

Summary

Introduction

This study aims to evaluate the humanitarian assistance co-funded by the Netherlands in Somalia from 1991 to 1993. It covers activities financed from the budget vote for humanitarian aid (budget category le) and refers only to the policies in force during that period (*A world of difference*, DGIS, 1990). The policies presented in the documents *A world of dispute* (DGIS, 1993a) and *Humanitarian aid between conflict and development* (DGIS, 1993b) are, consequently, not taken into consideration in this study.

Policies, allocations, decision making and implementation procedures were analysed for this study. Files on 45 allocations were reviewed and six humanitarian aid activities in Somalia covering several of these allocations, were submitted to in-depth case-studies. These cases accounted for Dfl. 41 million which is nearly half of the total funds allocated to Somalia by the Netherlands as humanitarian aid during 1991-3. The aid-delivery context was the subject of a field-study in Somalia and included the complexity of the emergency, the local culture and its interrelationship with the aid community and the activities of implementing agencies and donors. Eight questions were asked about the humanitarian assistance: What was its context? Which procedures for committing funds to the agencies were followed? Were the activities effective? Were they efficient or cost-effective? What were the side-effects? Were they sustainable (in the case of rehabilitative activities)? What were the strong and weak points? Were the interventions in line with Netherlands policies?

‘Vulnerability’ and ‘entitlement’ are concepts used throughout the report in order to better understand the causes and consequences of the emergency. Vulnerability is to do with social status and the ways in which a lowly position influences the ability to effect change. Entitlements are definite and socially sanctioned claims to, and effective legitimate command over, available food or other relevant commodities and services. Entitlement and vulnerability are two ways of looking at the same process.

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Lack of entitlement implies vulnerability and *vice versa*. An analysis of vulnerability and entitlement has to be linked to a wider analysis of the political economy.

Further, the Somali disaster was a ‘complex’ emergency. This means that any single agent of disaster exposed a number of others which then conspired to create a web of catastrophe. A disaster is complex when its origins are multiple and its effects compound one another.

The execution of the study was limited by the circumstances of emergency operations. Some interventions had come to an end and it was not always possible to reach either beneficiaries or relief workers who had moved on. Much humanitarian assistance was consumed immediately and its administrative structures had already been dismantled by the time the field-study was undertaken. Reliance had to be placed on qualitative rather than quantitative data which were often lacking or unreliable. Many operations were funded by multiple donors and the Netherlands’ particular contribution was not visible separately. As a consequence the whole intervention was evaluated. In

addition, multiple interventions overlapped which made it difficult to attribute results to one specific intervention. Finally, local conditions like travel restrictions and insecurity were constraints on field research.

The analysis of humanitarian assistance was complicated because existing procedural guidelines of the Netherlands Ministry of Foreign Affairs were ambiguous. There were some areas which were not covered by guidelines at all. Further, there was little methodological guidance for the evaluation of relief and rehabilitation activities.

The study was designed after consulting the Emergency and Humanitarian Aid Section (hereafter called the 'Section') of the Directorate General of International Cooperation (DGIS) and was carried out by the Operations Review Unit and a number of external consultants. Throughout the study there was close consultation with and cooperation between the implementing agencies, the Section, the Royal Netherlands Embassy in Nairobi and other involved parties. Basic documents as well as the final draft report have been sent to parties involved as well as subjected to independent professional review.

Somalia: the country and the emergency

The Somali Democratic Republic was formed, in 1960, by merging the former British and Italian Somalilands. It is part of the Horn of Africa and covers an area
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of 637,600 square km. It has a hot, dry climate and its population is estimated at between 7.5 million and 9.3 million inhabitants. Its economy is largely agricultural, mainly nomadic pastoralist, with cropping in the areas around the Juba and Shebele rivers, including large-scale commercial irrigation schemes, and in a number of other, small locations. Prior to the emergency, the livestock sector earned about 80 per cent of the total value of exports. The GNP per head stood at US\$ 290 in 1987 and declined to an estimated US\$ 120 by 1993. Somalia was placed in 166th position on the UNDP's Human Development Index of 1992: it is one of the poorest countries in the world. Life expectancy, health standards and literacy rates are among the lowest in sub-Saharan Africa.

Somalia is largely populated by a single ethnic group, but there are, among others, some smaller groups of Bantu extraction in the Juba Valley. Ethnic Somalis also live in Ethiopia, Djibouti and Kenya. Most Somalis are Muslims and speak the Somali language. They are subdivided into two genealogical groups which are, again, divided into clan families, clans and subclans. The social and political structure is largely shaped by rivalries, conflicts and alliances between those clans. These alignments are constantly shifting, leading to a fragile social organization requiring continuous negotiation between the various social units involved. This system reflects the agro-pastoral society which, in order to survive in a harsh environment, has to rely on the smallest feasible unit. This strong degree of decentralization is combined with a lack of institutionalized structures and loyalties beyond the basic social unit.

In the nine years following Independence, Somalia received a substantial volume of aid. The Barre regime, committed to socialism, seized power in 1969. It ran into problems including a drought in 1974-5, the Ogaden war with Ethiopia in 1977-88 and another serious drought in 1979-80. The economy was disrupted and domestic

food production could not keep pace with demand. By the mid 1980s dependence on commercial food imports and food aid had risen to almost 60 per cent of food consumption. From 1985 to 1990 Somalia continued to receive substantial foreign aid, averaging US\$ 471 million annually, which was more than 50 per cent of its GNP. After 1991, relief and rehabilitation aid became the country's lifeline.

The Barre regime faced increasing opposition in the late 1980s, particularly from the Somali National Movement in the north, which gained control over the towns of Burao and Hargeisa in 1988. The Government started a full-scale military campaign to regain control leading to widespread destruction and the death of about fifteen thousand people. Simultaneously, Barre faced mounting opposition from different clans and political factions in other parts of the country. Although he tried to
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appease these groups, he failed. After heavy fighting in the capital Mogadishu and elsewhere, Barre and his troops fled in January 1991 to his home territory in the Gedo region, causing widespread death and destruction in his retreat.

On the formation of a new government, the anti-Barre movements split between Au Mahdi and Aldeed, leading to battles for the control of Mogadishu; hostilities also took place in other areas. Taken together these events had, by mid 1991, led to a disastrous situation. The country lacked a functioning government, resulting in the total breakdown of the social, political and economic order. The civil war caused a massive loss of life. Epidemics and famine were widespread and millions of Somalis were displaced.

In mid 1991 the United Nations (UN), in its consolidated appeals for the Horn of Africa and Somalia, started raising funds for relief activities. The provision of relief in 1991 was confined to the International Committee of the Red Cross (ICRC) and a few non-governmental organizations (NGOs).

On 3 March 1992, Au Mahdi and Aldeed signed a cease-fire and subsequently the United Nations Security Council decided to launch a UN operation in Somalia (UNOSOM), which was a conventional peace-keeping operation involving some 4200 security personnel. The situation remained very unstable throughout 1992.

In 1992 the UN launched new appeals for humanitarian assistance totalling some US\$ 134 million. ICRC appealed for about US\$ 140 million to respond to the disaster; in reality, much more was spent. According to the United Nations Department for Humanitarian Affairs (UNDHA) over US\$ 410 million in 1992 and over US\$ 215 million in 1993 was received in response to the UN appeals. In addition, other activities were funded by individual governments directly, the EU and NGOs.

The aid operations faced serious problems of insecurity and violence, including attacks on food convoys and relief workers themselves. It was soon realized that adequate security was a necessary pre-condition for the successful execution of the humanitarian aid programme. On 3 December 1992, the Security Council authorized the Secretary General and member states to use all necessary means to establish a secure environment for humanitarian relief in Somalia as soon as possible. The resulting initiative was called 'Operation Restore Hope' and a US-led multinational task force (UNITAF) landed in Mogadishu on 9 December 1992. The operation

gradually covered the central and southern parts of the country. The warring factions were forced to stop fighting and relief-distribution centres were secured, leading to improved access to food for the starving population.

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In March 1993, the United Nations launched a relief and rehabilitation programme for Somalia which, in contrast to previous appeals, focused on rehabilitation and reconstruction. It also aimed at the participation of Somali representatives in the planning and implementation of the interventions.

On 26 March 1993, UNOSOM II was set up by the Security Council to replace the UNITAF forces. Its strength was to be 28,000 military personnel from 28 countries. It was one of the largest peace-keeping operations ever and the first in which the mandate to use force was authorized without the consent of parties within the country. UNOSOM II became involved in a series of incidents and, in Mogadishu particularly, the situation remained highly volatile and dangerous throughout 1993. In locations outside Mogadishu, UNOSOM II succeeded in achieving some degree of stability and normality, although incidents and problems constantly surfaced. In general, UNOSOM II was unable to create the pre-conditions for a structural solution as no political agreement between the warring factions could be mediated. In early December 1993 the main factions met in Addis Ababa, and again on 24 March 1994 in Nairobi where they signed an accord on the political future of the country. However, several important issues remained unresolved.

Netherlands humanitarian aid

The Netherlands' primary aims in humanitarian emergency aid are to alleviate human suffering, to restore human dignity and to enable people to make their environment a decent place in which to live. This aid comprises the prevention of and precaution against the effects of disasters. It also concerns mitigation and alleviation; it provides emergency relief immediately after a disaster, and supports rehabilitation aimed at restoring normal daily life. According to *A world of difference* refugees are to be encouraged to return to their own countries, where their reception should be organized and living standards raised. Internally displaced are, as a matter of fact, also helped when raising the standard of living inside the country. If the reception of refugees is not possible in their own country, they should be helped in the host country.

The Netherlands' humanitarian aid may be granted to all countries, including those with which there is no bilateral development relationship. According to *A world of difference* this aid should comply with a number of criteria. To reach the target groups, which must be clearly defined and delimited, aid must be intended for immediate use. Aid should be coordinated with other major donors and monitoring of the disbursement and of the aid channel should be possible. Finally, cooperation

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should take place with those authorities which are as close as possible to the target group.

The Netherlands' Emergency Aid Programme comprises several subcategories: humanitarian emergencies, human rights assistance and special emergency aid. In 1993, 241 allocations were made under the Emergency Aid Programme to a total of

Dfl. 369 million. The total allocation under this programme has more than doubled since 1991. All funding is channelled through other organizations as the Netherlands government does not itself carry out activities in humanitarian assistance. The channels used include UN agencies, ICRC, Netherlands co-financing organizations, MSF and other NGOs. In 1993, UN organizations received 63 per cent of all allocations amounting to about Dfl. 230 million. ICRC received approximately Dfl. 50 million, the co-financing organizations and MSF nearly Dfl. 25 million each and the others slightly more than Dfl. 30 million between them.

Within the Netherlands' Ministry of Foreign Affairs, the Emergency and Humanitarian Aid Section is responsible for humanitarian assistance. It is charged with the preparation, execution and evaluation of the Emergency Aid Programme and preparing and executing policies. In the late 1980s and early 1990s the Section had a small staff of four persons and only in mid 1993 it was extended to its present strength of a Head, five Programme Officers, one Administrative Officer and a Secretary. From the late 1980s onwards, the Section was faced with an increasing number of complex emergencies which required intensive consultations at different levels. There was also a need to redefine policies in response to changing global circumstances after the Cold War. Furthermore, the Section had to cope with increased administrative demands and had to respond more often to media and public interest. This resulted in an increased workload and the Section was, for long periods, insufficiently staffed.

In the Procedural Guidelines of the Ministry, incidental reference is made to humanitarian assistance but there is no specific set of procedures and guidelines in force or applied to this type of aid. Decision-making procedures and the routing of the approval memoranda for humanitarian assistance are, however, specified. Netherlands' Permanent Missions and Embassies liaise with the multilateral agencies at their Headquarters and with implementing agencies in the field.

The Netherlands Government made 56 allocations to Somalia from 1991 until and including 1993 amounting to Dfl. 88.6 million (1991: Dfl. 5.4 million; 1992: Dfl. 43.6 million; 1993: Dfl. 39.6 million). The Netherlands had given a first contribution in January 1991. The mean allocation was almost Dfl. 1.6 million.

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In the 45 allocations (1991 till mid June 1993) reviewed on file, the funds were channelled through UN agencies (46 per cent), ICRC (17 per cent), NGOs (36 per cent), while Dfl. 300,000 was given to the Belgian Battalion for small humanitarian aid projects in its area of operation. The interventions included emergency feeding, emergency medical assistance, operational support, rehabilitation and miscellaneous activities, the last of these was the largest category.

The proposals asking for funds for humanitarian assistance reached DGIS in the form of appeals from the UN and ICRC and requests to finance specific activities from the NGOs. In addition, DGIS had discussions with several organizations, which subsequently submitted proposals for activities. Appeals incorporated proposals for multiple interventions comprising a condensed outline of activities and a summary budget. The information in appeals was unsuitable for detailed appraisal because of the paucity of relevant information. In contrast, requests were more detailed than

appeals since they related to single activities and were mostly assessed and carried out by the NGO making the request.

The complexity of the emergency and the context in which the aid had to be delivered influenced the ways in which proposals for humanitarian assistance were identified and formulated. Similarly it conditioned the decision-making process within both agencies and donors, as speedy actions are necessary in humanitarian relief. It must be noted that, in the case of Somalia, data on which to base proposals or interventions were often either unavailable or inaccessible.

Most proposals did not provide a strict rationale, while only seven offered clearly defined objectives. Many of them lacked one or more of the following elements: the definition and location of the target group, a detailed budget, an elaboration of implementation approaches, structures and procedures, a work plan. The Ministry did not use a standard appraisal for humanitarian aid proposals, but made broad judgements taking into account a number of relevant aspects and its experience with the organization. It did not systematically seek technical advice. It took on average 27 calendar days to appraise a proposal and determine a response. Twenty-three days were then needed for paperwork before funds could be transferred, a process taking another 35 days. Contracts concluded with receiving agencies did not always include a provision for adequate monitoring and reporting. In consequence, reporting on implementation varied in coverage, depth and frequency. In a number of cases, reports were lacking or came too late. Most progress and final reports lacked relevant information and, as a whole, were a less than adequate instrument for the Ministry to monitor implementation and disbursement.

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The context of aid delivery

Aid delivery in Somalia was very difficult. The disaster had a multiplicity of causes, including civil conflict and drought. The response of the international aid community added its own levels of complexity because of the multitude of agencies with widely differing mandates, structures, procedures and activities. Interventions were not clearly defined in terms of relief and rehabilitation, nor was the relationship between them. The end of relief interventions did not always correspond to relevant indicators such as mortality or nutritional status, which could show that the emergency was over. This contributed to difficulties of disengagement. All happened in a changed international environment in which the international community, rather than a superpower, assumed responsibility for the intervention.

The conflict between rival powers within Somalia led to widespread fighting, destruction and insecurity. Throughout the conflict, there were shifting alliances between the factions involved. This reflected complex local conditions subject to continuous negotiation and led to a very unpredictable and often dangerous situation. The conflict was accompanied by the complete disintegration of state and other institutional structures. This included the breakdown of police, legal and judicial systems, which resulted in banditry, looting and crime. The collapse of the nation state meant that the international aid community could not carry out operations through a national counterpart but had directly to negotiate access to target groups with parties with differing, and often conflicting, interests.

The emergency spilled over the country's boundaries as refugees moved into Kenya, Ethiopia and Djibouti. This not only increased the size of the operation but also had political and logistical implications. Civil conflict and famine caused the death of as many as 500,000 Somalis, about 600,000 more fled to neighbouring countries and approximately 1.4 million were internally displaced. The emergency dramatically increased the vulnerability and reduced the entitlements of large groups of Somalis. Most entitlements were effectively destroyed by the large-scale displacement of people, the war, banditry and looting. Herds were looted or killed; permanent agricultural systems demolished or damaged; agricultural infrastructure and irrigation structures vandalized; agricultural machinery, tools and stocks of seeds looted or burned. Even if infrastructure could have been repaired and agriculture or pastoral nomadism again taken up, hundreds of thousands of people were still physically separated from their entitlement base in their home areas.

The disintegration of the state, of the economy and virtually all other formal structures made the situation worse as some of those structures underpinned, at least

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partially, previous entitlements. This was evident, for example, in the cases of both salaried and informal employment. Entitlements based on transfers were affected, while trade-based entitlements folded as markets ceased to function due to lack of produce, buyers and physical access as well as their institutional prerequisites. Pastoral livestock production was also severely affected by the combination of drought, banditry and war. Indirectly, longer-term entitlements were threatened because, in the prevailing anarchy, many agricultural producers were dispossessed of rights to land. The complete lack of judicial and police institutions implied that the rights of the already vulnerable segments of the population could be violated without fear of prosecution.

In view of the collapse of prevailing entitlements, the Somalis had largely to rely on Western relief agencies. Though one could argue that this restored entitlement to certain commodities like shelter, food and protection, the restoration was very temporary and based on dependency. Moreover, the numbers of people needing assistance called for an operation of unprecedented scale. At the same time, many professional Somalis fled to neighbouring countries thus reducing the number of interlocutors available to relief organizations.

The delivery context was also defined by the partial dependency of Somalia on food imports and foreign aid throughout the 1970s and 1980s. Despite the fact that local production had increased, reliance on aid had grown even more. There was consequently insufficient local capacity to deal with an emergency of this scale. An estimated 455,000 tonnes of relief imports and food aid flowed into Somalia between July 1992 and June 1993. Over 50,000 Somalis found salaried or food-for-work employment in the relief operations which created problems for disengagement.

Relief operations were seriously affected by the breakdown of the physical infrastructure, which was badly managed even before the disaster. Post and telecommunication, banking, water and sanitation facilities and social programmes no longer functioned. Many roads were impassable.

The Somali culture is a result of complex human adaptation to living in a harsh natural environment, requiring flexibility and expediency. The smallest social unit is the only feasible one for survival. This unit is in a continuous process of negotiation about the boundaries of the area under its control. Clan and village elders are involved in these negotiations. Being so differentiated among themselves, which could easily lead to local dissent and conflict, the Somalis were difficult people for outside agencies to address. Within these complex and shifting systems, defined by negotiation, the international community had to address all local actors affected by (End p 19)

operations, including the warlords who had emerged both before and during the conflict. Whereas the international community functioned on the basis of Western bureaucratic and organizational principles, the Somalis were used to a process of continual renegotiation on the basis of an oral, cultural tradition. In this tradition, institutions, particularly the Western formal type, were not recognized as a basis for permanent contractual relations. The very distinct perceptions and respective operational norms of the Somalis and the aid community made communication difficult. It is important to acknowledge the different perceptions and interpretations by the parties involved. These influenced the effectiveness and efficiency of the operations.

Aid delivery was designed, carried out and funded by a multitude of agencies. These included multilateral UN agencies, bilateral donors, international and Somali NGOs and the Red Cross organizations. Despite the responsibility of UNOSOM for harmonization of all UN relief and rehabilitation activities and the liaison with other involved organizations, there was not much evidence on the ground that this had been successful. At the same time, at local and sectoral levels, there were attempts to exchange information, to harmonize responses, to cooperate and, rarely, to co-manage activities. There were also frequent briefings and meetings at donor level.

Delivery was further complicated since the international community had simultaneously established a diplomatic and political initiative as well as undertaking a military mission in Somalia. The relationship between those initiatives and humanitarian assistance was not unequivocally considered, by those involved, to be a positive one. Some relief workers thought that UNOSOM had come to be seen by the Somali factions as a party in the conflict and preferred to make security arrangements directly with the warlords. The imposition of local government by UNOSOM led to tensions which created difficulties for the delivery of humanitarian assistance in a number of places.

The print and broadcast media were vital to the communication of events to the international donor community and to the general public. With the exception of ICRC and some NGOs the international political system and the aid community only began to react on a large scale when pictures of the disaster had been shown in the press and on television by mid 1992. Even so, the media were slow to report the emerging disaster. The Netherlands had given Dfl. 5.4 million in 1991.

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Case-studies

In this section the results of the case-studies are presented.

Lutheran World Federation's (LWF) airlift operations

At an inter-agency meeting on Somalia which took place in London on 26 June 1992, LWF submitted a plan of action for air, sea and road transport of relief goods to Somalia which was to be presented to donors for funding. Emphasis was put on an airlift because it was impossible to use other modes of transport for delivering urgently needed supplies. The high death rate and high levels of malnutrition, especially among children, called for the immediate transport of high-quality food and medical supplies to points of distribution inside Somalia.

The airlift took food, medicines and other goods from Nairobi and Mombasa in Kenya to various destinations in southern and central Somalia. Air transport was coordinated by LWF Nairobi on behalf of relief organizations, mainly ICRC and various NGOs. Flying operations using Hercules C130 aircraft were carried out by a private company.

The Netherlands stipulated that LWF should continually assess alternative and cheaper modes of transport and make use of them if security allowed it. It also specified that the airlift was to be used only for transporting high-quality food, medicines and medical equipment and that the transportation of bulky cereals had to be avoided. This intention was only partly realized because it rapidly became clear that together with the supplies of oil, cereals were the most important element in feeding programmes.

The cost of air transport was financed by various donors. Some Dfl. 9.8 million were made available by the Netherlands for flights between September 1992 and February 1993. LWF provided the service to the organizations free of charge, although a number of them made contributions. No contracts with the organizations were made, LWF operated on the basis of good faith. Delivering the cargo to the airport and unloading it on arrival were the client's responsibilities.

By the end of November 1993, 1423 flights had carried some 24,000 tonnes of food and goods. Bulk food grain was carried on 43.6 per cent of the flights, 22.4 per cent carried high-value foods, 32.3 per cent carried miscellaneous goods including building materials, tools and seeds and 1.7 per cent delivered medical supplies. After (End p 21)

April 1993 the frequency of flights dropped. The Netherlands' contribution covered the cost of 371 flights carrying 6276 tonnes of cargo.

Although the general situation in Somalia throughout 1992 justified the supply of certain foods and other items by air to enable organizations to carry out their tasks, the needs assessment appeared to be very general. LWF did not identify beforehand the most important destinations, nor the volume and types of goods to be transported. Nor did it coordinate with other agencies involved in transporting foods to Somalia. Although LWF's original plan included sea and overland transport, in practice the intervention concentrated entirely on air operations. No funds were spent on other methods and no regular evaluation of alternative modes of transport was made.

The execution and organization of the airlift encountered no major problems and it provided substantial support for relief organizations in Somalia. The relief organizations were all able to meet the demand for food and other goods and had to spend less time, effort and money on logistics. Airlifting also minimized losses. Few major problems in transporting goods to local storage were reported, though payment in kind to local warlords and armed factions sometimes proved necessary.

The average actual payload per flight was acceptable. Nevertheless, the efficiency of the airlift could have been greater. As a result of not taking the lowest reliable bidder and of weak negotiations with this carrier, the cost of the aircraft charter is estimated to have been some 15 per cent above prevailing commercial levels. LWF Nairobi preferred to use the selected carrier because its experience with the company had been good. They were reluctant to use the company entering the lower tender because it was based in South Africa which was considered politically sensitive. The actual price paid for fuel during 1992 was, at times, some 10 per cent higher when compared to official prices in force at Nairobi airport. Neither LWF nor Memisa, the organization monitoring the airlift on behalf of the Netherlands, evaluated the operation's efficiency. The monitoring and supervisory role of the Embassy in Nairobi consisted mainly of receiving reports from LWF Nairobi and of answering queries from DGIS. In view of the specific nature of the airlift operations it would have been appropriate to employ a specialized monitoring agent. Although Memisa had a relatively long record of working in emergency situations, mainly in the medical field, it should not have been asked to monitor this particular airlift operation.

The financial administration and contractual relationships between the parties could have been more professional. DGIS made funds available in three allocations within (End p 22)

a relatively short time. One major allocation, providing that certain conditions were met during implementation, could have enabled LWF Nairobi to negotiate lower charter costs. This was not done partly because of budget restrictions and partly because it was not clear how the situation would develop.

The Emergency Plan of Action of the International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) operates within the guidelines specified under International Humanitarian Law and has gained considerable experience throughout the world since it was founded in the middle of the nineteenth century. ICRC established its first delegation in Somalia in 1982 and a Headquarters Agreement was signed in 1983.

Through its close contact with the Somali Red Crescent Society (SRCS) and a policy of maintaining a dialogue with the Somali people, ICRC was able to monitor the crisis from within Somalia. Like other agencies, it had to leave Mogadishu in January 1991, but returned in February. Work began with the re-establishment of the tracing service for displaced people, a system of regular visits to areas outside Mogadishu to assess the situation and the creation of a medical field team.

From May 1991 to December 1992, ICRC was the only major relief organization operating in Somalia. From early 1992, nutritional surveys, in various parts of the country, showed high levels of malnutrition and ICRC issued warnings to the world

about the scale of the disaster. ICRC began to provide 'dry' and 'wet' food relief, curative and public-health assistance, seeds and tools for farmers, veterinary support for pastoralists, water and sanitation facilities and, at the height of its activities, employed over 24,000 Somalis. It also opened up lines of communication in what was a shattered nation state. The Netherlands contributed Dfl. 12 million for ICRC's humanitarian relief operations in Somalia which was disbursed in two equal amounts in 1992 and 1993. The Netherlands had also made a prior allocation of Dfl. 1 million in 1991.

ICRC distributed some 177,684 tonnes of food in 1992 and at the peak of its operations reached between 1 million and 1.5 million people. A high percentage was distributed as cooked food through 900 community kitchens. These were an innovative intervention by ICRC designed to reduce the looting of highly valued dry food and to reach the most vulnerable. Medical assistance was given to thousands of wounded and sick and protection was given to prisoners of war. A tracing programme was operated in conjunction with SRCS. ICRC's water and sanitation (End p 23)

programme complemented relief programmes by increasing access to clean water and improving sanitation. In addition to relief activities, rehabilitation programmes in veterinary health and agriculture supported the re-establishment of rural communities.

ICRC's activities were often carried out under extremely hazardous conditions. Many Somali and three expatriate ICRC delegates were killed during the course of operations.

Its ability to carry out an operation of such scale, in such difficult circumstances, not only reflects the organization's institutional strength and the dedication and professionalism of its staff but also the extent to which this was a Somali operation. The Somali Red Crescent, which operated throughout the whole period of ICRC's presence, played a key role in ensuring success. Somalis largely executed the relief programme, with ICRC's oversight. Key objectives were set by ICRC but all operations were negotiated with the Somalis before execution. On a daily operational basis, execution and control was in Somali hands.

ICRC was largely successful but the operation raised a number of issues. It had never before used armed escorts to protect lives and convoys carrying food. This has led to an internal debate about whether this impinged on its traditional role of neutrality. ICRC necessarily had to negotiate with all Somalis, including warlords. ICRC had to pay, often more than usual rates, for unloading, security, warehousing and other services. Local warlords also exacted a price and there were unaccounted losses due to looting and theft. ICRC, finally, had to flood the market in order to reach the most vulnerable which meant that also those who were in less need had access to food. This policy was adopted because food had become such a scarce commodity that the originally envisaged targeted distribution of dry rations had attracted looting, attack and violence.

The kitchen, veterinary and agricultural programmes were also new, or largely new, experiences for ICRC. Their effectiveness and possible application to future operations are being discussed within the organization.

The use of King's Recovery Food in Concern's therapeutic-feeding centres in Somalia

Concern is an Irish NGO with substantial experience of working, *inter alia*, in Africa. Its most recent operations in Somalia were funded, in part, by the Netherlands.

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The NGO began work in Somalia in 1987 but was forced to withdraw expatriate staff in January 1991. Senior staff from Concern re-examined the situation during a visit in April 1992 and in view of the rapidly worsening situation decided to re-engage in Somalia. Its brief included the establishment of centres for supplementary and therapeutic feeding, mother-and-child health care, assistance in water and sanitation services and assistance in rehabilitation.

Feeding the hungry and rescuing the severely malnourished were Concern's first aims. By June the entire feeding programme in Mogadishu was operational. It quickly became plain that if people were to be encouraged to stay in their home areas, then feeding programmes had to be established in places where they could easily be reached. As a consequence Concern created a number of feeding centres in and around Baidoa. The team had hoped, in addition, to build a number of therapeutic-feeding centres (TFCs) for the severely malnourished, but, in the event, were only able to build three. One important departure from the original plan was the construction of a TFC in Mogadishu for adults—TFCs are customarily centred on children.

In the course of a visit to Somalia in August 1992, the Netherlands' Minister for Development Cooperation visited a feeding centre in Mogadishu run by Concern. He was impressed by the team's work and invited Concern to submit a request for funding. Concern asked for assistance in the purchase and transport of a special food (King's Recovery Food, KRF) used in their therapeutic-feeding regime. Assistance amounting to Dfl. 804,000 was granted. The need was urgent and, although technical advice about KRF was requested, the doubts expressed in the reply on the nutritional aspects and cost of KRF did not affect the Ministry's decision.

Although Concern had achieved remarkable results with it, KRF proved not to be an entirely suitable food for therapeutic feeding and, to prevent fatalities, had to be modified in the field. It was also considerably more expensive than other available products. Concern has since withdrawn it from use while it is scientifically and financially assessed.

This pitfall did not prevent the feeding centres from being a substantial success. It is important to note some of the bases on which these operations were built: a very experienced senior staff; a habit of delegating authority; a tradition of rapid response from the Dublin office; the building of a large professional (mainly nursing) pool of dedicated volunteers on whom to call in emergencies; and massive support from the Irish population - an astonishing total of around IR£ 13 - 15 million (Dfl. 36.2 - 41.8 million) was raised among fewer than 5 million people for the Somalia emergency.

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A point of criticism is the failure of the organization to document its experience and

to develop better systems of reporting. The present structure works well, but the institutional memory could collapse if key personnel leave. Concern also initially failed to recognize the nutritional and medical problems connected with KRF due to a lack of analytical capacity. But once it did so it took appropriate action.

Emergency Programme of Medecins sans Frontieres-Holland

MSF-H started its medical emergency project on 15 September 1992, aiming at reducing mortality and morbidity rates in Baidoa town and its surroundings. Upon a request from MSF-H for financial support the Netherlands decided to cover all costs of the proposed intervention, estimated at Dfl. 2,670,000. It was planned that the project would cover a period of six months. It closed down towards the end of April 1993.

The programme was to include various activities and targets. These were the establishment of ten out-patient departments (OPDs) in Baidoa town and its hinterland; the establishment of ten rehydration units near feeding centres of other relief agencies and at strategic places in town; the establishment of a temporary in-patient department (IPD) in Baidoa Hospital in cooperation with the local health authorities and the International Medical Corps (IMC); the collection and analysis of epidemiological data; the establishment of feeding centres. In addition to these activities, interventions were planned in the field of water, sanitation and general support for the affected population. Implementation was conditioned by the security situation prevailing in Baidoa and the Bay region, where a series of incidents led to the temporary evacuation of the expatriate staff.

During the project's lifetime, the OPDs were operational for a cumulative total of 35 months. In all 79,410 patients were treated, an average of 2270 per month. Assuming 26 working days per month, an average of 87 patients per day were treated at each OPD.

MSF-H's policy was to require that the buildings for the OPDs were provided free of rent as a contribution from the community. OPD staff were recruited locally and given a short and intensive training by expatriate team members. Curative services were provided, using diagnostic and treatment protocols developed by MSF-H.

A temporary IPD was to be established in Baidoa Hospital. At the end of September, however, it was decided to establish the in-patient facility elsewhere. It took a
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long time before the IPD became operational. It began with three 10-bed tents in December 1992 and a fourth tent was added in January 1993. Between 21 December 1992 and 15 March 1993, 399 patients were admitted.

The collection and analysis of epidemiological data enabled MSF-H to detect an outbreak of measles at an early stage. Because other relief organizations aimed at covering the nutritional needs of the population, MSF-H decided not to engage in nutritional relief.

MSF-H played an active and much appreciated role in coordinating regular meetings

on medical issues with other relief organizations. Finally, MSF-H was instrumental in coordinating the execution of a successful measles vaccination campaign in January 1993. A total of 15,272 children below the age of 15 were vaccinated. When MSF-H had to leave for reasons of security, two OPDs were closed and the others handed over to international NGOs. The IPD was handed over to IMC which closed it subsequently.

Security problems in Baidoa made it difficult for MSF-H to recruit the necessary expatriate staff. The more experienced candidates approached by MSF-H proved to be particularly hesitant. There was a high turnover of staff during the project's execution, including coordinating personnel.

The number of OPDs planned was the outcome of a reasonable balance between the assessment of the needs in the area and the resources that MSF-H could mobilize. MSF-H's experience justified applying a 'rule of thumb' in calculating the numbers of people likely to call upon OPDs and thus estimate the total number of OPDs likely to be needed. The question of whether or not the number of OPDs planned by MSF-H would have been sufficient to cater for the needs of both the urban and rural populations cannot be answered owing to the lack of reliable data on the rural population.

By the end of the project, eight OPDs were operational, four of them in Baidoa town. Although the target of ten was not achieved, the number established was a good performance. They were all set up according to the conditions in the project proposal. In its final report, MSF-H does not explain why the initial target was not reached. The establishment of OPDs was carried out through a well-planned approach, which began with the training of local staff who would then actively be involved in creating the next OPD.

MSF-H failed to develop a clear policy towards the IPD component of the project.
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This developed as an institution on its own and became a centre of relatively high-quality curative care. The fairly high cost of treatment has prompted discussions within MSF-H about the need for and degree of IPD services in emergencies.

The medical services were professionally executed. Measuring their effect on a population's health status during an emergency poses methodological problems because of the complexity and number of factors that together influence health. The health services provided by MSF-H played a role in improving health but this cannot be isolated from other factors that helped to improve nutrition, sanitation and security.

MSF-H was not able to implement all the activities planned in its project proposal and could not realize all its objectives. Although this could largely be attributed to the uncertainties which confronted MSF-H in Baidoa, the question remains whether MSF-H included too many activities in its original plan. The experiences gained from the project in Baidoa have not yet been fully digested within MSF-H. However, they have initiated a discussion about relevant medical issues and about cost-output ratios, including their ethical dimensions.

UNICEF rehabilitation activities

UNICEF's programme 'Provision of Seeds and Tools to Promote Household Food Security and Help in Re-establishment of Returnees' aimed at the distribution of agricultural tools and packets of seeds, vaccination of livestock, supply of basic school materials and of basic household utensils to displaced families wishing to resettle. The Netherlands allocated Dfl. 1.0 million towards this programme. The allocation was earmarked for the provision of agricultural seeds and tools.

Two projects were undertaken in the context of the UNICEF Programme using the Netherlands' funds. In the Lower Juba Valley an agricultural rehabilitation project was implemented in cooperation with Oxfam. In North-East Somalia, UNICEF provided funds to the Somali Relief Society (SORSO), a Somali NGO, to implement an agricultural rehabilitation project in villages in the vicinity of Bosaso.

Lower Juba Valley Agricultural Rehabilitation Project

The project aimed at supporting the rehabilitation and reconstruction of the small-holder economy in the Lower Juba Valley. Its target groups were the displaced returning to their homelands, and those who had remained in the valley during the war (End p 28)

and lost their possessions. UNICEF implemented the project from December 1992 to April 1993 with a team of Somali agricultural experts. From April 1993, Oxfam, employing the same team, was responsible for implementation. Oxfam provided its own funds for additional project activities. These included repairs to the banks of the Juba River and the provision of diesel for landowners with irrigation pumps.

The project focused on improving the food security of marginalized Bantu farmers whose farming experience was taken as a starting point for rehabilitation. In order to prevent any disruption of the fragile relationship between the Bantu and Somali farmers, it could not, in practice, differentiate between them.

The project had to be implemented in a context of strong rivalry between two subclans which controlled two neighbouring parts divided by a 'green line' in the project's area. Under these circumstances the project could easily have become a bone of contention among those subclans or an instrument with which local leaders could manifest their power and influence. UNICEF and Oxfam found competent Somali staff who were successful in avoiding this potential conflict.

Some 19,000 families received agricultural inputs. UNICEF estimated that in addition some 3500 'resettlement packs' were provided for a similar number of families returning to the Juba Valley. Although an exact causal relationship between the project activities and the increase in agricultural production or the impact of the project in relation to resettlement could not be established, there is little doubt that the project has been instrumental in both respects. Although the project has stimulated food availability, it has not been able to strengthen the overall entitlement to production of the Bantu farmers. Given their marginalized position and the conditions of violence, improved entitlement will not be feasible in the short term.

Only sketchy information was available at the time of appraisal. At field level, project documents could have been used more as a tool for planning and monitoring. Neither

UNICEF nor Oxfam attempted to develop compatible monitoring systems for the project and reporting at all levels left much to be desired.

Oasis Agricultural Rehabilitation Project

The North-East Region (NER) of Somalia is a mountainous semi-desert area. The population are mainly semi-nomadic pastoralists. Valleys between the mountain ranges contain many springs that are traditionally used by local farmers in cultivating grain, fruit and vegetables, mainly for subsistence. The farming community constitutes only a small proportion of the region's total population.

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Considerable numbers of displaced, originating mainly from Mogadishu and the southern part of Somalia, sought refuge in the region at the height of the civil strife and turned to their kin for support. Those displaced without clan relations in the area resided in refugee camps. There were no reliable statistics for either group. The displaced put a severe strain on the area's food availability, particularly at the level of individual households. Compared to the central and southern parts of the country the NER had been relatively stable and secure and was therefore not considered a priority area for the provision of humanitarian assistance. Only a limited number of relief organizations were working in this part of Somalia.

UNICEF started its operations in Bosaso in November 1992. One month later SORSO submitted the Oasis project to UNICEF for funding. UNICEF decided to finance the project costed at US\$ 38,200. The project aimed to support local farmers and the displaced who stayed with them. Its primary purpose was to enable local farmers and the displaced to increase agricultural output (mainly fruit and vegetables) and thus to reduce pressure on food availability and the area's dependency on expensive imported food. The project provided agricultural seeds, tools and pesticides to stimulate food production (vegetables). Some 813 families living in eleven villages were targeted to benefit from the project. The aim was to reach four specific groups, that is, the displaced, female-headed households, young farmers, and pastoralists wanting to become sedentary farmers.

Implementation started in July 1993. SORSO approached the beneficiaries through Village Agricultural Committees elected by the farmers and local elders. Vegetable seeds and agricultural tools were distributed in July and August just before the start of the rainy season and production techniques were demonstrated to farmers. FAO supplied agricultural tools and pesticides through SORSO to the beneficiaries. SORSO's field operations were given incidental support by UNICEF staff. By the end of 1993, an estimated 30 per cent of the project inputs were delivered to displaced persons and to female-headed households.

The project experienced some problems and constraints partly arising from the nature of the project and partly from SORSO's management abilities. Not all farmers could adapt to the newly introduced crops, but a bigger problem arose because FAO, responsible for providing pesticides and tools, did so without involving SORSO in the decision making. Not only did this cause frustration among SORSO staff and the local elders but, because the pesticides were inappropriate and the tools of poor

manufacture, relations between SORSO and the farmers were strained.

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In spite of these problems, farmers were positive about the project. They considered the new vegetables to be a welcome addition to subsistence food production and were optimistic about their local marketing potential. Only relatively small numbers of displaced persons were assisted but the project functioned as a support mechanism to enable the local community to continue hosting the displaced. It was not yet possible to establish whether or not the project contributed to increased food security at the household level.

Although some 'input monitoring' had been done, the project had not established a system which could be used to monitor its effects on the farming population. UNICEF staff in Bosaso is aware of this omission and intends to take measures.

The projects compared

In several respects, both projects are similar. Their prime focus was the promotion of household food security through increased access to food production and strengthening the command of individual farmers over the key resources of land and irrigation water. Both interventions included the distribution of agricultural inputs and the provision of extension to needy households. Although the projects identified women as recipients, neither had a specific women's component. In both cases, UNICEF acted largely as a channel for funds, although in certain areas there was cooperation between UNICEF staff and NGO personnel engaged in day to day implementation.

There were, however, significant contrasts in the short- and long-term appropriateness of the interventions. Security problems and a more complex social environment made work in the Lower Juba Valley much more difficult than in the NER. However, the farmers in the Juba Valley had a wider range of skills and were accustomed to a wider range of crops. The agricultural potential of the area is also much greater. The intervention has a larger potential economic sustainability in the Lower Juba Valley, though the land tenure problem, particularly for the Bantu, reduces opportunities for the target population to build structural entitlements.

Both projects have been instrumental in decreasing the vulnerability of the target groups in the short run. The restoration of long-term entitlements of the population covered by the two projects will largely be subject to the economic and political development of Somalia.

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UNHCR Cross Border and Cross Mandate Operation

Dfi. 13,800,000 were allocated to UNHCR by the Netherlands Government in 1992 and 1993 to support Somali refugees and returnees through the Cross Border and Cross Mandate Operation (CBO). This intervention which started on a relatively small scale towards the end of 1991 not only sought to support refugees in Kenya but also to create conditions in southern Somalia which would encourage refugees to return and

to reduce the numbers leaving for Kenya.

As the condition of refugees in the Kenyan camps improved, they were encouraged to register for return to Somalia. By mid 1993, it was clear to UNHCR that the health of refugees in the camps and border sites was such that they could return when conditions allowed. It is significant that substantially more refugees returned spontaneously than in UNHCR transport. Both spontaneous and voluntary returnees were given three months' food and some household necessities in return for their ration cards. UNHCR convoys have carried over 30,000 refugees to Somalia, mainly to the Gedo region.

In reviewing UNHCR's activities in the camps and border sites it can be concluded that they were effective and professional in their logistics. At times when, as in the first half of 1992, the influx of refugees increased dramatically, there were problems in the food supply and the amounts distributed were barely sufficient. The original plan was for 50,000 refugees, in the event more than 300,000 had to be supported. This was a severe test for UNHCR. The imbalance in the nutritional composition of the food caused scurvy and anaemia. Despite the occasional shortages, the facts suggest that in total an over-provision of relief took place, partly because other persons than refugees infiltrated the camps. However, a persuasive argument can be made that for the most vulnerable to survive, it is necessary to over-provide.

In order to retain the existing population in south Somalia, to create the preconditions for sustainable development and thus to support the return of refugees and displaced Somalis, UNHCR developed a programme of Quick Impact Projects (QIPs) from October 1992 onwards. These were intended to help rehabilitate and to serve the most pressing human needs. Each of them calls for an investment of a maximum of US\$ 50,000 and takes less than three months to implement. By December 1993, more than 360 QIPs were completed or in various stages of implementation.

The QIPs covered many sectors, the most important of which are: agriculture, water, health, community services and income generation. UNHCR and 25 international
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and local NGOs planned and delivered the programme. Initially, QIPs were administered from Kenya, but later six field offices in Somalia delivered part of the programme. Strategically, these offices were mainly in the potentially high-production zone of the Juba River which serves as an approximate boundary of the cross-border zone. Each office served its own hinterland.

It is not possible to judge how effective QIPs have been in attracting, supporting or maintaining people cross border, but the population of the QIP-served area has risen significantly. The returning people benefited from the programme in the fields of agricultural production and water supply, while economic and social activities were also supported.

In the rehabilitation context in which they were implemented, probably about a quarter of the QIPs were good and about a quarter poor according to the assessments of people interviewed in the field and the judgement of the evaluators. QIPs using simple tested technologies and building on existing skills were the most likely to succeed. Technical expertise was deployed eventually and clear guidelines for the

design and delivery of QIPs were formulated. About half the QIPs were administered by the International Rescue Committee and they, together with other international NGOs, were working with local NGOs to develop their capacity to manage them. This will be a resource for Somalia when development again becomes possible.

Experience in the QIP programme suggests that from the beginning technical expertise, a firm contract with partners, negotiation with leaders and members of the local community, strict financial control, well-considered guidelines and good briefing on the target group culture are all essential. During the programme rapid feedback of information on successes and failures, the mechanisms to react to this information, clear target definition, community participation in and ownership of a QIP must be developed. All this will contribute to future sustainability. In the CBO, UNHCR developed a series of compounds which were relatively secure bases for staff. These compounds and the security offered by good radio communications, contributed significantly to the delivery of the programme.

Significant problems for UNHCR in the Cross Border Operation include the difficulty of assessing the true number of refugees; the large number of refugees still present in Kenya; the threat of creating aid dependency on both sides of the border; the need for continuous negotiation with clan and subclan leadership and, later, with the new, imposed, system of local authorities; Somali antipathy to UNOSOM and, of course, the taxing security problems.

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Evaluation

Any evaluation must take into account the context of the humanitarian operation. The problems and constraints faced by the relief agencies are therefore summarized first, before answering the eight questions addressed in this evaluation.

The context

The major problem was the fighting and collapse of law and order. Each agency had to negotiate its own safety and they all experienced attack, looting, extortion and threat. This affected staff morale leading to high turnover of expatriate staff. Compounds had to be set up and serviced to accommodate staff safely. Logistics and communications were essential and required continuous care and professional expertise. Relations with the military and political operations of UNOSOM were not without problems, while the impact of the seasons and the use of *qat* complicated the assistance.

Procedures from identification to rapportage

There is little *ex ante* documented planning for relief in the proposals, and those submitted to the donor lacked one or more important descriptive items. In most cases they contained neither a rationale nor objectives and their target groups were imprecisely defined. In many of them there were no detailed budgets, approaches and work plans. There was little provision for monitoring, few indicators of the end of the intervention and no arrangements for evaluation. Because of the need to respond

quickly, if not immediately, a lack of formulation, documentation and formalization before an activity starts is understandable and perhaps inevitable. For rehabilitation efforts the proposals could obviously contain higher levels of detail.

Appraisals by the Section did not follow standard systems and advice was sought on occasion. The Section considered a number of relevant aspects and took its experience with the channel into consideration as well as its more general knowledge of humanitarian interventions. It took an average of 27 days to appraise and decide on the proposals. The subsequent paperwork through to the payment itself required on average 58 days which seems too long in acute emergencies, even for those organizations apparently able to pre-finance their activities.

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Preparations and appraisals have to be quick and general and are based on very incomplete information. For this reason monitoring becomes a necessary tool for the implementing agencies in their management of interventions. At the same time it would facilitate reports to the donors. Yet contracts with the agencies did not always provide for adequate monitoring or for reporting. Most progress and final reports varied in their coverage, depth and frequency and were inadequate as monitoring instruments. Adequate reports to donors would support more informed decision making and reinforce the trust essential between cooperating partners. Intervention management, useful reporting to donors and the subsequent evaluation of the interventions all depend on good and appropriate monitoring.

Effectiveness

There is no doubt that Concern and ICRC saved many lives and delivered aid to the most vulnerable through distribution of dry rations, wet kitchens and therapeutic and supplementary feeding. Initially, Concern experienced a problem with the use of KRF, which it later solved by modifying the formula. The LWF airlift served its clients effectively and to their full satisfaction. The establishment of eight out of ten planned OPDs by MSF-H was a good performance, but the establishment of the IPD could not be seen as relief. UNHCR effectively and professionally managed refugee camps and border sites. The Cross Border Operation was instrumental in attracting returnees to Somalia, but it was not possible to establish exactly to what extent the return of refugees was related to the Cross Border Operation and to what extent other factors were involved. It was also impossible to establish whether QIPs created pre-conditions for development, though a significant number of individual QIPs were successful and promised to be sustainable. UNICEF's rehabilitation activities were instrumental in promoting food security and local production, but it was not possible to ascertain to what extent this led to the resettlement of displaced persons.

Efficiency

Because of high cost of delivering relief goods in Somalia it could be argued that efficiency was low. On the other hand, speed costs money and circumstance of armed conflict made it necessary to protect staff lives and relief goods by negotiating security, which came at a price. As well as security, access to target groups had **to be** bargained for and high to exorbitant rates for rents, vehicle hire, labour and other local services had to be paid. Better management of certain aspects

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of some operations and more effective negotiation could have led to significant savings on individual items, but an overall, substantial improvement of operational efficiency and cost-effectiveness was difficult to achieve without putting lives at risk. Once operations had started, most deliveries of goods and services were on time. Examples include the airlift, the ICRC kitchen programme and Concern's mobilization and rapid expansion. But, in general, the initial international response to the Somali emergency was too late.

Side-effects

The size of the disaster and of the response perhaps made it unavoidable that certain unintended side-effects would occur.

Flooding Somalia with food impeded, in some parts of the country, the rapid return to agricultural commercial production. High to exorbitant demands from Somalis for wages, rent, vehicle hire and other local services were met by many agencies. Both created aggressive dependency in a number of cases and the expectation of levels of payment in the future, which will be unsustainable. As a result, disengagement was difficult and the relief phase extended beyond what was strictly needed to meet acute, immediate needs. The distribution of goods and services in urban centres attracted large concentrations of people, which caused negative environmental effects. On the other hand, grazing areas recovered because herds were reduced.

For the first time ICRC and NGOs had to resort to employing armed guards which raised debate within these organizations. Some of the humanitarian organizations entered new fields of action and redefined their mandates. The creation of large-scale employment by the relief agencies generated local purchasing power and the re-establishment of markets and local production.

Sustainability

Relief activities, by definition, are unsustainable, but in rehabilitation, sustainability is important. Unfortunately the overall situation in Somalia was not conducive to sustainability. Continuing relief does not permit the easy creation of the preconditions for development. The lack of institutional frameworks made it difficult to relate activities to any enduring organizational set-up. In the absence of a functioning government payment of salaries in social services by donors was obviously

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an unsustainable intervention. As there was no political stability, local ownership of the interventions was difficult to establish and therefore responsibility for future maintenance was not assured. However, despite all this, management practices and technological designs were adjusted to local practice, improving chances for sustainability.

Strong and weak points

Once the world media had shown pictures of the Somalia disaster, there was no funding problem. Most of the relief had a clear impact which was to be expected given the enormity of the disaster. Death rates decreased, significant numbers of lives

were saved, malnutrition and vulnerability to disease declined, suffering alleviated and movement of displaced and refugees slowed down, although there were significant local variations. In this broad sense, humanitarian assistance was successful, even though factors apart from the intervention may well have contributed, for example, good harvests in particular regions in the 1992 Deyr season.

There were examples of impressive performance and dedication by Somali and international staff. Many staff lost their lives. Skills and basic institutional capabilities were built up which could be used in future rehabilitation and development efforts. There was also preparedness to learn from mistakes.

There was little evidence of effective coordination between agencies, although some exchange of information, and some standardization and cooperation was arrived at. This did not preclude overlap, duplication and omission in the total humanitarian effort. Though this could not be seen in the case-studies, other data from the field included examples of two feeding centres in each others' immediate vicinity and of two NGOs competing with each other in the same hospital. Some areas of the country were not covered by humanitarian assistance while in other places there seemed to be a concentration of organizations.

Policy relevance and operational criteria

The Netherlands' assistance in the Somali disaster was in accordance with the overall Netherlands' policy objectives. It alleviated human suffering, helped to restore human dignity and was directed to rehabilitating living conditions. The pre-disaster planning and preparedness stressed in the policy documents did not take place in the case of Somalia.

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Not all operational criteria attached to the Netherlands' humanitarian assistance could be met easily in the context of the Somali emergency. Aid was not only for immediate use and comprised also medium- and long-term investments for rehabilitation. Proposals defined and delimited their target groups only at a generalized level. Coordination on the ground was not strong. There was either insufficient monitoring of disbursements and of channels or it was absent.