalence of conflict.

Discrimination against IDPs exists in some places where there are permanent compounds; it does not come from fellow occupants, but (in the case of Somaliland) from the preferential treatment of returning refugees, which, because it is not offered to IDPs, results in their exclusion from specific benefits. This is not yet a major issue between people in compounds, since the benefits concerned are extremely limited, but it could become so. Because assistance has been humanitarian in a developmental crisis, the gaps in provision are substantial. There were two reasons for this: the funds were not always adequate for the need and, particularly in south and central Somalia, many places were inaccessible.

Accounts of the nature of support provided (humanitarian or development oriented) shifted from relatively unspecific observations in the interviews held during the first phase of the evaluation, to much more directly engaged statements in the field. Respondents indicated that the support to the Somali population including IDPs could most easily be given in a mix of humanitarian and developmental assistance; both responses were needed simultaneously. The consequence of this was a need for long-term thinking and planning and a sense that the current one or two-year funding periods were inadequate for the purpose. In Nairobi, the agencies and INGOs were much more conscious of the role of the donors' interventions in enhancing the peace process. Actually, most interventions funded by the donors in Somalia, even in south and central Somalia, were of the kind that support development. Examples may be seen in south and central Somalia where materials such as food are easily looted, so agencies there were advised to provide, where possible, training and capacity building instead. Annual budgeting, normal in humanitarian assistance, created difficulties for some interventions which, by their nature, take more than a year to begin, or whose results take more than a year to come to fruition. The donors have a good record of annually renewing support for long-term interventions, but annual applications and some delays in getting responses led to unfortunate disruptions in continuity. Throughout Somalia, humanitarian assistance for the purpose of dealing with sudden crises was largely confined to epidemics, major fires in compounds and to floods.

## Coherence

Each donor has its own, different, political and policy agenda; but they agreed with each other in thinking that a response to Somali's IDPs was called for. But despite this consensus in policy, there is no connection between it and the realities of IDP existence – there is a sense in which policies for IDPs simply evaporated in every agency, from headquarters to the field. The adoption, by the donors, of the UN's *Guiding Principles on Internal Displacement* was part of the formulation of an unstated policy; most importantly, it legitimised intervention in a failed state. Because many IDPs were an unidentifiable and unquantifiable group, the implicit policy for them evaporated in practice. This evaporation was matched by the evaporation, into surrounding communities, of very many the IDPs themselves. It should always be added that pursuing the peace process is likely to prove the most effective policy for improving the situation of IDPs as well as of all vulnerable people.

## Co-ordination

Co-ordination was poor, partly because of the fragmented security and political circumstances of the country and partly because, prior to the extension of the work of UNOCHA, the mechanisms for co-ordination were inadequate.

The principal co-ordinating body is the Somali Aid Co-ordination Body (SACB), but it is in Nairobi and has no presence in the three administrative regions; in consequence, there is no co-ordination with which the donors could engage.<sup>117</sup> Further problems and tensions emerged because the SACB did not include Somali partners, although some Somalis did attend meetings. Co-ordination could be taken on by those involved in the peace process, but for them to do so could simply reify the divisions, particularly those encouraged by the deeply misguided clan maps to be found in most agency offices in Nairobi (see Chapter 3). Interventions were not co-ordinated, partly because significant gaps in central planning appeared as a result of a very weak institutional memory, which was consequent on the frequent disruptions caused by violence. In south and central Somalia, violence also governed both the time and place of any operations; the hostility between Somaliland and Puntland led

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<sup>117</sup> In a sense, because it is a major channel for funds, the CAP has a substantial effect on any co-ordination. Its administration is also in Nairobi and remote from the consequences of its work in Somalia.



to duplicated organisation and Somaliland's determination to keep aloof from the rest of the country made co-ordination yet more difficult.

### **6.3 A Note on the Peace Process**

Although the evaluation team was not commissioned to study the Peace Process and to provide evaluative findings on it, it nevertheless discussed the process with many respondents. The following provides a brief analysis of these discussions.

Organisations in Nairobi see the peace process for Somalia as a key to the resolution of humanitarian problems and a return to the path of development. The result towards which the process is working is the establishment of a viable government. The re-creation of the state is a precondition for Somalia's effective development and the donors are to be applauded for their recognition of this. It is, of course, not possible to support such a process without constructing some notion of the kind of government that would be acceptable to the Somali people. Many personnel in the agencies believe that peace will emerge with an agreed settlement of clan borders - peace can only follow if clan fiefdoms are fixed and recognised. But to think of 'clan territory' is an error; the clans are a pastoral phenomenon and pastoral ranges were a matter of infinitely variable arrangements and negotiations (usually peaceful, sometimes violent) between clans and sub-clans.<sup>118</sup> Since the current evaluation, the peace process has moved on considerably and has appointed a provisional government in waiting.<sup>119</sup> The peace process also faces the difficulty that because it might result in its enforced incorporation into the new Somalia, the Republic of Somaliland refused to take part in the deliberations leading to that arrangement.

IDPs survive by job-hunting and, obviously, those living in compounds outside city boundaries are at a significant disadvantage compared with those who live in the cities, but the central issue is rapid and extensive urbanisation: survival does not depend, as is so often the case in other countries, on the reconstruction of livelihoods (that is, craft, small farming,

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<sup>118</sup> This point was made in an earlier evaluation of assistance for Somalia in which a far more nuanced account is presented. That evaluation was instituted by Netherlands Development Cooperation (Operations Review Unit of the Netherlands Foreign Ministry, 1994).

<sup>119</sup> That this government has 89 cabinet ministers is a symptom of the problems produced by a clanist approach (A.I. Samatar, a private communication).

trading and so on), but on paid employment – an intensely urban phenomenon. In some cases, of course, former livelihoods would be unfeasible – this is so for many pastoralists and agriculturists.

The hardening of some national boundaries and, indeed, some extensive mining, entrepreneurial land-grabbing (which led to the dispossession of the minority agricultural communities), and international regulations on cattle exports and massive drought have all reduced the possibilities for pastoralism. Whatever the form in which pastoralism and agriculture survive, neither rural occupation will be able to re-absorb all those who were displaced, nor will future demand for rural labour increase; most people who have been displaced, will constitute a very substantial addition to the existing urban population. One of the most significant issues for the immediate future is the rapid increase in urbanisation, which will have enormous ecological, economic, spatial and social consequences. This process of urbanisation has been a characteristic of African countries for many years, but in Somalia it has been strengthened, during the last decade, by the flow of IDPs. These urban immigrants are in many cases destitute and the choice of an urban destination reflects their inability to find an alternative.

Pastoralists in peri-urban compounds can, in a limited way, continue trading with their animals, but will not return to a pastoral or an agricultural past, instead they will form part of all those cities gradually being regenerated. If the peace process is successful, then for IDPs and, quite probably, for many others, this will eventually mean leaving the compounds to find jobs elsewhere. Partly because urbanisation is in process, the crisis can be seen as a chronic *developmental* crisis within which episodic humanitarian crises occur. This recognition explains the donors' concentration on peace efforts, health, education and water and sanitation and mine action, which are all essential services in social reproduction.

Cultural changes are needed to secure improvements in health; some of the educational interventions have helped to achieve these changes. Charges for health and education are, however, likely to deter IDPs from using them. Substantial needs for education, water supply and health services remain unmet, particularly in south and central Somalia. In the north, considerable investments have been made in mine action, which as well as allowing social reproduction also fosters a sense of return to normality. Mine action fulfils that other social need, the creation of reproductive space.

In all these fields, as in others, it is necessary to move from existing *interventions* to building national systems. That movement is plainly only possible if the peace process re-unites, in some form or another, the Somali state. The donors' concentration on funding activities which go toward communal reconstruction is an implicit declaration of support for that process and is to be commended.

There is no evidence that donor intervention harmed IDPs. There is some evidence that sectoral activity, largely in developmental, not emergency, mode, was relevant in rebuilding social service capacity, particularly in health and education. Because it addressed vulnerable groups in general, it captured some provision for IDPs. But it is important to recognise the distinct possibility that specifically targetting IDPs could well have led to an escalation of the conflict. There is circumstantial evidence, largely based on donor claims that can not be refuted and on programme reports, that using humanitarian aid to back the peace process was a partial contribution to the emerging, if fragile, peace but it is impossible to say, on the basis of this evaluation, if this peace process is appropriate.

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## Annex 1 – Terms of Reference

### EVALUATION OF HUMANITARIAN ASSISTANCE TO INTERNALLY DISPLACED PERSONS IN SOMALIA, 1999-2003

#### Terms of Reference

##### 1. Introduction

A group of donors consisting of Denmark, Sweden, the Netherlands, USAID (DCH) and the European Commission Humanitarian Office (ECHO) has decided to conduct a range of evaluations of humanitarian assistance with special focus on internally displaced persons (IDPs). The evaluations are supported by UNHCR and UNOCHA. In order to allow a meaningful synthesis at a later stage, each separate evaluation will be conducted following a common evaluation framework<sup>120</sup>.

The overall objective of this joint exercise is to draw out key, system-wide lessons and thereby improve the provision of humanitarian assistance and protection to IDPs in the future. Each donor will be responsible for conducting one or more separate evaluation studies, each covering a different country<sup>121</sup>. The Evaluation Department of the Danish Ministry of Foreign Affairs (Danida) co-ordinates the joint process and will lead the work involved in synthesising the results of the individual evaluations.

The Policy and Operations Evaluation Department (IOB) of the Netherlands Ministry of Foreign Affairs will implement the evaluation of Netherlands' financed humanitarian assistance to IDPs in Somalia. This evaluation will cover activities carried out in the framework of the so-called UN Consolidated Agency Appeals (CAPs) and activities which are funded otherwise (NGOs, International Committee of the Red Cross, etc.). The results of the evaluation will feed into a broader evaluation of Netherlands' humanitarian assistance which will be separately implemented during 2004-2005.

The evaluation will also cover humanitarian activities benefiting IDPs in Somalia funded by Denmark, Sweden and the European Commission (ECHO). For practical reasons, a selection will be made of activities which have taken or are taking place in the same sectors and regions as those financed by the Netherlands.

The current Terms of Reference (ToR) are based on the common evaluation framework. The document first provides some background information on the humanitarian crisis in Somalia and the situation of IDPs. Secondly, a brief overview is provided of the activities supported by the Netherlands in Somalia, as well as of those financed by Denmark, Sweden and the

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<sup>120</sup> *Framework for a Common Approach to Evaluating Assistance to IDPs. Protecting Lives and Reducing Human Suffering*, Danida, October 2003.

<sup>121</sup> Separate evaluations are conducted in Angola (Denmark and ECHO), Afghanistan (Denmark and ECHO), Democratic Republic of Congo (USAID, Democracy, Conflict and Humanitarian Assistance Bureau - DCH), Sudan (ECHO), Kosovo (Denmark) and Indonesia (Sweden). Different modes of co-operation may apply: single agency evaluation of own activities, single agency evaluation of activities supported by its own and by other agencies/donors (e.g. the evaluation in Somalia would also include activities supported by Denmark, Sweden and the European Commission (ECHO); the evaluation in Indonesia would also include activities supported by the Netherlands), parallel evaluations in one country co-ordinated and sharing general information (ECHO and Denmark in Angola), parallel evaluations in one country (e.g. Afghanistan).



European Commission (ECHO). Subsequently, the main evaluation questions and issues are presented. Finally, the ToR will present the methodological approach and organisational framework for the evaluation.

## 2. Humanitarian crisis and Internally Displaced Persons in Somalia

### 2.1. The humanitarian crisis

The Somali Democratic Republic was formed, in 1960, by merging the former British and Italian Somalilands. Its economy is largely based on agriculture. In the central and northern parts of the country, nomadism dominates. To the south the climate becomes more humid, nomadism shades into transhumance and permanent rain-fed agriculture becomes more common. In the fertile Juba and Shebele valleys irrigated agriculture is also practised. The country is largely populated by a single ethnic group subdivided into two genealogical groups which in turn are divided into clan families, clans and sub-clans. The social and political structure is largely shaped by rivalries, conflicts and alliances between those clans. Alignments are constantly shifting, leading to a fragile social organisation requiring continuous negotiation between the various social units involved<sup>122</sup>.

In 1969 general Siad Barre seized power. The dictatorial Barre regime faced increasing opposition in the 1980s, particularly from the Somali National Movement in the north, but also from different clans and political factions in other parts of the country. Heavy fighting led to the fall of the Barre regime in January 1991 followed by widespread civil war which ruined the country and resulted in massive internal displacement of people and refugee flows to neighbouring countries. The international community reacted by providing large-scale humanitarian assistance. Following a unsuccessful UN peace-keeping operation (UNOSOM, 1992), a US-led multinational task force (UNITAF) gradually covered the central and southern parts of the country in order to curb the fighting and secure humanitarian access. In 1993 UNOSOM II was set up by the Security Council to replace the UNITAF forces. UNOSOM II, also a US-led operation, ended in fiasco and withdrew in 1995.

Former inter-clan allies in the fight against Barre turned into enemies in an ongoing struggle for power in the country that remains stateless until today. In the period following the early 1990s, the ongoing inter-clan hostilities led to a disastrous situation. The country has lacked a functioning government, resulting in the breakdown of social, political and economic order. In turn, these unstable conditions, combined with periodic drought and flooding resulted in a situation of widespread and chronic humanitarian suffering. In 2001 Somalia ranked 161 out of 163 countries on the human development index (UNDP Human Development Report, 2001). The Human Development Report for 2003 does not contain any information on Somalia as a result of lack of statistics and problems of data collection. Statistics on access to health facilities, safe water supplies, sanitation facilities as well as enrolment rates for primary education are scattered. Surveys conducted in the central and southern parts of the country reveal high rates of malnutrition, morbidity, mortality and very low rates of primary school enrolments.

When regarding the current situation, a distinction can be made between northern Somalia and the central and southern parts of the country. The northern part of the country is divided between the self-proclaimed Republic of Somaliland in the north-west and the regional

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<sup>122</sup> *Humanitarian aid to Somalia*, Netherlands Ministry of Foreign Affairs, Operations Review Unit, 1994.

government of Puntland in the north-east<sup>123</sup>. A modest but functional state structure has been established in Somaliland, providing a reasonable level of security and stability. As a result many long-term refugees have returned to Somaliland, and a large number of IDPs from other parts of Somalia have resettled there. However, the influx of large numbers of destitute people threatens the nascent positive social and political developments and has an impact on Somaliland's fragile economy.

Similar to Somaliland, Puntland has known relative peace and security since 1991. In June 2001 however, when the three year term of Puntland's government expired, a fierce internal power struggle led to a constitutional crisis, which threatened the region's security and stability. Conflict erupted in May 2002, resulting in the temporary evacuation of international UN and NGO staff. Puntland is the home to pastoralists and currently counts large numbers of IDPs, minorities and urban destitute, whose vulnerability has been compounded by the recent instability which has led to intermittent humanitarian access.

Contrary to these two northern regions of Somalia, the central and southern parts of Somalia have constantly witnessed violent struggles since the collapse of the Barre regime. Warlords continued fighting to establish hegemony over the fertile lands between the Juba and the Shebele rivers, and major ports like Mogadishu and Kismayu.

Supported by the international community, a Transitional National Government (TNG) was established in October 2000. The new government has found it increasingly difficult to assert control over the country and to gain broad-based recognition. During the past three years, clans and factions grouped under the umbrella of the Somalia Restoration and Reconciliation Council (SRRC) have taken up arms against TNG forces and allied militias, resulting in heightened fighting in and around Mogadishu as well as in other parts of southern Somalia.

The central and southern regions of Somalia are home to the largest populations of vulnerable and food insecure groups. Intermittent factional as well as inter- and intra-clan armed conflicts, sometimes inadvertently fuelled by external humanitarian support, compounded by the effects of natural hazards such as periodic drought and flooding perpetuate their vulnerability. As a result, considerable internal and cross-border displacement continues to take place.

## 2.2. Internally Displaced Persons in Somalia

An estimated 80% of the Somali population lead a nomadic or semi-nomadic existence, moving with their herds to and from grazing lands and water sources. Due to ongoing localised hostilities, these traditional population movements have been compounded by displacement of people which also included unsettled refugees returning from neighbouring countries. As a result, accurate estimates of IDPs in Somalia are hard to establish.

There are different categories of IDPs in Somalia<sup>124</sup>. These include people who moved from one part of the country to another due to civil conflict and/or fear of persecution; economic migrants who had little option but to move to urban centres in order to survive; pastoralists permanently displaced by drought; returnees who have not been able to return to their areas of origin; demobilised soldiers; widows and orphans.

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<sup>123</sup> These "states" are not recognised by the international community.

<sup>124</sup> Based on *Profile of internal displacement: Somalia, Compilation of the information available in the Global IDP Database of the Norwegian Refugee Council (as of 20 June, 2003)* (<http://www.idpproject.org>).

In 2003 the UN estimated that 350.000 persons out of the some 7 million Somali population were displaced<sup>125</sup>. Tracking displaced populations in Somalia is particularly difficult as virtually all Somalis have been displaced by violence at least once in their life. Wars and severe droughts have complicated and hampered the seasonal migrations of the nomadic Somalis, and since the 1990s families have increasingly moved to main towns in search of seasonal work and humanitarian assistance. Some estimated 40.000 IDPs live in Somaliland of which 15.000 live on the outskirts of the towns of Hargeisa and Burao, in planned and unplanned settlements. Some 90% of the 30.000 IDPs in Puntland live in and around the town of Bosasso. Excluding Mogadishu, where between 100.000 and 250.000 people live in about 200 squatter settlements and camps, there are about 88.000 IDPs in south and central Somalia with about 60.000 IDPs living in and around the town of Kismayu.

### 2.3. Internally Displaced Persons: Issues and problems

IDPs in Somalia face many different problems. According to the UN, they constitute nearly half of the estimated 750.000 Somalis who live in a state of chronic humanitarian need. Particularly vulnerable are women and children, who constitute 75% of the IDPs in Somalia.

- *Physical security - lack of protection*

IDPs in Somalia remain some of the most vulnerable in the world, as no functioning government can provide them with civil or economic rights or protection. Most IDPs come from minority groups with a low social status in Somalia's clan system and have suffered a long history of discrimination, land dispossession and forced displacement. While protection, access to resources and political participation are generally granted through clan affiliation, displaced and politically less organised minorities, have been particularly exposed to serious human rights abuses. International protection instruments such as the UN Guiding Principles for Internally Displaced Persons prove difficult to implement and enforce in the prevailing context of state collapse.

- *Subsistence needs - access to health, nutrition and shelter*

Lack of adequate health care is one of the biggest problems facing the Somali population today. They are totally dependent on the international community for the delivery of health services. The medical infrastructure which was ravaged by the conflict has not been rebuild.

IDPs in Somalia have an extremely poor health status because their lack of access to health facilities. At the few operational clinics and other health facilities, the settled population is given priority over the IDPs. IDPs are more at risk of malnutrition than resident populations because they lack access to adequate quantity and quality of food, are largely deprived of clan assistance, and lack access to income generating activities. Other contributing factors are lack of access to proper housing, and to drinking water and sanitation. Attempts of the international community to provide access to water and sanitation to the IDPs are frequently undermined by the settled population claiming these services for themselves and using the argument that IDPs are not involved in maintaining water sources (wells). Finally, the

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<sup>125</sup> Figures based on *UN Report on Internally Displaced Persons in Somalia*, United Nations Co-ordination Unit in Somalia (UNCU), 30 July 2002, p.1.

ongoing insecurity limits humanitarian access in a general sense and contributes to the poor health and nutritional status of IDPs.

- *Lack of self-reliance*

Somalia ranks among the five least developed countries<sup>126</sup>. Lack of reliable data makes it difficult to establish the real economic status of Somalia. It is estimated that current annual GDP per capita ranges between US\$ 180 to US\$ 200. Major sources of income are remittances from the Somali Diaspora and the export of livestock to the Gulf States and Saudi Arabia. The volume of remittances still suffer from the aftermath of the events of 11 September 2001, in which most of the companies facilitating the transfer of remittances were either closed or had reduced their capacity to manage transfers. During the past three years income from livestock trade has been reduced because of a ban in the Gulf States on import of Somali livestock due to suspected livestock diseases.

In these circumstances, the economic situation of IDPs in Somalia is particularly difficult. Many IDPs with a traditional agro-pastoralist or agricultural background, lack skills to generate income in urban settings. Since resources are already stretched in the urban settings, the IDPs find themselves excluded by the settled urban population from the informal economy. IDPs who wish to settle in rural areas face different problems. For instance, as a result of the collapse of the state, IDPs are obliged to rent public land controlled by private individuals at exorbitant prices. Moreover, they are vulnerable to spontaneous and forced relocations.

- *Humanitarian access*

Fluctuating levels of insecurity have hampered the humanitarian agencies to systematically collect information about IDPs and to plan and deliver humanitarian assistance. Particularly in central and southern Somalia, humanitarian access has constantly been obstructed by unpredictable political dynamics and violence. In the absence of a recognised central government and law and order, humanitarian agencies have often resorted to the protection of militias and gunmen, jeopardising their neutrality. In turn, warlords and militias regularly extort humanitarian assistance for their own benefit. These conditions have proven to be especially difficult for IDPs who lack clan protection to access humanitarian assistance.

After UNOSOM II withdrew from Somalia in 1995, most humanitarian agencies working in the country are based in Nairobi. Today, the expatriate aid worker is still a political target, with resentment among Somalis over the international military and humanitarian effort still a factor. The location of the operational headquarters of many international humanitarian agencies outside Somalia obliges them to operate "in absentia" through a skeleton local staff. This results in operational inefficiencies.

### 3. Netherlands' humanitarian aid policy with respect to Somalia

The Netherlands' humanitarian aid policy has been laid down in several documents. In 1981, the Netherlands Cabinet approved the White Paper '*Aid in emergency situations*', which was followed by a policy document entitled '*Boundaries of humanitarian assistance*' (1983). The principles of this policy document were later incorporated in '*A World of Difference*' (1990)

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<sup>126</sup> *Human Development Report for Somalia*, UNDP 2001.

and in the White Paper '*Humanitarian aid between conflict and development*' (1993). In the recent '*Policy Framework Humanitarian Assistance*' (2002), the main objective of Netherlands' humanitarian assistance is described as follows: "To contribute to the relief of life-threatening human needs amongst the most vulnerable people, mostly women and children, as a result of (chronic) crisis situations and/or natural disasters." To put it differently, similar to other donors, the Netherlands provides humanitarian aid to alleviate human suffering, to restore human dignity and to enable people and their leaders to make their environment a decent place in which to live.

The Netherlands has continued to provide humanitarian assistance to Somalia since the civil war broke out in 1991. Depending on the dynamics of the conflict situation, activities supported over the years were directed to relief and/or to rehabilitation. The support has been aimed towards the most vulnerable people in the Somali society, including IDPs, women and children. In addition, assistance has been provided to refugees living outside Somalia. Current Netherlands' humanitarian assistance policy towards Somalia follows the strategy set out by the Somali Aid Co-ordination Body (SACB) and the UN<sup>127</sup>. Sectors that are eligible for funding throughout the entire country are food aid, basic health care, shelter for returnees and water and sanitation. In the northern parts of Somalia, activities are aimed at physical rehabilitation as well as institutional capacity building. The Netherlands also supports activities aimed at the repatriation and rehabilitation of refugees in northern Somalia. The emergency assistance provided to the central and southern parts of Somalia mainly focuses on the sectors food aid, health, shelter and emergency preparedness and response. The Netherlands channels its funding for the activities in these regions mainly but not exclusively through different UN-agencies and ICRC. Activities in the other parts of Somalia are funded through a diversity of channels.

In the period 1999-2002, the Netherlands allocated a total of US\$ 20.975.756 (€19.940.827)<sup>128</sup> to support humanitarian activities in Somalia<sup>129</sup>. Most of the funds were contributed to the different Consolidated Agency Appeals (US\$ 12.091.464), with US\$ 8.884.292 provided otherwise (activities implemented through ICRC, NGOs and UN-agencies not included in the Consolidated Appeals).

#### 4. Response to the humanitarian crisis in Somalia

In the absence of a functioning state to co-ordinate international responses, in 1993 the Somali Aid Co-ordination Body (SACB) was set up to co-ordinate relief, rehabilitation and development activities. The SACB includes the UN Country Team, the NGO Consortium and the Red Cross / Red Crescent Movement. The SACB sets out a strategy for international assistance to Somalia, which stipulates that besides providing relief wherever needed, for instance in the conflict-prone southern and central regions of Somalia, rehabilitation activities will be mainly supported in the relative stable and safe regions of Somaliland and Puntland. Furthermore, the international strategy in Somalia is to support sustainable development and to create local ownership. No single agency specifically focuses on IDPs. In stead, IDPs have been covered by wider humanitarian programmes and projects. In order to find durable

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<sup>127</sup> Based on *Conflict Policy Framework Somalia 2002* by Netherlands Ministry of Foreign Affairs, Human Rights and Peacebuilding Department.

<sup>128</sup> Data from the Ministry's management information system ( MIDAS) and calculated using the average exchange rate over the period 1999-2002.

<sup>129</sup> Total contribution in the period 1999-2003 amounted to €28.085.918 (provisional figure to be updated for definite financial data for 2003).

solutions to resettle and integrate IDPs as well as to develop special mechanisms to protect IDPs, the UN launched the Joint Action and Recovery Plan for Somalia at the end of 2002. The UN Consolidated Agency Appeal (CAP) is the major organising principle underlying the international response to the humanitarian needs of the Somali population<sup>130</sup>. Donors providing funds to the CAP are commonly earmarking their contributions by implementing agency and sector. In practice, their funds are often pooled to finance specific activities<sup>131</sup>. For instance, a specific activity carried out by UNHCR can be funded by more than one donor.

In addition to channelling their funds through UN agencies having consolidated their funding requirements in the CAP, donors fund activities through the International Committee of the Red Cross (ICRC) which operates its own appeals, through international and national NGOs, as well as through special agreements with multilateral organisations. Due to considerable access problems and donor fatigue, funding for Somalia has fluctuated during the last decade.

The Netherlands, Denmark, Sweden and ECHO fund activities within the framework of the CAP as well as other activities<sup>132</sup>. In total these four donors have committed US\$ 94.192.684 to support humanitarian activities in Somalia in the period 1999-2002 (see Table 1).

Table 1. Financial contributions to humanitarian activities in Somalia by the Netherlands, Denmark, Sweden and European Commission (ECHO), 1999-2002

Donor	Contribution to the CAP (US\$)	Other contribution (US\$)	Total (US\$)
Netherlands	12.091.464	8.884.292	20.975.756
Denmark	5.147.901	22.494.849	27.642.750
Sweden	6.823.214	23.191.033	30.014.247
European Commission (ECHO)	1.672.697	13.887.234	15.559.931
Total	25.735.276	68.457.408	94.192.684

#### 4.1. Activities funded within the framework of the Consolidated Agency Appeals for Somalia

In the period 1999-2002 the international community provided a total of US\$ 148.853.055 to the consecutive Consolidated Agency Appeals for Somalia<sup>133</sup>. The Netherlands, Denmark, Sweden and ECHO contributed 17,28% of this total amount.

Financial contributions by the Netherlands, Denmark, Sweden and ECHO covered a large number of sectors (see Table 2). Major "sectors" supported were Food, Health, Multi-sector, Water and Sanitation, Protection/Human rights/Rule of law and Education. In financial terms,

<sup>130</sup> One of the main goals of the CAP/Somalia 2003 is to assist in the integration/protection of IDPs, minorities, refugees and returnees and other vulnerable groups by enhancing protection efforts aimed at: 1) building of local/national protection capacity, 2) participation in governance, 3) increased humanitarian access, 4) awareness raising among populations and local authorities, and 5) the development and promotion of durable solutions.

<sup>131</sup> As a consequence, activities funded within the CAP framework offer possibilities for joint evaluation.

<sup>132</sup> Because definite data on the financial year 2003 were not available at the time of writing of the ToR the financial information relates to the period 1999-2002 and will be updated for 2003 during the evaluation.

<sup>133</sup> Information compiled by UNOCHA on the basis of information provided by the appealing agencies on received funding.

the other sectors are considerably less important. It should be noted that the category "Multi-sector" covers a mix of activities and includes a number of large-scale programmes and projects for (returning) refugees and internally displaced persons.

Table 2. Sectors funded by the Netherlands, Denmark, Sweden and ECHO in the framework of the CAP/Somalia, 1999-2002

Sector	Total # Act. 4 donors <sup>134</sup>	Total funding 4 donors US\$	% Total NL funding	% Total DK funding	% Total SE funding	% Total EC funding
Food	4	6.249.441	36,75%	23,10%	9,03%	-
Health	10	4.665.920	20,27%	6,57%	10,34%	69,99%
Multi-sector	6	3.800.735	9,86%	33,26%	13,13%	-
Water and sanitation	4	3.687.951	17,74%	11,86%	6,31%	30,01%
Protection / Human rights / Rule of law	6	2.234.893	5,95%	1,85%	20,83%	-
Education	5	2.073.334	5,65%	11,81%	11,46%	-
Co-ordination and support services	5	1.322.279	2,70%	0,35%	14,32%	-
Agriculture	3	901.000	-	-	13,20%	-
Mine action	2	370.506	1,08%	4,68%	-	-
Economic recovery and infrastructure	1	299.929	-	5,83%	-	-
Security	2	129.288	-	0,69%	1,38%	-
Total	48	25.735.276	100%	100%	100%	100%

<sup>134</sup> The number of "activities" is based on the information on programmes and projects provided in the Appeals. For instance the number of activities in the sector Food (4) may involve a greater number of food shipments and subsequent food distributions.

Table 3. Agencies funded by the Netherlands, Denmark, Sweden and ECHO in the framework of the CAP/Somalia, 1999-2002

Agency	Total # Act. 4 donors	Total funding 4 donors US\$	% Total NL funding	% Total DK funding	% Total SE funding	% Total EC funding
UNICEF	38	10.260.563	42,29%	30,24%	28,11%	100%
WFP	10	6.249.441	36,75%	23,10%	9,03%	-
UNDP	18	3.921.316	5,87%	13,40%	36,96%	-
UNHCR	5	3.164.962	6,14%	33,26%	10,41%	-
FAO	3	901.000	-	-	13,20%	-
UNFPA	3	650.000	5,38%	-	-	-
OCHA	2	353.252	1,63%	-	2,29%	-
UNESCO	1	234.742	1,94%	-	-	-
Total	80	25.735.276	100%	100%	100%	100%

Eight UN agencies were supported, with the largest amounts channelled through UNICEF, WFP, UNDP and UNHCR (see Table 3). Table 4 shows which sectors received support from the various UN-agencies. Importantly, some agencies support a wide range of activities (UNDP, UNESCO, UNHCR and UNICEF). The World Food Programme and FAO on the other hand, are focusing on single sector activities, respectively food supply and agricultural rehabilitation.

Table 4. Agencies' involvement in sectors, 1999-2002

Agency	Sectors
UNICEF	Education , Health, Mine action, Protection/Human rights/Rule of law, Water and Sanitation
WFP	Food
UNDP	Co-ordination and support services, Economic recovery and infrastructure, Mine action, Multi-sector, Protection/Human rights/Rule of law, Security
UNHCR	Multi-sector (incl. refugees and IDPs)
FAO	Agriculture
UNFPA	Health
OCHA	Co-ordination and support services
UNESCO	Education, Protection/Human rights/Rule of law

#### 4.2 Other activities funded by the Netherlands, Denmark, Sweden and ECHO

As mentioned above, the Netherlands contributed US\$ 8.884.292 (€ 8.445.947) to humanitarian activities in Somalia in the period 1999-2002 in addition to its contributions to the Consolidated Agency Appeals. These funds were channelled through a multitude of organisations including the International Committee of the Red Cross (ICRC), international, national and local NGOs as well as through special agreements with multilateral organisations (see Table 5).



Table 5. Type of organisations supported by the Netherlands outside the CAP/Somalia, 1999-2002

Organisation	Total # Act	Total NL funding (US\$)	% Total NL funding
Multilateral organisation	4	681.743	7,67%
Netherlands' NGO	15	3.571.346	40,20%
NGO in other donor country	9	1.311.064	14,76%
International NGO	1	34.361	0,39%
Netherlands' Red Cross	2	302.553	3,41%
ICRC	4	2.625.323	29,55%
Local NGO	1	342.151	3,85%
Other	1	15.751	0,18%
Total	37	8.884.292	100%

Major "sectors" supported by the Netherlands through these channels are similar to the ones receiving support through the CAP and included (reproductive) health care (34,6% of total funding), multi-sector (30,0%), water and sanitation (13,4%) and capacity building (11,2%). For details see Table 6.

Table 6. Sectors of other activities funded by the Netherlands outside the CAP/Somalia, 1999-2002

Sector	# Activities	Contribution (US\$)	% Total Netherlands contribution
(Reproductive) Health care	14	3.079.214	34,66%
Multi-sector	8	2.724.956	30,67%
Water and sanitation	5	1.193.275	13,43%
Capacity building	3	994.715	11,20%
Civil society	2	376.512	4,24%
Rule of law	1	264.756	2,98%
Mine action	1	161.293	1,82%
Income generation / Employment	1	54.696	0,62%
Disaster preparedness	1	34.875	0,39%
Food aid (to be implemented in 2003)	1	--	--%
Total	37	8.884.292	100%

As mentioned above, in the period 1999-2002 Denmark contributed US\$ 22.474.849 (DK 133.100.000) to humanitarian activities outside the CAP, while Sweden and the European Commission (ECHO) provided respectively US\$ 23.191.033 (SEK 166.229.971) and US\$ 13.887.234 (€ 13.202.048). Major sectors receiving support from Denmark are: reintegration and rehabilitation of refugees and IDPs, reconciliation and education, whilst Swedish support was largely directed to education, civil society and peace building. Finally, ECHO's support mainly focused on improving the health situation, nutritional conditions, and water and sanitation.

## 5. Purpose of the evaluation and evaluation questions

### 5.1 Purpose

The purpose of the evaluation is to carry out an independent assessment of the results of the humanitarian response by the Netherlands, Denmark, Sweden and the European Commission (ECHO) to the Somali crisis. The aim is to provide an account for the support provided whilst the evaluation will generate lessons which may be used to improve the provision of humanitarian assistance and protection to IDPs in the future. The evaluation will focus on humanitarian assistance provided in the period 1999-2003, with special attention for the situation of IDPs. Among the users of the results of this evaluation are policy makers, aid administrators, operational managers, field staff of the four donors as well as implementing agencies, the general public, and parliamentarians.

### 5.2 Evaluation questions

- Relevance

*Was the humanitarian assistance provided to Somalia in line with the humanitarian policy of the Netherlands, Denmark, Sweden and the European Commission as well as the needs, priorities and rights of IDPs?*

Issues to be addressed:

At the policy level

- What is the focus of the humanitarian aid policy of the respective donors on IDPs?
  - Does the policy incorporate the UN Guiding Principles on Internal Displacement?
  - Are IDPs regarded as a special category, distinct from other vulnerable groups?
  - How are IDPs defined?
  - Is policy on IDPs generic, or is it adopted to the specific context of Somalia?
  - Is it sensitive to gender and generational issues?

At the operational level (Somalia)

- How are the needs and/or rights of IDPs defined (donor and/or operational partners<sup>135</sup>)?
  - To what extent is the vulnerability of IDPs understood as a protection issue where rights are violated through violent conflict and consequent displacement, or as an issue of material deprivation which threatens lives and livelihoods?
  - Depending on the specific understanding of the problem, what are the implications for the assessment and provision of assistance and how appropriate is this to the context and needs of IDPs in Somalia?
- How have humanitarian need assessments been carried out (operational partners and/or donor)?
  - Were the underlying causes of vulnerability and displacement in Somalia taken into account?

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<sup>135</sup> Since there is no functioning government in Somalia, the operational partners referred to here are the organisations that implement the humanitarian assistance, as well as the local "authorities" with whom these organisations co-operate.

- To what extent were assessments informed by political analysis (including analysis of conflict, power relations and rights violation)?
- Did appropriate vulnerability assessments of different groups take place?
- What levels of need were regarded over time as the ‘trigger’ for the provision of humanitarian assistance?
- Did needs assessments take into account the humanitarian principles of impartiality and humanity?
- To what extent were IDPs (and other vulnerable people) consulted about their needs and about appropriate response? To what extent do they feel that the assistance has been relevant?
- Was the provision and distribution of humanitarian assistance proportionate to the needs in Somalia<sup>136</sup>?
  - How is targeting being carried out by the operational partners in Somalia? For example, is it being done according to pre-determined categories of vulnerable people (i.e. separating out IDPs), geographical area, clans, communities, etc.
  - Is targeting being done according to a comparative assessment of need?
  - Have issues of gender and generation been adequately addressed in the provision and distribution of humanitarian assistance to Somalia?
  - If IDPs are being targeted as a separate category of vulnerable people, is there any evidence that this is at the expense of other vulnerable groups, or is it proportionate to the vulnerability and needs of other vulnerable groups in Somalia?
  - Were targeting approaches appropriate?
- Are the programming choices of operational partners appropriate to the needs and rights of IDPs in Somalia?
  - To what extent have issues of protection been addressed (directly or through advocacy)?
  - Do programmes and projects combine an appropriate mix of material assistance and other protective activities, e.g. lobbying, advocacy, etc?
  - Did the external assistance support and build on the capacities of IDPs?
- Effectiveness

*To what extent did the humanitarian assistance provided achieve its purpose?*

Issues to be addressed:

- How clearly stated are the overall objectives and desired outcomes of the strategies and programmes for responding to the needs and rights of IDPs in Somalia?<sup>137</sup>
- Has progress towards achieving the objectives and outcomes been carefully and consistently monitored informing subsequent modification of programming? Who was involved in the monitoring and were appropriate indicators used?
- How timely has the provision of humanitarian assistance to IDPs in Somalia been?
- To what extent have the protection and material relief needs of IDPs been met?
- How has access to IDPs within and outside conflict zones been secured?

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<sup>136</sup> The Stockholm conference on Good Donorship emphasised that humanitarian funding should be allocated in proportion to needs as well as on the basis of needs assessments (Principles of Good Donorship, Stockholm, 2003).

<sup>137</sup> It should be noted that there is a serious lack of nutritional and health statistics in Somalia which will complicate assessing effects on health and nutrition.

- To what extent have operational partners taken the "Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief", as well as the "Sphere standards"<sup>138</sup> into account in their interventions?
- Impact

*What have been the wider effects of the humanitarian interventions on IDPs and other vulnerable groups?*

Issues to be addressed:

- How have the donors' policies towards IDPs impacted on the mandates and ability of the humanitarian agencies operating in Somalia to respond to the specific needs of IDPs in Somalia?
- What are the implications of the choices of operational partners for channelling Netherlands' funds to address the needs of Somali IDPs?
- What has been the effects of the provision of humanitarian assistance on relations between IDPs and other vulnerable groups? For example has it resulted in exacerbating or reducing conflicts?
- Efficiency

*Were the financial resources and other inputs efficiently (= most economically) used to achieve results?*

Issues to be addressed:

- How are implementing partners selected (on basis of comparative advantage or otherwise)?
- How has the delivery of aid been organised taking into account contextual conditions like problems of diversion, costs involving gaining humanitarian access?
- To what extent has support been provided in a co-ordinated manner?
- Connectedness

Connectedness has been adapted from the concept of sustainability - the idea that interventions should support longer-term goals, and eventually be managed without external support. Although it is generally accepted that there is always a link between humanitarian action, reconstruction and development, and that humanitarian action should establish a framework for recovery, there is currently no consensus concerning the extent to which humanitarian action should support longer-term needs<sup>139</sup>. In contrast to development activities, many humanitarian interventions are not designed to be sustainable. However, they need assessing as to whether, in responding to acute and immediate needs, they take the longer-term into account. For instance, excessive food aid undermines coping mechanisms and restricts initiatives to normalise local food production, and is therefore not relevant, not effective and not efficient.

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<sup>138</sup> The Sphere minimum standards in the sectors water and sanitation; food security; nutrition; health services; and shelter and site selection were developed and adopted by a coalition of European and North American NGOs.

<sup>139</sup> See Guidance for evaluating humanitarian assistance in complex emergencies, OECD/DAC Working Party on Aid Evaluation, 1999 and Evaluating Humanitarian Action: an ALNAP Guidance Booklet, 2003.

The following question will have to be answered:

*To what extent have the humanitarian activities taken into account the specific context in Somalia with its longer-term and interconnected problems?*

Issues to be addressed:

- To what extent were the choice and the design of interventions informed by an analysis of conflict dynamics?
- Have the root causes of displacement and vulnerability in Somalia been addressed at operational and/or political levels?
- Which organisations take the responsibility for addressing the needs of Somali IDPs?
- Has capacity building of local structures and organisations been part of the humanitarian interventions?
- To what extent have interventions exacerbated, or reduced the likelihood of violent conflict?
- Has the design of interventions by operational partners taken into account and attempted to minimise the potential negative impact on vulnerability of Somali IDPs in the longer-term?
- Has the design of programme interventions by operational partners taken into account the longer-term environmental consequences of the provision of humanitarian assistance to IDPs in Somalia?
- How do donors and implementing partners decide whether there is a further need for humanitarian assistance to IDPs? In other words, how is it decided that displacement has ended? How appropriate was this decision? And how effective was the exit strategy?
- Is there any evidence of follow-up monitoring of the situation of Somali IDPs after they have returned home, or been re-settled, and aid assistance has ceased?
- To what extent have different aid instruments (i.e. humanitarian and development aid) been used coherently and effectively to address the needs of Somali IDPs, and the protracted nature of many IDP situations? Have there been any gaps?

Special issues for consideration:

- Coherence:

Besides the above mentioned evaluation questions, the evaluation will pay attention to coherence. Assessment of coherence should focus on the extent to which policies of different actors were complementary or contradictory. In the context of this evaluation coherence will be analysed solely in the humanitarian sphere<sup>140</sup>.

The following question will have to be answered:

*Are the humanitarian policies and programming of the Netherlands coherent with those of other donors?*

At the policy level

- Is Netherlands' policy on Somali IDPs coherent with those of other donors? What are the implications?

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<sup>140</sup> Coherence may also be applied in a wider sense, i.e. to assess the relation between security, developmental, trade and military policies of donors as well as their humanitarian policies (ibid.). In this evaluation, security and military issues will be taken into account as contextual factors.

- Was a collaborative approach pursued in providing assistance to IDPs, i.e. joint financing through the Consolidated Appeal Process (CAP) and were co-ordinated operations promoted?

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At the operational level

- Are operations on the ground consistent with Netherlands' and other donors' policies on IDPs?
- Are programming approaches of different donors consistent with those of the implementing partners?
- To what extent were implementing partners identified in terms of their comparative advantage and added value in addressing the humanitarian needs and rights of IDPs in Somalia?

- Co-ordination

In contrast to assessment of coherence, co-ordination relates to operational aspects.

The following question will have to be answered:

*How well has co-ordination taken place?*

- How have the donor agencies engaged with co-ordination mechanisms and processes?
- To what extent were operational partners encouraged to engage with co-ordination mechanisms and processes?
- How were interventions co-ordinated?

## 6. Scope of the evaluation

As mentioned, the evaluation will focus on the humanitarian activities funded by the Netherlands financed through the Consolidated Agency Appeals and financed otherwise. The evaluation will also cover humanitarian activities funded by Denmark, Sweden and the European Commission (ECHO). For practical reasons, a selection will be made of activities which have taken or are taking place in the same sectors and regions as those financed by the Netherlands.

The following sectors will be covered: food, health, education, water and sanitation, multi-sector and protection/human rights/rule of law. Secondly, only programmes and projects focusing specifically or partially on (urban as well as rural) internally displaced persons will be taken into account. Thirdly, the selection will have to represent a cross section of organisations involved in implementation (UN, ICRC/Red Cross, international NGOs, national NGOs and where appropriate local NGOs). Finally, it is envisaged to cover the three 'administrative' regions of Somalia: Somaliland, Puntland and central and southern Somalia. The selection will be made on the basis of an inventory of activities to be carried out during the first phase of the evaluation which constitutes a desk study of the activity portfolio and interviews with key informants at headquarter level of each of the four donors involved in the evaluation.

In view of the expected difficulties in gaining access to many parts of Somalia, it will be aimed to largely conduct field investigations of activities which are located in the same geographical areas.

In sum, the activities to be covered by field analysis will be selected to represent a cross-section of the various types of humanitarian interventions financed and implemented through UN-agencies and non-governmental organisations in the three main regions of Somalia. This selection will not be statistically representative, but will provide a sufficiently illustrative sample of humanitarian activities involving IDPs.

## 7. Approach and methodology

The evaluation team should provide an analysis of the Netherlands supported activities in Somalia, as well as of those supported by Denmark, Sweden and ECHO, during the period 1999-2003, taking into account the local context as well as the views of IDPs and vulnerable people of Somalia. Methods to be applied will include a review of existing documents including evaluation reports<sup>141</sup>, interviews with key informants at agency headquarters, field offices and partner agencies (including local organisations), and consultations with beneficiaries at programme and project sites. Approaches may involve focus group discussions, unstructured interviews, and participatory assessments involving both men and women.

The evaluation will be carried out in phases.

### *Phase I - Desk study: Review of documentation and elaboration of field study*

The evaluation team will review relevant documentation. A member of the evaluation team will visit the head office of each donor participating in the evaluation to undertake preliminary interviews and collect and review documentation. Evaluators should be allowed full access to relevant files.

Based on the review of documentation and the preliminary interviews, the evaluation team will submit a desk study report which will include an elaborate planning and approach of the field study.

### *Phase II - Field study in Somalia*

Field studies will be conducted in Somalia. Part of the work will be carried out in Nairobi since most international organisations active in Somalia operate their programmes and projects from that town. The Netherlands embassy and the representations of Denmark, Sweden and the European Commission in Nairobi will provide logistical support to the evaluation team.

### *Phase III - Analysis and production of evaluation report*

Following analysis of evaluation findings obtained through the desk study and field work, the evaluation team should produce a final report. This report should be presented in English and be no longer than 40,000 words (approximate 80 pages), plus appendices. Electronic versions of the report in Word and Acrobat (pdf) will be provided as well. More specifically, the structure of the report should be as follows:

- an executive summary with main findings and issues for consideration;

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<sup>141</sup> For instance the evaluation of ECHO's co-operation with UNICEF and UNICEF's Activities funded by ECHO included a case study on Somalia (Prolog Consult, January 2004).

- the main body of text should include the methodology and analytical approach used by the evaluation team, a description of the context of the Somali emergency, a description of humanitarian interventions covered by the evaluation, coverage of the evaluation questions and issues to be addressed, and analysis and conclusions;
- appendices, including the terms of reference for the evaluation, sample framework, overview of humanitarian activities carried out in Somalia, statistics, references and bibliography.

The Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs (IOB) will provide oversight during the evaluation process which may include guiding field work.

The donors involved in the evaluation will be required to submit the following material (in both hard copy and electronic format) to the Policy and Operations Evaluation Department before the evaluation team commences its work:

- Information on supported activities in the context of the various CAPs for Somalia in the period 1999-2003, including general information on these activities (objectives, organisations involved, financial data, progress reports and where relevant programme and project reviews);
- Key documents on the donor's response to the humanitarian crisis in Somalia in general, and - wherever possible - on the situation of IDPs in particular;
- Contact details of key agency personnel both in headquarters, regional offices and at field level.

## 8. Evaluators

An evaluation team, selected through competitive proposal submission, will carry out the evaluation. The organisation of the evaluation and methodology to be applied are the responsibility of the evaluators and should be specified and explained clearly in the proposal. The evaluation team should include personnel with professional background and extensive experience in humanitarian action, preferably with support to IDPs, evaluation of humanitarian aid activities, the work of national and international humanitarian aid agencies and experience in the region respectively Somalia. The team should also include personnel with anthropological knowledge and experience with the specific social-cultural context of Somalia. The team leader should have extensive experience in conducting evaluations of humanitarian aid in the context of complex crises.

While the evaluators will have significant latitude in the design and organisation of their work, it is estimated that the desk study may require 2.5 person-months' work, the field study 8 person months' work and analysis and reporting 2.5 person-months' work. It is expected that the evaluation will be completed by September 2004, as indicated in the timetable in section 10 below. Supervision of the evaluation will be carried out by the Policy and Operations Evaluation Department of the Netherlands Ministry of Foreign Affairs, and may include oversight during field visits.



## 9. Proposal

Three consulting firms with considerable experience and expertise in the evaluation of humanitarian activities have been short-listed and will be invited to tender for the evaluation.

The proposal to undertake this evaluation should be fully responsive to the Terms of reference outlined above. It should also reflect awareness of and sensitivity to the complexities of the delivery of humanitarian aid in the context of Somalia. The proposal should indicate clearly the methodological approach(es) to be used, along with the rationale for the overall evaluation strategy. The proposal should furthermore contain an evaluation matrix, indicating how questions and issues will be dealt with, as well as which sources of information will be used. It should also indicate clearly the strategy for involving the four donors, the agencies implementing the humanitarian activities, Somali institutions and beneficiaries in the evaluation.

Tender submissions should follow the two-envelope procedure: one sealed envelope should contain the technical proposal and a second sealed envelope should contain the financial proposal.

The review and assessment of proposals will be guided by several criteria, listed in order of priority: 1) expertise and experience of the evaluation team, 2) comprehensiveness and appropriateness of the methodology and 3) overall approach and understanding of the assignment. If it is determined that particular criteria have not been fully met, the evaluators selected to undertake the study may be required to revise their proposal accordingly.

## 10. Projected timetable

It is anticipated that the evaluation will be completed by September 2004, as indicated below. Evaluators may include a revised timetable in their proposals, accompanied by a rationale for the modification of the proposed schedule.

1)	Circulation of invitations to bid	10 March 2004
2)	Submission of evaluation proposals	15 April 2004
3)	Contract award	29 April 2004
4)	Desk study	May 2004
5)	Submission of desk study report and plan for field study	1 June 2004
6)	Field study	June / July 2004
7)	Analysis and report writing	August 2004
8)	Submission of draft final report	15 September 2004
9)	Submission of Final report	30 September 2004

## Annex 2 – Respondents Consulted During the Evaluation

Date	Name	Position	Agency
Nairobi			
01.07.04	Marije Maessen	First Secretary	Embassy of the Netherlands
	Priya Gajraj	Somalia Officer	World Bank
	Joe Gordon Laila Shamji	Field Security Coordination Officer Chief, Data & Information	UNDP
	Calum McLean	Chief	UN-OCHA Somalia
	Faith Awino	Programme Assistant	ECHO
	Pat Johnson	Programme Support	EU Delegation
02.07.04	Anne Maria Madsen	Counsel Development	Embassy of Denmark
	El Khidir Daloum	Programme Director	SCF - UK
	Lex Kassenberg	ACD Somalia Program	Care International
	Calum McLean Cecilia Kaijser	Chief Protection Co-ordinator	UN-OCHA
	Johan Svensson	Regional Representative	Life & Peace Institute
	Patrick Berner	Emergency coordinator	FAO
05.07.04	Maxwell Gaylard Bdisalam Omer	Resident Representative	UNDP
	Simone Wolken Ivana Unluova	Representative Programme Officer	UNHCR
	Joseph Connolly	Chief Technical Advisor	ILO
	Jerry C McCann	Operations Manager	WSP International
	Colin McIlreavy	Head of Mission	MSF-H
	Philippe Rougier Jean-Baptiste Lenoir Sue Clark	Head of Mission Head of Logistics Nutrition coordinator	ACF-F
06.07.04	Isabel Candela Abdullahi Haider	Programme Manager Programme Officer: Education Sector & Capacity Building	NOVIB
	Stephen Cooper	Country Director	ADRA
	Patrick Mtange	Chief Finance & Administration Officer	Diakonia
	Christian Bosson Beat Mosimann	Relief Co-ordinator Deputy Head of Somalia Delegation	ICRC
	Stéphanie Kouassi Christoph Langenkamp Etienne Peterschmitt	Food Security Rural Development Technical Advisor Agriculture Co-ordinator Somalia	EC - Delegation
	A. H. Shirwa	Somalia Programme Advisor	FAO

	Pat Johnson	Security and Political adviser	EU-Political Office
	Alberto Fait	EC Liaison Officer - Bossaso	EC Delegation
	George Kolath	Programme Management Officer	UNESCO
	James Wamwangi	Project Co-ordinator	
	Daher Daher Aden	Somali Officer	WHO - Somalia
07.07.04	Eric Verschuur	Programme Management Officer	UN-HABITAT
	Onno van den Heuvel	Jr. Human Settlement Advisor	
	Leila Pakkala	Senior Programme Officer	Unicef
Marcus Betts	Planning, Monitoring & Evaluation Officer		
	Marjatta Tolvanen	Head of Health & Nutrition	
	Girma Begashaw		World Vision
	Herr Rindgardr		SIDA
07.07.04	Mary A Mbeo	Project Officer	UNIFEM
	Hendrica Okondo	Programme Co-ordinator	
	Ahmed M Hassan	Medical Doctor	Red Crescent
	Imanol Berakoetxea	Health Coordinator	SACB
08.07.04	Arun Sala-Ngarm	Deputy Representative	UNHCR-Kenya
	Robert Hauser	Representative/Country Director	WFP
	Nicholas Hann	Chief Technical Advisor	FSAU
	Achoka A Luduba	GIS Officer	
	Harold Weepener	GIS Specialist	FAO
	Jeylani M Dini	National Programme Officer	UNFPA
09.07.04	Gary P Jones	Country Director Somalia, Kenya & Djibouti	Norwegian People's Aid
	Per Lindgarde	Deputy Head of Mission	Embassy of Sweden
	Winston Tubman	UN Secretary General Special Representative for Somalia	UNO
	Hans Ridermark		SCF - Sweden

<b>Team 1. Phil O’Keefe &amp; Abdi Samatar<sup>142</sup></b>			
	<i>Nairobi to Mogadishu</i>		
08.07.04	Abdulaziz Mohamed Ahmed	Humanitarian Affairs Officer	UN-OCHA
09.07.04	Ali S Ahmed	Rector	Mogadishu University
	Mr. Hassan Sh.	Director	SIMAD
12.07.04	Adbiraham Mohamed Sh.	Director	SAFE
	Farah Abdulkadir	Director	FPENS
13.07.04	Shucayb Ahmed	Activist	Zamzam Foundation
	Abdulkarim Sh. Ibrahim Adbikarim Ali Mohamed	Civic activists	Al Xaremeyn
	Abdisalam Abdillahi Ahmed	Medical Doctor	Carafat Hospital
14.07.04	Ibrahim Ali Cubar Mr. Cawis Ali Mohamed Ibrahim Yahya Abdulkadir Mr. Jobril	Researcher Researcher Co-Director Co-Director	CRD
15.07.04	Group of managers		Brakat Management
16.07.04	<i>Mogadishu to Nairobi</i>		

<sup>142</sup> Three focus groups consulted.

<b>Team 2. François Grünewald &amp; Agnes de Geoffroy<sup>143</sup></b>			
	<i>Nairobi to Mogadishu</i>		
10.07.04	Abdulaziz Mohamed Ahmed	Security adviser	UN-OCHA
	Mohamed Ahmed	Head of Mogadishu logistics	WFP
	Mohamed Hussein	Head of programme unit	Unicef
	Manalista, Mascalax	IDP Camps visited with the help of Unicef	
11.07.04	Hassan Belle	IDP Camps	
	Dr Nur	Head of Office	ACF
	<i>Mogadishu to Wajid</i>		
12.07.04	Roger Carter	Area Field Security Coordination Officer	UNSECOORD
	Sharif Mohamed Hadj	Primary Health Coordinator	WVI
	Philippe Mohamed Abdi Ware	Agricultural advisor Emergency Team	FAO
13.07.04	Edouard Niszeyimana	Head of office	WFP
	Jean Batiste Marco	Administrator (Nairobi) Watsan	ACF
	Aurélie Gautier	Hygiene, gender	
	Sheikh Habib	Senior National adviser	
14.07.04	Arshamo village	Returnees from Ethiopia	IDP village
	Gersale village	IDP families	IDP areas
	Walak villagers	Former IDP settlement	
	Mohamed Hassan	Wajid District Commissioner	
	<i>Wajid to Hudur (road)</i>		
15.07.04	Pamela Wasonga	Nurse	IMC Medical Team
	Peter Witthaut	Head of Operation	GTZ
	Günter Wessel	Head of programme Unit	
16.07.04	Ahmed Abdulhahim Ali	Liaison officer	ICRC Somalia
	Hudur Market	People selling	
	<i>Hudur to Mogadishu</i>		
	Ahmed Abdulhahim Ali	Senior water advisor	ICRC Somalia
	Michael Quinn	Head of Office	DRC Beleyt Weyne
17.07.04	IDP families	IDP Camps	
	Philippe (Nairobi)	ACF	
	Dr Noor Hassan Hadji	ACF Nutrition Centre	
	Italian sisters	SOS Hospital	
	Polytechnic school Stadium camp	IDP Camps	ICRC
	Senior Water Engineer		
18.07.04	Small retailers	Mogadishu Market	
	<i>Mogadishu to Nairobi</i>		

<sup>143</sup> 16 focus groups and 24 individuals consulted.

<b>Team 3. John Kirkby &amp; Sandy Firth<sup>144</sup></b>			
10.07.04	<i>Nairobi to Hargeisa</i>		
	Sadia Musse Ahmed	Country Representative	PENHA
	Amin Mohammed Hassan	Buurta Kala Jehan Returnee Camp	Returnee
11.07.04	Ahmed 'The Camel' Victoria Justiniani		
	Engineer Sugule	Somaliland Road Authority Compound	DRC
	Said Sugule	Somaliland Minister of Public Works	
	Schunn Taman Tusmo	Mohammed Mooge Compound Site	
	Visit to State House Returnee/Refugee Camp		
	Günther Wirth	Community Development Co-ordinator	German Agro Action
12.07.04	Abdikarim Egeh Ahmed	Somaliland Manager	ILO
	Michiel Terellen	Consultant	
13.07.04	Safia Jibril	Monitoring and Evaluation Health and Nutrition Education	Unicef
	Dega Musa		
	Mohammed Sheika		
	Abdillahi Amin		
Visit to Sheiknoor IDP Camp, MCH and school			
Visit to MCH in Mohammed Mooge			
14.07.04	Julien Buckmire	Area Field Security Coordination Officer	UNDP
	Mona Mohammed		UNOCHA
15.07.04	<i>Hargeisa to Bossaso</i>		
	Jeremiah Etheri	Head of Sub-Office	WFP
	Fatima F Handulle		Unicef
	Yoko		Care International
16.07.04	<i>Bossaso to Garowe</i>		
	Abdu-Rahman Osman 'Shuke'	Manager	PDRC
	Saida Hersi Egal	Country Representative	
17.07.04	Visit to Puntland College		
	Engineer Ali Hagi Abdulle	Visit to Garowe Teacher Training College	Diakonia
	Abdu-Rahman Osman 'Shuke'	Manager	PDRC
18.07.04	Abshir Mohammed Jama	VTE Project Coordinator	ADRA
	Jan Kroep	Trainer/capacity builder	Mechem (Mine Action)
	Ali Doy	In Charge of Puntland Office	UNOCHA

<sup>144</sup> Three focus groups, 24 individuals and 12 members of different households consulted.

	Mohammed Abdi Ibrahim	Visit to Oromo Refugee Camp	
	<i>Garowe to Hargeisa</i>		
19.07.04	Zainae		Gashan
	Sergio Kristensen	Country Representative	SCF
20.07.04	Visit to Dami Camp		Gashan
	<i>Hargesia to Nairobi</i>		

<b>Team 4. Neil Middleton, Bram Jansen &amp; Floice Adoyo<sup>145</sup></b>			
14.07.04	<i>Nairobi to Hargeisa</i>		
15.07.04	Julien Buckmire	Area Field Security Coordination Officer	UNDP
	HALO Trust		
	<i>Hargeisa to Burao</i>		
16.07.04	Mohamed Ahmed Hiveed et al	Kusaar Village Development Committee	
	Hassan Nuh et al	Village Development Community Saleban Togdheer Disabled Women's Group	
	<i>Burao to Hargeisa</i>		
18.07.04	Abdikarim Egeh Ahmed	Somaliland Manager	ILO
	Abdihahi Omer Gulaid	Director General	Ministry of R, R&R
19.07.04	Craig McDiarmid	Technical Advisor	DDG
	WFP		
20.07.04	Visit to State House Water Kiosk		
	Sergio Daniel Kristensen	SCF - Denmark	
	John Drysdale	SCS	
	<i>Hargeisa to Nairobi</i>		

<sup>145</sup> Three focus groups and 27 individuals consulted.



<b>Team 5. David Glendinning &amp; Andy Little<sup>146</sup></b>			
	<i>Nairobi to Dadaab Complex</i>		
12.07.04	Toshiro Odashima	Head of Sub-Office Dadaab	UNHCR Sub-Office
	Anis Uddawla	Field Officer	
	Ahmed Sheikh	Environmental Monitor	
	<i>Visit to Hagadera Refugee Camp</i>		
	Yusef Hussain		
	Abdi (Mogadishu)	Section Leader	UNHCR Field Office
	Abdula (Ethiopia)		
13.07.04	Muhammed Odewe (Kismaayo)		
	Abdi Noor	Youth Leader and Interpreter	Interviewed at home
	Muhammed		
	Male (Bendowe)		
	Binto Sheik	Single mother of eight	Interviewed at home
	Lul (Kismaayo)	Mother of four	
	Mahado	Female student	
	Roma (Ethiopia)	Mother of two	
	Dahir Mohammed Ali	Chairman of Section Leaders	Interviewed at UNHCR Field Office
	Hassan Aden	Chairman of Youth Leaders	
	Bile (Kismaayo)	Secretary of Youth Leaders	
	Omar (Kismaayo)	Youth Leader	
14.07.04	Abdi		
	Kamal	Section Leader	
	3 Females	Women' Committee against Domestic Violence	
	Representatives		
	Akmed Sheikh	Peace Education Officer	
		Female Block Leader	
	Jelvas N Musau	Associate Protection Officer	Care Kenya Sub-Office
	Jalal Bhuiyan	Senior Manager	
	Marangu Njogu	Programme Manager	
	<i>Visit to Dagahaley Refugee Camp</i>		
	Hassan Dahari	Chairman of Section Leaders	Group Discussion at UNHCR Field Office
	All Section Leaders and Community Leaders		
	Taye Tolcha Gonta	Section Leader	Interviewed at UNHCR Field Office
15.07.04	Tefari	Interpreter for UNHCR	
	Male (Middle Juba)	Block Leaders	Interviewed at Block
	Clement (Sudan)		
	Bashir (Middle Juba)	Father of seven	Interviewed at home
	Kalif	UNHCR Field Officer	
16.07.04	Camp Health-Post Coordinator Health-Post Administrators Aids Awareness Group Other Health Post employees		Interviewed at Health Post

<sup>146</sup> 34 focus groups, 18 individuals and 7 members of different households consulted.

Kalif	UNHCR Field Officer	Interviewed at Food Distribution Centre
Hussein	Headmaster of Central Primary School	Interviewed at school
George (Sudan)	Stallholder in the Market	Interviewed in market
Abdi	Unemployed youth	
Toshiro Odashima	Head of Sub-Office Dadaab	UNHCR Sub Office
<i>Dadaab Complex to Nairobi</i>		

### Annex 3 - Interventions by Region & District

The activities investigated in the field are indicated by an asterisk. For details of investigations see Chapter 5

Implementing Partner (or deputy)	Funding Route	Intervention	Donor	Activity Years	Total Exp. (€)	Beneficiaries (if specified)
Country-wide						
(Region not specified)						
FAO	<i>CAP</i>	Agriculture & animal husbandry	SIDA	2000 2000 1999 1999	220,000 330,000	
ICRC	<i>Emergency Appeal</i>	Multi-sector *	DANIDA	2002 2002 2000 2001	537,600 389,760	
			NL	2001 2001 2000 2000 1999 1999	226,890 907,560 1,361,340	Refugees / Local people
Life & Peace Institute * NOVIB	<i>Individual project proposal (IPP)</i>	Health care *	SIDA	2003 2003 2002 2002 2001 2001 2000 2000 1999 1999	473,000 451,000 451,000 584,100 550,000	
			SIDA	2003 2003 2003 2003	550,000 220,000	
UNOCHA *	<i>CAP</i>	Co-ordination & support systems *	NL	2003 2004 2002 2003	200,000 200,000	
			SIDA	2002 2002 2001 2001 2000 2000 1999 1999 2003 2003 2003 2003 2003 2003 2003 2003 2003 2003 2002 2002 2000 2000	165,000 165,000 165,000 110,000 165,000 165,000 26,194 47,148 10,478 20,955 104,973 115,500	
OHCHR	<i>Emergency Appeal</i>	Peace promotion				
		Co-ordination & support systems				
Red Cross Sweden (SRK)	<i>Emergency Appeal</i>	Food aid				
		Health care				
		Political & civil human rights				
		Water & Sanitation				
		Food aid				

UNDP	<i>Frame Agreement Component</i>	Capacity Building	DANIDA	2002 2000	2003 2000	336,000 33,600	Refugees / IDPs
		Multi-sector	NL	2002	2003	255,000	
		Economic recovery & infrastructure		2002	2003	223,260	
		Co-ordination & support systems	SIDA *	2001	2001	22,326	
		Peace promotion *		2003	2003	825,000	
		Co-ordination & support systems		2002	2002	55,000	
		Peace promotion *		2001	2001	275,000	
		Health care	NL	2002	2002	220,000	
		Education *		2002	2003	250,000	
		Health care		2000	2002	277,940	
Multi-sector	Economic recovery & infrastructure	2003	2004	283,500			
Economic recovery & infrastructure		2002	2002	384,948			
		2000	2000	333,528			
		1999	1999	340,335			
UNICEF	<i>Emergency Appeal</i>	Multi-sector *	DANIDA *	2003 2002	2003 2002	672,000 537,600	Primary School Children
		Education	NL *	2000	2001	268,800	
		Multi-sector *		1998	2000	1,075,200	
		Water & Sanitation *	Economic recovery & Infrastructure	2003	2004	1,421,100	
		Political & civil human rights		2002	2003	1,715,081	
		Food aid		2001	2002	226,488	
		Economic recovery & Infrastructure		2001	2002	111,630	
		Water & Sanitation *	Water & Sanitation *	2001	2002	396,354	
		Food aid		2000	2002	974,070	
		Multi-sector *		2000	2002	333,528	
Water & Sanitation *	Food aid	2000	2002	555,881			
Food aid		1999	2002	567,225			
Health care *	Health care *	1999	2000	453,780			
Education		1999	2000	1,531,735			
UNESCO	<i>Emergency Appeal</i>	Education	ECHO *	2003	2004	500,000	IDPs, returnees, locals
			SIDA	2003	2003	385,000	
				2002	2002	110,000	
				2002	2002	220,000	

UNICEF	<i>Emergency Appeal</i>	Health care *	SIDA	2002	2002	220,000	Primary School Children
				2001	2001	660,000	
				2000	2000	495,000	
				1999	1999	308,000	
WFP	<i>CAP</i>	Food aid *	NL	1999	1999	440,000	Children
				2003	2004	473,400	
				1999	1999	704,051	
				2003	2004	132,000	
WSP International	<i>IPP</i>	Peace promotion *	SIDA	2002	2003	132,000	
				2001	2001	143,000	
				2000	2000	143,000	
				1999	1999	176,000	
All regions							
UNDP	War Torn Societies (now WSP International)	Political & civil human rights	SIDA	2001	2002	33,000	
		Research Project *	DANIDA	2002	2003	313,311	
UNDP	<i>IPP</i>	Research Project	DANIDA	2000	2001	39,984	
				Hargeisa, Garowe, Baidoa			
UNDP	<i>IPP</i>	Peace promotion	SIDA	2001	2002	440,000	
				Puntland & Somaliland			
Puntland							
(region not specified)							
Care Netherlands Care Somalia	<i>IPP</i>	Health care *	NL	2002	2003	290,408	
				All regions			
UNDP Diakonia *	<i>IPP</i>	Peace promotion *	SIDA	2001	2002	1,333,860	
		Civil society *		2001	2002	550,000	
		Peace promotion *		2000	2002	308,000	
Bari Region							
Care International Care Somalia	<i>IPP</i>	Civil society	NL	1998	2000	32,666	Not uprooted vulnerable people
		Civil society *		2001	2004	367,034	
NL	<b>MFA NL</b>	Water & Sanitation	NL	1999	1999	14,974	

Quest Consult									
MSF Netherlands	<b>IPP</b>	Health care *	ECHO	2002	2002	75,000	Locals & IDPs		
Sawa Netherlands		Water & Sanitation	NL	1999	2000	110,742	Not uprooted vulnerable people		
				1997	2000	107,506			
		Bossaso Town							
CESVI		Health care	ECHO	2002	2002	70,000	IDPs & Urban poor		
Dan Church Aid	<b>IPP</b>	Education	DANIDA	1999	2000	268,800			
MSF Netherlands		Health care *	NL	2002	2002	36,064	Epidemic Control		
		Mudug Region							
		Galkacyo Town							
MSF Netherlands	<b>IPP</b>	Health care *	NL	2003	2004	568,000			
				2002	2004	603,147			
				2001	2001	367,587			
				2000	2000	489,132			
				1999	1999	418,289			
		Nugal Region							
		Garowe & Burtinle Towns							
Diakonia	<b>IPP</b>	Education *	SIDA	2003	2004	1,626,776	Primary School Children		
		Water & Sanitation *		2003	2003	45,100			
		Peace promotion *		2002	2002	495,000			
		Somaliland							
		(region not specified)							
Care USA	<b>IPP</b>	Civil society	NL	1999	2000	251,693			
Care Somalia									
Danish Refugee Council *	<i>Frame Agreement Component</i>	Economic recovery & Infrastructure	DANIDA	2000	2000	117,600	Returnees / IDPs		
				1998	2000	1,252,872			
Durch Relief & Rehabilitation		Economic recovery & Infrastructure	NL	1998	1999	59,052	Refugees		
Halo Trust	<b>IPP</b>	Mine action *		2001	2001	153,335			
International Labour Organisation		Economic recovery & Infrastructure *	DANIDA	2003	2004	73,920	Road Technicians		
UNDP	<i>Frame Agreement Component</i>	Capacity Building	DANIDA	1998	2000	524,160			
		Mine action	NL	1999	1999	113,445			
UNICEF	<i>Bilateral Pool</i>	Health care	DANIDA	2003	2006	806,400	Refugee Affected Areas		
		Water & Sanitation		2003	2006	2,016,000			

All regions									
Danish De-mining Group (DDG)	Frame Agreement Component	Mine action *	DANIDA	2003	2004	268,800	Refugees / IDPs		
				2002	2002	779,520			
Danish Refugee Council (DRC)	Frame Agreement Component	Economic recovery & Infrastructure Peace promotion *	DANIDA	2001	2001	967,680			
				1998	2000	1,518,720			
German Technical Cooperation (GTZ)	IPP	Capacity Building	SIDA	2003	2003	165,000			
				2002	2002	893,750			
Save the Children (UK)	IPP	Research Project	DANIDA	2001	2001	346,500			Children
				2002	2003	4,704			
Sanaag Region									
Danish Refugee Council	Frame Agreement Component	Education	DANIDA	2002	2003	940,800			Primary School Children
				2003	2003	94,042			
Sool Region									
COOPI / VSF	IPP	Agriculture & animal husbandry	ECHO	2003	2004	1,200,000			Pastoralist families
Sool & Sanaag Regions									
Norwegian Peoples' Aid	IPP	Multi-sector Water & Sanitation	NL	2003	2005	196,000			
				2002	2003	253,072			
Unicef		Water & Sanitation	ECHO	2003	2003	805,821			Pastoral & rural communities
West Galberd Region									
MSF Netherlands	IPP	Health care	NL	2002	2002	14,796			Vaccination Programme
Berbera Town									
COOPI	IPP	Health care	DANIDA	1998	2000	55,507			
				2000	2000	1,075,200			
EC		Economic recovery & Infrastructure		Hargeisa & Buroma Towns					
Save the Children (DK)	IPP	Capacity Building *	DANIDA	1999	2000	295,680			Unaccompanied Children
				2001	2001	72,453			
Red Barnet				Hargeisa & Buroma Towns					
UNDP				Economic recovery & Infrastructure					
ADRA Denmark *			DANIDA	1999	1999	1,075,200			

International Aid Sweden	Education	SIDA	2001	2002	218,599	Special needs children
Hargeisa Town						
Togdheer Region						
Burao District						
Danish Refugee Council	Economic recovery & Infrastructure	NL	2002	2003	51,998	General Population
UNCHS	Water & Sanitation		2000	2003	648,106	
south & central Somalia						
(region not specified)						
EC - Terra Nuova	Agriculture & animal husbandry	DANIDA	2002	2003	201,600	General Population
Health Net International	Health care		2002	2003	100,000	
MSF Netherlands	Health care		2001	2002	100,000	
UNICEF	Water & Sanitation	ECHO	2002	2003	510,000	
	Health care		2001	2002	576,000	
WFP	Food aid	NL	2001	2002	220,000	Children & Pregnant women
			2001	2002	1,521,436	
			2000	2001	1,111,762	
Bakool Region						
ADRA Denmark	Education	DANIDA	2003	2004	340,032	
Tiyeeqlow						
Care Somalia	Education	DANIDA	2002	2003	302,375	
Wajid						
World Vision - Netherlands	Health care *	NL	2003	2005	253,068	Not uprooted vulnerable people
			2002	2004	327,033	
Hudur						
MSF Belgium	Health care *	ECHO	2000	2001	224,000	Locals & IDPs
Bay Region						
Dinsor						
MSF Switzerland	Health care	ECHO	2003	2004	450,000	Most vulnerable & locals
Bay & Bakool Regions						
UNICEF	Water & Sanitation	ECHO	2000	2001	485,000	
Banadir Region - Mogadishu						
ACF France	Health care *	ECHO	2003	2004	800,000	Locals & IDPs
ACF France	Health care *	ECHO	2002	2002	540,000	Locals & IDPs
			2001	2001	550,000	
			2001	2001	80,000	





Doctors Without Borders														
MSF Belgium													134,400	
MSF Belgium													62,605	
Marere														
MSF Netherlands	IPP		Health care										350,000	Locals, returnees & specially
Middle Juba & Bay Region														
COOPI	IPP		Agriculture & animal husbandry										1,350,000	IDPs, Locals & vulnerable
Middle Shabelle & Hiran Regions														
ICRC	IPP		Water & Sanitation										700,000	Small riverine families
Middle & Lower Shabelle Regions														
Dan Church Aid Diakonia / Bread for the World - Germany	IPP		Water & Sanitation										242,922	
NOVIB - Agency for Co- operation & Research	IPP		Multi-sector										35,665	Refugees / Local people
Red Cross Netherlands IFRC	IPP		Health care										197,932	