Real-time Evaluation of UNICEF SCO Humanitarian Response to the pre-famine Crisis

Final Report

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MDF Training & Consultancy
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<td>AWD</td>
<td>Acute watery diarrhoea</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>RTE</td>
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Executive Summary

During 2016 and 2017, the humanitarian situation in Somalia continued to deteriorate because of the poor rains in successful Gu and Deyr seasons of 2016 and 2017, causing widespread food insecurity, deepening health, nutritional and water related issues and exacerbated by large-scale movement of people. In response, UNICEF declared an L-2 emergency in February and developed a 45-day scale up plan for implementation March-April 2017. The plan addressed operational systems, staffing and supplies management in a holistic manner; all building on work underway and already scaled up during 2016. UNICEF greatly increased its response across sectors, supporting health and nutrition service delivery, accessibility of safe water and sanitation and reinvigorating protection services after a slight hiatus whilst continuing the support of children with sustained education interventions given fresh perspective due to the emergency processes.

UNICEF commissioned a review of its pre-famine emergency response in Somalia with the aim to assess the extent to which the internal preparedness activities have fed into the current emergency response, and for taking stock of, and document learning around, the current emergency response for the period 1 March 2017 to 30 September 2017 highlighting the appropriateness, efficiency and effectiveness of the response.

MDF and Axiom have conducted a real time evaluation building on a theory of change approach as means to look at output, and outcomes against the benchmarks established by the Core Commitments to Children. In section 1, a model of how UNICEF planned and implemented the emergency response served as the framework for data analysis. MDF and Axiom combined an extensive review of the literature and reporting documents made available by UNICEF, clarification of the thinking underpinning UNICEF emergency scale up, and field-level data collection across regions of Somalia agreed with UNICEF during inception (Sool, Sanaag, Bay, Bakool, Bari, Gedo, Togdheer, and Mogadishu). The evaluation has used triangulation of different data sources for testing theories and drawing through conclusions from the findings.

The evaluation responds to five overarching questions:

- Did UNICEF meet the needs and vulnerabilities of the population in need?
- What part of the emergency response has been the most appropriate?
- Did UNICEF respond in a timely and effective manner?
- Has the response contributed to mitigation of future droughts and climatic shocks?
- What can the organisation do moving forward in the early recovery phase?

### Did UNICEF meet the needs and vulnerabilities of the population in need?

The internal procedures triggering the scale up were explored noting the overarching mandate of UNICEF within a setting of a complex, chronic, crisis extending over a period of years. UNICEF’s actual results are compared with the targets set for this scaling up for reaching vulnerable populations and meeting their needs, and with beneficiaries’ own judgement of proportionality between needs and vulnerabilities, and support. This revealed a complex picture with positive elements in terms of greatly expanding reach whilst noting the needs of the population continuing to exceed overall, UNICEF and all other humanitarian actors, capability to deliver. UNICEF has made great strides in responding to the emergencies in the areas where it can reach directly and through its implementing partners, met demanding targets set by UNICEF, and saved lives. However, it is apparent humanitarian engagement must further evolve given the continuing crises facing Somali people. UNICEF’s own engagement with the Government and relevant local leaderships to meet the vulnerabilities of people is also variable. In Puntland, the evaluation...
found evidence of quality engagement. In Somaliland, there is room for improvement in building relationships with the Government and better engaging with civil society if UNICEF aims to contribute to accountable institutions building on the peace gains people have made. The south remains a complex set of issues where even basic rights remain in jeopardy.

**UNICEF scaled up substantially with variation between and inside sectors** with the necessary prioritisation of life-saving services over longer-term goals. UNICEF is now considering options for making its support more sustainable. UNICEF and cluster partners have reached a substantial percentage of people in need and were well on track by September to meet most of their annual targets. However, it is apparent there remain considerable problems in access and the efficacy of services given the persistence of high malnutrition and food insecurity rates. Data from the field reveals beneficiaries were very positive about UNICEF’s scale-up, but also believed their humanitarian needs were still greater than the support received.

**Beneficiaries and implementing partners (IPs) working in the field highlighted further needs in WASH, nutrition, and health care, which confirms the priority given by UNICEF to these sectors.** In a number of settings and locations, they want to see further integration of the approaches to enhance support in the areas of gender-based violence (GBV), child protection, education, livelihoods and employment. Clearly, people are talking about a broader and deeper developmental engagement. UNICEF is aware of and has sought to prioritise the resilience agenda for communities and the engagement on governance aspects of work within the UNICEF mandate. Further, pragmatic steps are required to turn awareness into the delivery of systematic, area based, comprehensive programming.

**Data on beneficiaries’ needs in nutrition, health and WASH** - After Gu 2017 (September), FSNAU registered GAM rates higher than the GAM rates registered after Gu 2016: the median prevalence of acute malnutrition increased from 14.5% to 17.4%. However, there is initial evidence trends are reversing with the humanitarian scale-up for nutrition, with UNICEF fundamental to improvement, having an impact. For example, in the first half of the year, some regions registered their peaks in need in April just when the humanitarian scale-up came fully online and thereafter started decreasing.

UNICEF’s work in the cholera response is also highly commended for forestalling deaths, controlling the epidemic and commencing to offer thinking on addressing the vulnerability of children and women to water borne diseases. A different question is whether UNICEF’s approach was the most effective possible. Key informants noted UNICEF implemented, in similar conditions Ethiopia’s Somali Region, an effective household approach to the cholera epidemic; but it did not replicate this immediately in Somaliland and Puntland where conditions allowed.

UNICEF response to the measles initially met the targets, however targets were dramatically expanded due to measles taking hold among different populations and only now are they being met with a national campaign where UNICEF are core and critical to the delivery of effective coverage.

**UNICEF is part of centrally led assessment and planning processes. Additionally, it assesses needs through its own IPs and community and government linkages** – Such an approach produces a comprehensive picture of how UNICEF decides what support to mobilise, in response to what data, and in what timeline. The evaluation team found UNICEF Field Offices effectively collect data on beneficiary needs where UNICEF has coverage. This data is sent to the Country Office for full collation and use in building an evidence-base response. The evaluation team also found in some areas of Somalia UNICEF Field Offices were constrained in their ability to
immediately respond to humanitarian alerts submitted by IPs and communities by the need to independently validate the reports with regard to scale and depth of the issues being flagged.

**UNICEF planned well in advance, highlighting strengthening supply chains stressing the importance of forecasting and logistics systems.** Building on UNICEF’s regional hubs, the supply chains are now more secure. Additional work can be done with regard to feedback loops on usage rates and addressing the issues of ‘last mile’ delivery given the volatile and insecure settings for a number of IPs. UNICEF can now focus on harmonising top-down and bottom-up streams, and work in facilitating the Field Offices in providing a flexible timely response. The evaluation team noted the challenges in coordinating with government at key levels are the remit of the Field Offices and (political) delegation of responsibility and remit to state level has continued. The Mogadishu Field Office covers five states, and nearly two thirds of the population who are in the most difficult operating conditions.

**Marginalisation of women and other minorities from local and central institutions remains an issue** – A gender-sensitive response faces challenges in responding to GBV and protection needs. For example, under certain regimes, GBV cases go unreported because of the requirement for the health authorities to report the case to the police. Additionally, GBV cases are more widespread in rural areas, where the reach of services remains a challenge. In some regions, the displaced camp setting complicates the prevention of and response to GBV. In IDP camps, people are vulnerable to abuses by camp authorities that act as gatekeepers of support. Donors highlighted UNICEF’s stepping back from protection issues in the early part of the scaling up as a major concern. The donors also welcomed the strength of engagement subsequently noting the need for this work to be fundamental part of any service delivery (reinforcing the calls for far greater integration of service delivery). The evaluation team also collected evidence that in some cases the local institutions through which community organise their engagement with humanitarian actors are based on group identity (clan affiliations) and marginalise the concerns of minorities.

**What part of the emergency response has been the most appropriate?**

This involved an exploration of UNICEF’s performance on the dimensions of appropriateness for planning, support and implementation, and advocacy seeking to identify the strong and weak points of UNICEF’s performance under each dimension. In 2017, UNICEF engaged in at least three planning processes: the Humanitarian Response Plan (twice in January and March), the 45 days scale up plan, and the three year strategic planning 2018-2021. In these processes, UNICEF planned for specific actions and outcomes in the five different sectors (WASH, nutrition, health care, education, cash protection, and cash-response). A key question for the internal development of the country team is whether this is quality use of human resources. Feedback reflects a need to be critical of what is produced in planning processes and whether it serves the relevant decision makers in being able to make decisions at strategic, planning and implementation levels. Key informants noted process serves the present setting where there are frustrations among donors, government and civil society of inputs of time and resources not being commensurate with outputs in terms of efficiency of response. Additionally, more focus is required in the project cycle management, planning through feedback loops, on resilience and the long-term mitigation measures is required to change the humanitarian landscape.

For further investigation is the capacity to use mechanisms, such as the Emergency Management Team, for taking inclusive decisions on strengthening the effectiveness of UNICEF’s response. This is a strong point where a number of planning processes were brought together to expedite delivery through efficiency gains in the decision making and processing of the required resources. The question remains, noting the chronic setting, the consistent need for financial responsibility, as to why these processes are not used on an on-going basis.
UNICEF and its IPs involve beneficiaries in planning and implementation - Beneficiaries and IPs reinforced the desire for an integrated, on demand approach that makes available services meeting their needs on an on-going basis. They would like these services mobilised in all locations by local institutions. IPs felt they could carry forward a developmental approach forestalling the emergencies wherever possible. IPs and government, in their position in the field, see the fine-grained level of beneficiary needs, which is often rapidly changing given nuanced, localised, emergencies not necessarily conforming to the standardised support planned for. Through its IP partners, UNICEF is in touch with people, and people predominantly felt UNICEF listened and responded. There were instances of IPs complaining of submitting data on emergency appeals to UNICEF Field Offices and never hearing back on them, or receiving support when the needs had passed. There also remain issues of the appropriate level of engagement with the government, with confusion as to whether government is a service deliverer or an oversight agent for the work of IPs. Beneficiaries, people, voiced the consideration of far more being done by themselves rather than ‘a contractor’ delivering a service. In a number of locations people, with UNICEF’s support, felt they were best placed to work for their community.

UNICEF support and delivery of supplies to IPs has been widely appreciated and positive. Where data was collected at the community-level on satisfaction with UNICEF support, IPs and beneficiaries are unanimous in declaring themselves satisfied with UNICEF work. Additionally, all service points reviewed throughout the eight districts visited were open, functioning to standards, and clean. The reported time for accessing services being around 2-3 hours reflecting the distance many people had to travel to the centres. Questions remain as to the density of service centres as people were walking from considerable distances to access the service centres and, where necessary, making themselves displaced in order to receive basic service provision. There were also reports on delays in the delivery of water and stock out for vaccines and vaccinations kits. Such situations were mainly due to insecurity and the issues of the ‘last mile’ delivery of all supplies of value.

UNICEF work on advocacy has also been praised for being able to mobilise timely donor support to save lives. The forthright and open approach of UNICEF was highly commended. In the field, UNICEF worked on advocating for wider humanitarian access additional to the programme work raising awareness of communities on hygiene, nutrition, preventive health and protection practices. There continues to be room for growth in terms of the basic health practices awareness and education aspects (reinforcing the points with regard to further convergence work being a priority and the need for actual engagement above and beyond the delivery of resources to IPs).

Did UNICEF respond in a timely and effective manner?

As reported above, beneficiaries and local institutions have expressed unanimous satisfaction of UNICEF support. But they have also remarked the crisis is not over and requires a change of engagement with emphasis being placed on life development as well as life saving initiatives.

UNICEF strength and forward thinking in terms of building on established hubs, shortening supply chains and delegating responsibilities with regard to PCAs paid dividends. Scaling-up allowed response in a timely and effective way to the areas where UNICEF could reach. The UNICEF overall early engagement has, without doubt, saved lives although it is difficult to quantify given an input orientation and the continued difficulty in monitoring the results of interventions. Since UNICEF has met and exceeded targets in nutrition and noting the proactive response to the cholera outbreaks, the numbers of people reached are in line with plans set out in the scaling up plan. The cholera response certainly shows mortality rates reduced. There remain issues for a more integrated response on nutrition where vulnerability to diseases remains prevalent and work continues in being able to effectively monitor mortality and morbidity rates in a large part of the
country. Going forward in the recovery phase, the question of did UNICEF save lives morphs into the question what impact can UNICEF make on the quality of lives saved?

Respondents at the field level report there are still gaps in the frequency of service provision in rural areas. For example, beneficiaries in Erigavo, Las Anod, Baidoa and Huddor report points of services are concentrated in urban areas, and mobile teams do not, cannot due to security, optimally serve the rural areas. This has been confirmed for nutrition by the nutrition services mapping exercise. Areas where the security situation is dire, such as rural Baidoa, are also unsurprisingly under-served (Baidoa town’s population has grown by an estimated 300% in the last year. In the south, there were points made by IPs and beneficiaries regarding the Field Office not always offering a timely response to their emergency appeals. In other cases, beneficiaries and government cite the incapacity of IPs to deliver quality and timely services as the reason for delays. Noting the vast area the Mogadishu office covers, despite the improved practices to access areas, there are still major issues of access. Place these factors alongside the scale of issues continuing to require UNICEF attention, gaps can be expected. It is noteworthy early gaps in protection engagement have been, are being, addressed. Overall, questions must be asked as to the effectiveness of previous capacity development work when the calls for UNICEF’s direct engagement remain so high.

There are mixed results on the timeliness of support – Across all locations, respondents highlight UNICEF faces challenges in responding in a timely manner, particularly when the Field Offices must independently verify the emergency report and/or ask for support from Nairobi and Headquarter.

UNICEF Somalia worked together with the Regional Office for Eastern and Southern Africa – The decision to declare L-2 emergency is taken at the level of regional offices. The Regional Director for the Eastern and Southern Africa Office (ESARO) designated a UNICEF Level 2 Emergency Response for the Horn of Africa Drought on February 20.

UNICEF ESARO followed up on the L-2 emergency declaration with the development and tracking of L-2 benchmarks as part of the Greater Horn of Africa Response. The L2 benchmarks were developed with a focus on Somalia as it has lower capacity to respond. The benchmarks track the requirements for human resources, scaling-up of projects, appropriate planning and implementing processes and set-up a regional outreach strategy for funding. The combination of ESARO and the SCO allowed the UNICEF response to Somalia to be 83% funded by September 15.

Key informants noted successful approaches to cholera implemented in Somali Region Ethiopia were not immediately translated to the Somalia context highlighting issues of the workload of ESARO and SCO, and information flows between the teams.

To what extent did UNICEF response contributed to climate resilience?

UNICEF’s response in 2017 prioritised life-saving activities over resilience and sustainability, which should be the focus moving forward – UNICEF’s response is not designed to immediately build resilience to further cyclical climatic and conflict related emergencies. The very nature and scale of the 2017 crises has stalled resilience work and the necessary further engagement on the causes of cyclical exogenous shocks. The reason why humanitarian programming has, seemingly, not increased resilience is part of a wider debate. This could be construed as reflecting back on the planning processes, the best use of people’s time and talents to build quality programming addressing the underlying causes of people’s fragility with impact indicators and evaluation taking precedence over output, and even input, oriented planning and monitoring. The humanitarian support process is characterised by short-term nature of projects, insufficient cooperation and
capacity building with local communities, local government, and central government, and stalled plans for responding to the next drought.

**There are opportunities to build on what UNICEF is already doing.** Respondents praised as positive and sustainable the early warning systems established in Puntland and Somaliland, and the provision of permanent water through the drilling of boreholes and infrastructures for keeping and piping water. However, beneficiaries and government highlighted the issues of why the longer-term mitigation measures have not been undertaken in a concerted manner before. UNICEF’s efforts in raising awareness of community on public health and advocating for including WASH and nutrition in the National Development Plan of the Federal Government of Somalia were also highlighted as quality engagement to build a concerted approach for the mitigation of the effects of drought.

**UNICEF has a clear internal definition of resilience and a resilient child from previous knowledge management efforts** that can be built on to influence the decisions now being taken as to how donors support further mitigation and disaster response spending. Given the nature of this crisis within the wider setting of Somalia’s chronic setting, the emphasis short term has been life saving has to be tempered by further reflection on whether humanitarian engagement is effective (when efficiency of delivery for life saving has clearly improved). As stated, the thoughts are turning to the quality of lives saved and this requires a greater emphasis on holistic, integrated, programming requiring decisions on how working practices are to now be developed.

**The expansion of humanitarian access has been one of main factors in determining a much-improved response (from 2011); especially when the two disaster cycles are compared.** However, barriers, primarily security considerations but notwithstanding issues of capacity within IPs, CSOs and government, to access rural areas remains a major part of the explanation for why in Somalia a predictable, cyclical, drought is possibly going to (still) turn into a famine. Respondents explained service points are still predominantly located in the district capital or other urban areas, and mobile teams do not visit villages often enough. Additionally, a large proportion of respondents noted accessing service points by walking for at least two hours. This is a major constraint for the elderly, disabled, young children and pregnant women. In the south central area, fighting between Al Shabaab and AMISOM is a major inhibitor for accessing services and moving supplies. IPs, for example, reported they are often not able to collect supplies from the regional hub in Baidoa because of security concerns.

**UNICEF can further develop its approach to resilience within an emergency response** - Clearly, UNICEF priority for 2017 has been saving lives. Now, it should clarify the extent to which on-going operations are suspended when an emergency is declared, and how resilience work picks up on the determinants of an emergency as a trigger for an earlier humanitarian response. To address vulnerability, a set of common themes from interviews and discussions were: building inclusive and responsive institutions for basic service delivery and protection, developing trust across communities, working on livelihoods and economic development, expanding training on and usage of early warning and disaster risk reduction approaches within community and government.

Working on some of the tasks described above appears difficult and unrealistic given the present operational environment in terms of political and fiscal will to support a move to (longer term) outcome oriented approaches. However, resilience, addressing vulnerabilities, is a process and UNICEF does not need to go all the way immediately; what is necessary is showing virtuous cycles where possible and output is in line with delivering strategic outcomes. UNICEF can take up an approach of influencing further the resilience dialogues and pursuing opportunities for reform in strategic and planning processes when they arise. In this sense, gearing up internally for working
on resilience in a difficult context like Somalia is about maintaining the flexibility of designing some part of the response during the implementation phase as opportunities arise (noting how UNICEF evolved the protection work for example). This contrasts with rigidly dividing phases between planning-implementation-evaluation and having an emphasis on the short term, input oriented targets (for example, the issues with water provision in a cost effective, longer term, approach and initial lack of integration in nutrition responses not wholly building out of the present crisis).

**What can the organisation do moving forward in the early recovery phase?**

**Expand humanitarian access** - Turning humanitarian access into ease of movement and access to markets could be a link between humanitarian and development programming. Alternatively, this can be reversed to look at possibilities of building skills (to be defined) for basic service delivery by communities within communities offering them the responsibility to meet their own needs and looking at the impact level indicators. Such an approach would **build on work with community awareness and education of health and hygiene practices.**

**Offer greater clarity to government, IPs and communities on long-term funding** – When possible, work on creating plans for funding projects and services beyond the annual timeline of humanitarian interventions. Exit plans to fully consider funding mechanisms to keep services open after ceasing direct support. Such thinking could fit to education to employment continuums and assist in the development of social enterprises where young people can serve their community.

**Improve feedback to beneficiaries on decisions made, and further empower the Field Offices to respond flexibly to emergency appeals coming from the communities.** This includes expanding the capacity to verify, in a timely fashion (to be defined by the type of emergency noting the 72 hour window UNICEF sets itself), the reports of an emergency so a further UNICEF verification does not become a cause for delays. In the long term, UNICEF could benefit from accompanying planning with flexible engagement with institutions in Somalia for taking up opportunities for building capacity in responding to emergencies when and where they arise. This would require experimenting when opportunities arise and engaging in quicker, tighter, feedback loops challenging accepted and presently established practices.

**Expand delegation of response to the local level and engagement with beneficiaries and local institutions.** An inability to engage directly with beneficiaries (and key intermediaries) hampers the capability to deliver timely support and assistance with an emphasis on durable interventions and sustainable developments. Data collected from Puntland reveals frustration from the local and central governments in not being consulted enough in preparing responses. However the Puntland governmental institutions are also highlighted as being active and engaged in supporting water trucking highlighting the constant issues of responsibility and accountability when systems do not allow for changes in working practices. As mentioned, in Baidoa and Burao, respondents and IPs claim they sometimes do not receive feedback on the emergency appeals they bring to UNICEF attention, that sometimes UNICEF response comes when the needs have already been met by other agencies.

As a generality throughout Somalia, these delay factors internal to UNICEF are compounded by security issues in moving supplies and by the lack of passable roads at particular times causing the price of transport to fluctuate markedly. Additionally, IPs and local authorities in several locations reported frustration about not knowing whether their projects will still receive funding after December 2017. UNICEF can strengthen the Field Offices’ capacity to verify the emergency appeals, further decentralise decision-making at the Field Offices on whether to offer extra-support in response to emergencies and work to offer more clarity to its IPs on post-December
2017 funding. This entails reviewing the standard procedures for programming and risk management in emergencies for ensuring responses are undertaken in a known timeframe, with what risk factors and commensurate changes to accountability approaches. At all times, the issues of standards of quality are to be maintained and built on where the capability to have long term partnerships and mutual support are a major plus.

**UNICEF comparative advantages in gender sensitive programming and protection** - UNICEF has a comparative advantage in leading on further research with regard to gender dimensions of malnutrition and food insecurity prevalence linked to child marriage and early childbirth. UNICEF also has a comparative advantage in looking at nutritional issues in IDP camps and for displaced people in urban areas. UNICEF is the lead agency on water and related sanitation and hygiene work. Fitting this to its critical role in education, UNICEF possibly underplays its role as the influencer of how integrated programming bridges between humanitarian response and future mitigation measures through proactive basic service provision linked to education, skill development and employment generation in these public health areas.

**Recommendations**

Building on the findings, the following recommendations:

**UNICEF Somalia should expedite the convergence approach building integrated programming as a key objective to achieve outcomes in the 2018-2021 strategy.** The need for integrated programming is clear from all locations. The capability to build integration has continued to be driven by the strictures of donor funding. However, there is a window of opportunity emergent where donors are seeing the value of, for example, specific protection measures being put in place ancillary to nutrition and health humanitarian response. The need for longer-term public health engagement with WASH interventions has long since been realised but is often less well funded. The capability to converge education and skills in public health can be built around schools; a point reinforced through the course of this evaluation. Integrating the current response with shelter, education in emergency and protection will be particularly appropriate in displaced camps and in informal urban settlements where women highlighted protection and hygiene issues as causes of concern. Integrating the current response with livelihoods action and support to employment are appropriate and possible ways to extend the reach of, for example, basic public health, to areas UNICEF and partners currently do not reach.

In all cases, UNICEF can let the specific pattern of requests for support coming up from local institutions in one area drive the decision of what support to integrate and how this integration is undertaken with regard to challenging related work on government capacity building facilitating the localisation of responsibility and accountability. UNICEF should leverage its leadership position in different clusters and, notably, partnership with WFP for convergence in specific sectors thence across sectors for a fully integrated programming approach (albeit tempered by the external factors continuing to cause operational issues throughout southern Somalia and specific areas of Puntland and Somaliland).

**Undertake a comprehensive gap analysis of the capacity of government and local government** - to deliver and take up in the medium term (the next strategic management cycle) some of the responsibilities for supply and logistics currently under UNICEF’s remit.

**UNICEF should work on critical enablers of programme delivery for expanding further humanitarian access: risk management and security.** The critical enablers are programme personnel’s understanding of risk management set out through the UN’s Programme Criticality approach. This fits to the quality work undertaken by UNICEF’s own security team to ensure time in different locations was made best use of given the residual risk factors.
In a chronic, protracted crisis, 72 hours might not be feasible in the majority of large-scale crises. Supporting the concept of development in a chronic crisis, emergency response becomes ‘emergency within an emergency’ and long term operational systems should reflect this setting. In this perspective, UNICEF should set a more realistic time bound set of targets contextualised noting external factors and internal issues such as supply chain from source to end.

**UNICEF should leverage its lead position in the WASH, Nutrition and Education clusters, and critical player in the Health and Protection / Child Protection cluster, to advocate for advancement on how the cluster system develops in terms of convergence and inclusion of civil society inputs and feedback.**

Somalia Country Office should strengthen the MEL framework and baseline for resilience, which is currently not included in the results framework. The use of a theory of change approach will further enable planning, monitoring inputs, outputs and evaluating outcomes (see below).

**UNICEF should strengthen feedback loops directly from beneficiaries and government** – it should place more emphasis on bottom-up programming approaches building on local institutions; especially where these are inclusive and not biased. Such an approach will be fundamental to sustainability, further convergence and an area based programming approach to cement the integration thus enabled. Triangulation of outputs should be facilitated through such feedback loops and allow a change in how additional third party monitoring is used. The mapping of community, CSO, IP and government relationships can additionally offer opportunity to develop monitoring promoting inclusion and transferring responsibility to government for the wellbeing of people.

**UNICEF should strengthen quality control of proposals to donors** – UNICEF should ensure its institutional knowledge is fully reflected in products going to donors and lessons learned are adapted to the context. Internal quality assurance will ensure a final product is presented to donors and avoid the undermining of donor confidence in UNICEF overall when the overall UNICEF strategy is not translated to sectoral proposals to donors.

**UNICEF should build on the key areas of work where it has critical competences to address root causes of cyclical crises:** sustainable provision of potable water for people and ensuring provision of water for livestock was unanimously seen as critical alongside linkages to sanitation and hygiene work and public health awareness work. Building integration around education and ensuring protection for women and children was highlighted to ensure equitable provision of basic services.

Develop a comprehensive, nested, theory of change linked to a logical framework approach where the assumptions and mechanisms for change are fully articulated. The dialogue around the assumptions can produce answers in terms of realistic outputs for the achievement of defined outcomes against which the organisation is assessed over a strategic period of time.
1 Object of the evaluation

1.1 The context

During 2016 and 2017, the humanitarian situation in Somalia has continued to deteriorate due to the severe drought with an estimated four million children in need of assistance despite the large-scale humanitarian assistance delivered.

The FSNAU-FEWSNET post Jilal 2017 assessment indicated an elevated risk of famine (IPC 5), because of combination of severe food insecurity, high acute malnutrition, and high disease burden. The number of people in need had increased to 6.2 million, including 3.2 million people in crisis and 4.5 million people estimated to be in need of water, sanitation and hygiene (WASH) assistance. The projected number of children who are, or will be, acutely malnourished had increased by 50 per cent, since the beginning of the year, to 1.4 million. This is including over 275,000 who have, or will, suffer life-threatening severe acute malnutrition in 2017. Severely malnourished children are nine times more likely to die of killer diseases like acute watery diarrhoea (AWD)/cholera and measles.

During the 2011 famine that killed an estimated 260,000 people, over half of them young children, the main causes of death among children were diarrhoeal diseases and measles. Recent figures show close to 77,538 cases of acute watery diarrhoea and cholera. Since the start of the year, 1,118 deaths have been recorded, with a case fatality rate (CFR) of 1.8 per cent. By September, the two remaining hotspots are Togdheer and Banadir regions with 255 and 314 cases each. More than 16,591 cases of measles have been reported since the start of the year: three times more than the total cases reported in 2016 (5,657 cases). Of the reported cases, 67 per cent are under 5 years of age; with 54 per cent reported in central and southern regions, 26 in Somaliland, and 20 in Puntland.

To augment the on-going developmental work and emergency actions underway, UNICEF scaled up its planning, support, and implementation of the 2017 humanitarian response, and developed a 45-day scale up plan for implementation March-April 2017. The plan addressed operational systems, staff and supplies in a holistic manner. As part of this plan, UNICEF greatly scaled-up its response across sectors, supporting health and nutrition service delivery, accessibility of safe water and sanitation and providing protective services whilst supporting children with continued education. Currently, UNICEF is reaching millions of children and women. For instance, as of September 2017 over 1.5 million people benefitted from temporary access to safe water, over 900,000 from lifesaving health services, and over 183,000 children from treatment for severe acute malnutrition (SAM). UNICEF has appealed for US$147 million for 2017 and, as of September 15, is 83 per cent funded. The critical questions of whether this is fully inclusive remain and how UNICEF, along with all other humanitarian actors, can address issues of exclusion and protection for, particularly, children and women.

1.2 The logical model of the intervention

In 2016-2017, UNICEF has conducted several planning processes. It coordinated and participated in the annual humanitarian planning at the cluster level for the Humanitarian Response Plan (HRP) and the Humanitarian Action for Children (HAC). In 2017, UNICEF was involved in this process from August to December. Additionally, UNICEF developed three years strategic notes at the sectoral level for 2018-2021. Finally, it developed the 45 days scale up plan linked to the L-2 emergency declaration in February for implementation from 1st March. It is not an easy task
developing a unified logical model of UNICEF’s response to the drought in Somalia because of these separate planning processes, as well as the involvement of five sectors: health, WASH, nutrition, child protection, and education. A unified logical model should meaningfully work for the central logistics and operational response as well as for the sectoral technical planning; describing how programme and support functions work to deliver against strategic objectives without losing descriptive power by being too general, and losing the whole picture by being too detailed.

To this end, the evaluator proposed the use of a theory of change as an iterative tool to guide thinking on the work-flow and key decision points. A theory of change developed in a participative manner challenges the manner in which actors engage in their activities by placing them in a comprehensive model of how, and why, change happens in the specific context. In this case, the evaluator could not introduce a truly participatory moment during the data collection and analysis phase, because of time constraints. Therefore, we propose a model that is the starting point of a discussion internal to UNICEF, rather than a final outcome.

The evaluator applies the spirit of Mayne’s theory of change thinking that formalise the “intuitive notion of reaching some target group, changing their capacity and behaviour, which results in direct benefits to them, and subsequent improvements in well-being. This thinking is used to offer fresh perspectives on how UNICEF seeks to meet humanitarian needs and build on this to support early recovery. Such model underpins risk informed programming if fully utilised. It sets out how UNICEF staff and implementing partners have translated the various sources of information into strategic objectives, thence design ideas and quantified plans, readied for implementation, and provided services in response to emergency indicators. But it also brings forward how the communities have received and reacted to UNICEF work, and what they have expected and demanded from UNICEF, offering insights into the issues surrounding resilience of communities and the concerns of exclusion of key groups which.

According to planning guidance in the Core Commitment to Children, the CCC, and best practices in the humanitarian sector, humanitarian interventions should be based on a thorough assessment of context and need, involvement and feedback from beneficiaries, this leads to:

- **A main impact pathway** – leading from scaled-up basic services and protection to the four objectives in the HRP and HAC. For sustainability beyond immediate lifesaving, UNICEF requires behavioural change and capacity change at various levels and within a variety of actors: individuals, civil society (in all its manifestations) and government. It also requires certain assumptions are met, for example a level of security allowing UNICEF and its partners unhindered access to work directly with beneficiaries and intermediaries building greater levels of accountability

- **A nested impact pathway** – that connects UNICEF’s inputs of funding, staff time, and logistical resources to the delivery of (quality) basic services in WASH, Health, Nutrition, Education and Child Protection. Fundamental to delivery in the sectors is an understanding of the decision points, the information available for these decisions to be made, and UNICEF’s practices and tools to enact decisions

- **Assumptions - to be tested or satisfied for UNICEF’s approach to reach target beneficiaries noting reach, capability to address exclusion and sustainability of scaled up services** – The approach tested assumptions and sought personal and institutional perspectives on how these assumptions were recognised and addressed. The evaluator considered decision-making, access to information, organisational tools for scaling up and delivery of results.
• **Human rights based approach** – the definition of human rights based approach is an approach in which children have a right to services. The approach aims to strengthen the capacities of rights holders to make their claims and of duty bearers to meet their obligations. It focuses on the realization of the rights of excluded and marginalized populations and those whose rights are at risk of being violated.\(^1\) In this model, it brings out the fact that UNICEF plans for the top-down from headquarter, but is also constantly answering request for support from the bottom-up as community institutions (community-level committees, social workers) contact the Field Offices for emergency support.

• **An integrated approach in the making** - The CCC requires an integrated approach that should include a disaster risk reduction approach. It is noted UNICEF planned mainly at the sectoral level, and identified separate outcomes at the sectoral level where integration, convergence, may not be imbedded within sector-based approaches. The evaluation team found clear results of convergence, for example combining nutrition, health care, and WASH programming. The question is how this approach is to be replicated and further expanded during early recovery.

The evaluator presents a summary of the theory of change in Figure 1. For reasons of space, the evaluator moved to Annex 1 the detailed pictures of the main and internal pathways.

In the nested pathway internal to UNICEF, the evaluation team has identified the activities that
UNICEF undertook in response to the L-2 emergency. In the graphical model, these are presented under umbrella terms such as expanding partnerships, setting up regional hubs, strengthening supplies, fast-tracking human resources, integrating sectoral responses.

- Procure life-saving at scale and preposition
  - Review the state of essential supplies in stock: UNICEF and procure additional stocks

- Set-up regional hubs and supply chain lines that could reach hard-to-reach areas
  - Expanding operational partnerships with WFP
  - Deploy mobile units and teams
  - Introduce direct routes to the implementing partners (IPs) points of service delivery.
  - Mapping out service delivery locations at the IP level

- Expand partnerships, especially using national systems and for reaching rural areas
  - Establish emergency arrangements with vendors
  - Activating emergency clauses and contingency PCA
  - Simplify, speed up, and decentralise the process for concluding partnerships
  - Introducing high-frequency reporting from nutrition, health, and education partners

- Expand humanitarian access:
  - Participating in the Task Force on Humanitarian Access

- Fast track UNICEF human resources on a surge capacity
  - It fast tracked recruitment of additional expertise in Somalia,
  - Rotated to the field USSC and headquarter staff
  - Used the global surge capacity
  - Mobilised communities (UNICEF involved public schools, clinics, and university students in its emergency response as partners)

- Build on the drought response implemented since 2015
  - Working through partners already on the ground

- Choose an integrated sector response based on needs and on evidence of what works:
  - Prioritise an integrated WASH, health, and nutrition response because of the link between malnutrition and water availability and measles, diarrhoea, and cholera disease burden
  - Community mobilisation through C4D and local volunteers for raising awareness of health, WASH, and nutrition practices
  - Keep children in school by providing extra services, for example WASH and nutrition
  - Search for sustainable and cheap solutions for WASH
  - Mainstreaming education and child protection in other services
  - Expand cash based assistance when possible, and link it with basic services

- Receive extra-support from headquarter and the regional office:

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- Establishing a Regional Emergency Management Team, as well as an in-country Emergency management team
- Establishing a regional light advocacy strategy
- Cover funding gaps by discussing additional funding with donors and reprogramming non-emergency grants for emergency procurement

In Figure 2 and Figure 3, the evaluator presents the logic of UNICEF internal response, as well as a picture focusing on the 45 days scale up specifically.
For the information to feed effectively into the pathway of change the following conditions need to be met:
1. The EMT comprises the right decision-makers;
2. A clear data overview is available;
3. UNICEF can offer integrated services where relevant;
4. New partners are reliable;
5. Humanitarian access, last mile delivery & staff
6. New partners are available & capable;
7. UNICEF tracks the dimensions that determine well-being;
8. Coordination with government effectively takes place;
9. Beneficiaries use services correctly;
10. Beneficiaries have incentives to use and maintain services.

Figure 2 Pathway internal to UNICEF – focus on the 45 days scale up plan
Figure 3 Pathway internal to UNICEF

For the information to feed effectively into the pathway of change, the following conditions need to be met:

1. Citizens demand their rights and local institutions respond;
2. Information from the community leads to outcome-oriented and context-relevant responses;
3. The HNO is an effective unit for reflection and learning;
4. ESAO is available to provide support;
5. Data are presented in a user-friendly overview;
6. Planning, procurement & administrative systems are able to translate the information into actions.
The evaluation team has explored the organisation of management focus inside (UNICEF Figure 4).

![Figure 4 Areas of management concern](image)

During inception, the evaluation team developed assumptions that needs to be satisfied for the main theory of change to be operative (Table 2). During the real-time evaluation, the evaluation team had the opportunity to collect initial data on whether the assumptions are satisfied. An overview is provided in Table 2.

### Table 2 Overview of assumptions

<table>
<thead>
<tr>
<th>Assumptions</th>
<th>Was it confirmed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizens claim their rights to authorities</td>
<td>FGDs and KII in the field have revealed that communities routinely organise themselves through local institutions (local drought committees, social workers, local government). Through these institutions, they demand emergency support from UNICEF and the government. However, sometimes these local institutions reflect imbalances in power at the local level.</td>
</tr>
<tr>
<td>There sufficient absorption capacity in UNICEF and its implementing partners to deliver the required services to respond to emergencies. The presence of spare capacity and an in-built redundancy in the internal systems allows UNICEF has shown ability to absorb additional resources and scale-up quickly in terms of new partners and logistics. However, there remain gaps in supplying rural areas and areas where</td>
<td></td>
</tr>
</tbody>
</table>
scaling up workload without hindering longer-term work. The conjecture is this is also supported by management systems and structures, decisions making, and cooperation with stakeholders

<table>
<thead>
<tr>
<th>Decision-making enable different locally relevant responses to be trialled at the same time and lessons learned on them</th>
<th>The L-2 response partially decentralised decision making on partnerships and project design to the zonal offices for project documents worth below USD 400,000. However, UNICEF standard procedures required several planning processes at the central level. UNICEF Somalia opted for a lighter 45 day plan pre-empting more intensive planning processes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a central unit for reflection and learning to catalyse tight feedback loops identify and adapt quickly a fit-for-purpose response based on diverse local experience</td>
<td>The Field Offices are key elements of the decentralization and ensure adaptive measures. UNICEF does not have a unit with all these characteristics. However, the EMT has shown some of these properties during the scale-up response</td>
</tr>
<tr>
<td>UNICEF data management system is comprehensive, coherent, accessible, and user-friendly? In addition, it makes available (to all decision makers) the information required for informed decisions?</td>
<td>This assumption was not confirmed. We believe that UNICEF collects a large amount of relevant data; but it does not manage it in a coherent way. It needs to further develop capacity to analyse the data. The SitRep are timely and coherent, and inform decisions. However, they do not present data broken down at the district level. Such a level of detail, analysed at the appropriate level with the involvement of key people, facilitates localisation and empowerment of CSOs and government.</td>
</tr>
<tr>
<td>UNICEF staff is willing, motivated, and capable to keep sight of the outcomes that matter beyond their responsibilities for producing outputs</td>
<td>The evaluation team found mixed results for this assumption. It is partly due to personality differences (which are outside the scope of the evaluation). Further investigation of performance management could be more outcome-based at the institutional level</td>
</tr>
<tr>
<td>Funding to UNICEF is commensurate to the needs both in terms of the scale up to meet immediate needs and longer term to mitigate future shocks. Reach at scale is possible only if enough funding is available</td>
<td>Funding for the 2017 HAC was reasonable compared to UNICEF appeal.</td>
</tr>
</tbody>
</table>

A number of external factors influence the achievement of UNICEF objectives– these are factors outside of the control of UNICEF and other humanitarian actors (Table 3). These factors should be an integral part of any strategy and planning undertaken if outputs are to be delivered, and outcomes impacted.
Table 3 Overview of external factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displacement</td>
<td>Displacement threatens to overwhelm specific sites where UNICEF quality increases demand. In poorly provided for areas, UNICEF’s quality services attract people to the point of service delivery, overloads the service, and negatively impacts quality and original intention of service provision.</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Marginalisation and discrimination of vulnerable people in Somali society makes service provision less equitable</td>
</tr>
<tr>
<td>Insecurity</td>
<td>On-going conflicts, at all levels, hinder humanitarian access and cause further concentrations of interventions.</td>
</tr>
<tr>
<td>Climatic trends</td>
<td>Cumulative factors are creating a new dynamic to the overall setting of the Horn of Africa region. Seasonal shocks and climatic change influence the availability and timing of water. Loss of productive capability for subsistence families / communities in previous seasons limits how much communities can take advantage of any coming rains.</td>
</tr>
<tr>
<td>Elections and political change</td>
<td>Political agendas influence funding for the humanitarian response.</td>
</tr>
<tr>
<td>Trends in economic development</td>
<td>The Somali economies remain fragile with power and influence concentrated exacerbating issues of exclusion (from discrimination)</td>
</tr>
</tbody>
</table>

1.3 Key stakeholders

In Table 4, we present an overview of key stakeholders.

Table 4 key stakeholders

<table>
<thead>
<tr>
<th>Stakeholder category</th>
<th>Specific stakeholders</th>
<th>Commitment to humanitarian action / power and capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities in Somalia</td>
<td>Villages</td>
<td>Communities, regularly encompassing a number of villages or dividing within a town, are committed to receive and participate in humanitarian aid when it is responsive to their needs. Communities will have allegiance at the clan level determining whom they are likely to be supported by. Families are the basic unit for economic and social interaction but coping strategies, encompassing decisions to move, may come at the community level</td>
</tr>
<tr>
<td></td>
<td>Clans</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Larger towns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Businesses</td>
<td></td>
</tr>
<tr>
<td>Local authorities in Somalia</td>
<td>Local chiefs</td>
<td>Commitment to humanitarian aid varies from locality to locality. They are sometimes the gate-keepers of access.</td>
</tr>
<tr>
<td></td>
<td>Religious leaders</td>
<td></td>
</tr>
<tr>
<td>Federal and State</td>
<td>National Drought</td>
<td>Committed to humanitarian aid and longer</td>
</tr>
</tbody>
</table>
Real-time Evaluation of UNICEF SCO Humanitarian Response to the pre-famine Crisis

| **Government** | Management Authority | Term resilience response. However, it is dependent of foreign support and, in the case of the Federal Government, holds limited amount of territory and does not always enjoy the trust of the local population. |
| **Implementing partners** | Cluster partners | Highly committed to humanitarian aid. They depend on local and federal authorities for access and on donors for resources. |
| **UN** | OCHA, WFP, Other AFPs | UN umbrella provides continuity and a base from which individual AFPs can operate. UNICEF's high standing within the UN system is a point of leverage and contention among different AFPs |
| **AMISOM** | Different factions | Prioritise military victory over humanitarian aid. It provides security for humanitarian actors in the areas under its control |
| **Al Shabaab** | Different factions | An umbrella term for anti-establishment elements disrupting aid and development, but also often enjoying legitimacy at the local level. |
| **Donors** | DFID, USAID, ECHO, GIZ, SIDA and others | Highly committed to humanitarian aid. They depend on local and federal authorities for access and on donors for resources. |
2 Evaluation purpose, objectives, and scope

The scale of the emergency response demands a critical review to determine its appropriateness, timeliness, efficiency and effectiveness. As general practice, UNICEF implements interventions through implementing partners with management and monitoring through staff supplemented by third parties. In difficult settings, UNICEF has taken to implementing directly. It needs triangulated information to corroborate and verify data reported from partners and other sources to fully understand the progress to date and to inform future programming. Further, UNICEF Somalia demonstrates its accountability to external parties (especially donors) through an independent perspective on what the organization has accomplished.

Building on the above, the specific objectives for this real time evaluation (RTE) are:

- To assess the extent to which the preparedness activities have fed into the current emergency response noting this is reliant on the strategy, planning and implementation of scaling up existing operations.
- To take stock of and document learning around the current emergency response for the period 1 January 2017 to 31 August 2017 highlighting the appropriateness, efficiency and effectiveness of the response, particularly against the 45-day plan targets, to inform current and future programming.

2.1 Scope and delineation of the Evaluation

The real time evaluation is limited to evaluating the work of UNICEF and its down-stream partners, in responding to the WASH, Health, Nutrition, Education and Child Protection needs of women and children in Somalia.

The RTE focuses on UNICEF internal processes, particularly, timely delivery of supplies, coordination and partnerships, implementation, timeliness of action. The RTE intends to take stock of and document learning around the current emergency response for the period 1 January 2017 to 31 August 2017 and provide an overview to date, learning to inform UNICEF’s further engagements in emergency responses, in particular for the 2018 emergency planning (e.g. HAC and HRP, as well as planning for the early recovery phase) and related strategic interventions.

UNICEF aimed for the evaluation to touch on UNICEF’s response in all areas. However, it recognised it is difficult to carry out field visits and on the ground data collection in all these locations. The prioritization considered reaching the most affected zones, but also covering different ones.

This evaluation focuses on three aspects of UNICEF’s action:

- The preparedness work – the work UNICEF undertook in late 2016 and early 2017
- UNICEF’s role as an implementing agency – the review of the response covers programmatic and operational issues and endeavours to understand how the response feeds into early recovery action
- UNICEF’s role as cluster lead and its coordination of the clusters – the evaluation team looked at UNICEF offering leadership, counsel, and management of specific, technical, areas in order to reinforce UNICEF’s own scaling up and policy leadership. The performance of the cluster as a whole is out of scope for this enquiry.
This real time evaluation is required to provide some level of assessment of how UNICEF has performed against the revised Humanitarian Action Plan (HAC) and Humanitarian Response Plan in each of the three main areas (Somaliland, Puntland and central south Zonal Offices). It covers the entire country, and presents data and analysis broken down along these regional lines to look at the similarities and disparities in operations.

2.2 Structure of the final report

Section 3 contains the evaluation methodology. Section 4 contains the findings broken down according to the five evaluation questions. Section 5 contains the conclusions. Section 6 contains the recommendations.
3 Evaluation methodology

During inception, the evaluation team discussed with the client a detailed methodology for answering the evaluation question, which it has largely followed. It departed from it at times, in case the data available did not allow for its implementation or if it found that the additional information available had superseded it. In consultation with UNICEF, the evaluation team restricted the scope of the analysis to the regions of: Bay, Bakool, Sool, Sanaag, Bari, Togdheer, Banadir and Gedo.
<table>
<thead>
<tr>
<th>Evaluation question</th>
<th>Detailed response</th>
<th>Information source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent has UNICEF met the needs of boys and girls, and paid attention to vulnerability according to equity concerns?</td>
<td>The evaluation team gathers information on the needs of boys and girls in Somalia and their evolution from late 2016 to late Summer 2017 broken down by the priority geographical locations shared by UNICEF (Banadir, Gedo, Bay, Bakool, Bari, Sool, Sanaag, and Togdheer). We then compare this with information on the reach of UNICEF’s emergency response as scaled up in the 45-day plans. Additionally, the evaluation team captured information on UNICEF approach to collecting and analysing information on needs, and on using it in designing an equitable humanitarian response. It used the best practices captured in the CCCs and the Sphere Standards as a benchmark. The evaluation team explored with KII the decision makers’ specific knowledge of the different special beneficiary group. The evaluation team collected data using FGDs organised along sex and age lines allowing freedom to discuss and elucidate thinking. If UNICEF met the needs of boys and girls and paid attention to vulnerability, then the trends for data on needs and reach should move together, with reach just slightly delayed from needs. Additionally, if the needs are met, trends for impact should start to follow after reach gets to a scaled up point. Additionally, if trends in impact and reach move together, this should be due to UNICEF practices in collecting adequate data on needs and acting upon them with operational decisions.</td>
<td>Needs: FSNAU/FEWS NET briefings, Sit reports Reach: UNICEF third party monitoring reports, mid-term reports, and SitRep Online monitoring tool: <a href="https://data.humdata.org/organization/ocha-somalia">https://data.humdata.org/organization/ocha-somalia</a> Processes: Key informant interviews with UNICEF staff, and partner organisations, CCC, UNICEF Scale up Plan, Operational Plan for Famine Response, Strategic notes 2018-2021, additional background documents on the EMT and REMT</td>
</tr>
<tr>
<td>2. What part of the emergency response has been the most</td>
<td>The evaluation team identified dimensions appropriate for “planning”, “assistance”, and “advocacy” by looking at the CCC, the 4S Scale up Plan, and other guidance. For example, appropriateness is defined in the OECD-ALNAP evaluation guide as the tailoring of humanitarian activities to local</td>
<td>Desk review of • FSNAU/FESWET briefing • Sit reports</td>
</tr>
</tbody>
</table>
appropriate? (planning, assistance, advocacy)

needs, increasing ownership, accountability, and cost-effectiveness. For each dimension, the evaluation team creates a four-point scale that rates whether UNICEF actions have been not appropriate (red), mostly not appropriate (amber), mostly appropriate (yellow), or appropriate (green). The evaluation team aggregates the scores into one mean score per criteria based on equal weighing.

The evaluation team also reconstructs the decision-making and thinking process that took place inside UNICEF to determine the response. It identifies dimensions of quality planning, implementation, and advocacy.

The evaluation team has interpreted assistance as inclusive of support offered to implementing partners. Therefore, its answer to question 2 overlaps with that to question 3.

3. To what extent has UNICEF responded in a timely and effective manner, particularly as relates to the 45-day scale up plan, and how could this have been improved?

The client has already provided indicators for what constitutes a timely and effective response (responding in 72 hours, supplies available, no gaps in service, no stock out, to communities’ satisfaction, and reaching outcome level results).

The evaluation team organise the indicators for timely and efficient response in composite scale that weights the bearing of each of the single factor according to how much stakeholders value it.

One additional product that could be very useful – a timeline of key events and decisions and actions (UNICEF-focused). A visual of what happened and when could really help understand the timeliness element

4. To what extent is the UNICEF response contributing in Collation of summary information on current and future climate variability illuminating what shocks should UNICEF build resilience against.

A theory of change for how UNICEF’s emergency response is connected

- 45 days scale up
- Operational Response plan
- Strategic planning notes
- EMT action matrix
- REMT documents
- HAC reports on funding
- TPMs in the part that focused on the ability to influence decision making at the local and household level

Interviews with UNICEF staff and IPs at the Field Offices, field visits and interviews at service delivery points.

Key informant interviews
Desk review of UNICEF reporting
The evaluation team conducted field visits and interviews at service delivery points. Our enumerators will visit a sample of locations of service delivery point based on UNICEF advice. There, they will observe and conduct questionnaires with beneficiaries.

Desk review of academic and grey literature on resilience in Somalia
Key informant interviews and FGDs with UNICEF
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>responding and mitigating the negative impact of future droughts or climate shocks?</td>
<td>with resilience to future droughts and climate shocks based on a thematic analysis of the theme-resilience across the literature and interviews, on UNICEF methodological and policy guidance for programming on resilience, and on initial findings on what has worked or not in UNICEF work. Because UNICEF had started out without an explicit theory, this is a theory building exercise, not a theory testing one.</td>
</tr>
<tr>
<td>5. What can the organization do moving forward to build on current activities to support early recovery and risk-informed programming?</td>
<td>Review where UNICEF has a comparative advantage to close the gaps between vulnerabilities and resilience-building interventions. It uses the list of question developed by UNICEF for thinking through resilience programming for structuring the analysis. FGDs with UNICEF staff Sense-making with UNICEF</td>
</tr>
</tbody>
</table>

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4 Findings

4.1 To what extent has UNICEF met the needs of boys and girls, and paid attention to vulnerability according to equity concerns?

Utilising the available data, the evaluation team set out the following elements. It does not claim that the analysis is statistically significant, nor able to assess in depth all data trends on technical issues in the various sectors and clusters.

Somali communities confirm the centrality of need for WASH support, but also report needs in the dimensions of health care, food security, education, protection, shelter, and livelihoods and employment. They demand a full development agenda for breaking the cyclical humanitarian crisis. Across all locations, respondents highlighted the centrality of WASH support because of the link between sanitation and outbreaks of cholera and AWED. However, they are also not satisfied with a WASH-centric approach because of the diversity of their needs. They requested support that extends beyond WASH, nutrition, and health care to encompass protection (especially from GBV), education, shelter, and livelihoods and employment support. The exact composition of needs varied at the local level. For example, respondents in Mogadishu highlighted the needs to respond to the influx of IDPs cause by fighting.

It is also apparent there are two distinct emergencies with the slow onset drought continuing in the north since (at least) 2015. In this setting, communities took action in the absence of any scaling up. Some people felt they had been neglected; a sense exacerbated by political tensions assisting insecurity in the worst affected areas. The second emergency was flagged by the nutritional situation in the south. Since September 2016 there were signs of a critical food security situation. UNICEF completed the HRP and HAC process for January 2017 appealing at a lower level than for 2016; then changed tack by declaring L-2 emergency in 2017. The depth of the crisis became apparent as AWD and cholera ripped through already stressed populations. Continued insecurity added to food stress forcing displacement and creating camps where water borne diseases would be rife within a short space of time. Field interviews reinforce this setting with virtually all-local people highlighting the need for a far more comprehensive WASH engagement. Even where potable water was being provided, field observations in the south found a shortfall of sanitation and hygiene interventions to complement the water provision.

Figure 7 Staff at the Koosaar Health Centre in Burao
By August / September, the humanitarian response of which UNICEF is part had not managed to bring down malnutrition indicators below February values. In January, Bakool, Bay, Sanaag, and Sool registered the highest % of people classified as in crisis and stressed by the IPC. This had not
changed by August / September. More importantly, no region’s IPC rates were lower in August/September than in January. However, Gedo, Bari, and Togdheer registered values for August/September that were lower than those registered in April. This hints that the peak of needs is now past. However, we can’t be sure how various interventions and external factors have acted and interacted to cause this to be the case. The IPC rates capture holistically the various dimensions of food security, ranging from production figures to livestock prices to civil insecurity to malnutrition rates. GAM rates, which are also available for Somalia, focus more narrowly on malnutrition: they count the proportion of children that have a height to weight index lower than 80% of the median for a comparable population. By GAM rates, the worst affected districts in September / August were: Bakool, Sool, Sanaag, and Gedo. We note that regions show much less variance on the GAM rates than on the IPC rates: this could mean that different levels of food insecurity are all translating into malnutrition (Table 5). Overall, GAM rates show the same trends of increase in needs as in the IPC rates. These trends can be clearly seen in the Somalia Acute Food Security Situation (FSNAU) Overview for January, February to June, and forecasts for August to December Figure 8 to Figure 10. However, The GAM rates record an improvement in Bay compared with January values.

The evaluation team compiled the number of fixed and outreach nutrition site by region using data from the geo-tagging exercise conducted by Forcier (Table 5). At first sight, there is no obvious link between number of nutrition sites and trends in malnutrition indicators. However, the relationship could be mediated by other factors. It also raises the issue of accessibility of the sites and the scale and quality of services at the nutrition sites. Such a question is mirrored by the second theme of the nutrition sites attracting people from outside the districts because of paucity of service delivery elsewhere. A different question is whether malnutrition rates would have been even worse without UNICEF intervention. Field data collected through FGDs and KIs confirms this finding: across regions respondents consistently report lack of food is still a concern, needs are still high, and the crisis has not yet passed.

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5 To evaluate levels of GAM, workers in an emergency measure the weight and height of children between 6 and 59 months. They then use the results as a proxy for the health of the population as a whole. The weight to height index is compared to the same index for a reference population that has no shortage of nutrition. All children with weight less than 80% of the median weight of children with the same height in the reference population, and/or suffering from Oedema, are classified as GAM.
Banadir, Bay, and Bakool have the highest ratio of people per nutrition site (Error! Reference source not found.). There is evidence of targeting of nutrition sites to the areas with the greatest needs: Sool and Sanaag register high GAM rates and % of IPC in stressed and crisis conditions and also a high number of nutrition sites. However, it also appears that the targeting breaks down due to the security situations: Bay and Bakool registers needs on the same scale as Sool and Sanaag, but they are served by far fewer nutrition sites.

UNICEF’s part in managing, coordinating and responding to AWD and cholera – In 2017, Somalia experienced a cholera outbreak, which generally begun in January/February, peaked in April, and receded by August/September. Cholera rates peaked at the highest levels in Bay, Gedo, and Bakool in April. But they then rapidly declined to 0 new cases in August. Bari, Sool, Sanaag, and Togdheer peaked later and still registered new cases in August. For Gedo and Bay, we have information on the trends in % of treated water points and on water prices from data collected by the WASH cluster. The number of new cholera cases recedes as the percentage of treated water points goes up; accepted practice in addressing cholera at the community level (Error! Reference source not found.). However, it is worth noting that the water price stayed at a high level all throughout. With the sporadic rains new cholera cases shot up when people made use of new, and untreated, water sources, and receded as the % of treated water points came up again. This is an indicative link, since chlorination of wells may be symptomatic of far wider engagement on the issues of cholera spread. It was noted in KII’s that UNICEF approach in Somalia was different than in the Somali Region of Ethiopia where household level engagement was far more the standard operating approach. Noting the issues of access, the difference in initial approaches in neighbouring countries raises questions of how well UNICEF shares practices between country offices.

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6 The numbers were obtained by simply dividing the population in the district by the number of nutrition mobile and fixed sites, and is not indicative of the actual catchment of the site.
Table 6 Cholera rates compared with water price and % of untreated water

<table>
<thead>
<tr>
<th>Region / time</th>
<th>Cholera cases</th>
<th>Cholera Fatalities</th>
<th>Water price</th>
<th>Untreated water</th>
<th>% IPC stressed and in crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>February Gedo</td>
<td>39</td>
<td>1</td>
<td>43</td>
<td>38%</td>
<td>18</td>
</tr>
<tr>
<td>April Gedo</td>
<td>2129</td>
<td>18</td>
<td>64</td>
<td>79%</td>
<td>28</td>
</tr>
<tr>
<td>July Gedo</td>
<td>45</td>
<td>21%</td>
<td></td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>August Gedo</td>
<td>0</td>
<td>0</td>
<td>45</td>
<td>23%</td>
<td>18</td>
</tr>
<tr>
<td>September Gedo</td>
<td>45</td>
<td>3%</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>January Bay</td>
<td>1062</td>
<td>23</td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>February Bay</td>
<td>1969</td>
<td>37</td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>April Bay</td>
<td>4390</td>
<td>52</td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>June Bay</td>
<td>39</td>
<td>13%</td>
<td></td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>July Bay</td>
<td>39</td>
<td>3%</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
<tr>
<td>August Bay</td>
<td>0</td>
<td>3%</td>
<td></td>
<td></td>
<td>3%</td>
</tr>
</tbody>
</table>

Finally, some FGDs brought forward certain ignorance of how water borne diseases spread. Although no specific structured questions were asked on this, enumerators brought forward the general lack of knowledge regarding cause and effect of health issues.

Table 7 - An overview from the field – UNICEF’ WASH work in Baidoa

An overview from the field – UNICEF’ WASH work in Baidoa

UNICEF has a regional hub in Baidoa where IPs can come to collect items. UNICEF has worked to deliver and distribute potable (clean) water through water trucking; rehabilitation of water bore holes; provision of water tanks and water supply distribution system in IDP camps. UNICEF provided and distributed Plastic Tank (5000 Litre to 10,000 Litre) to the IDPs and host communities in emergency situations at both dry and raining season; and also provided about 20 Kg chlorine and Aqua Tap to provide clean water and prevent AWD/Cholera. At emergency situations in raining season, UNICEF prepares Plastic Latrines for preparedness, and construct shared latrines at 5 HHs per each latrine to drought and conflict effected population in Bay and Bakool regions.
UNICEF reports almost 19,000 suspected cases of measles as of 25 October 2017 compared to between 5,000 to 10,000 total cases per year since 2014. More than 80 per cent of all those affected by the current outbreak are children below the age of ten. In order to control the outbreak and reduce the number of deaths among children, WHO, UNICEF, and national health authorities have launched a nation-wide measles campaign in November 2017, targeting 4.4 million children aged from six months to ten years. However, the evaluation team notes that the TPM reports on mobile health clinics register wide-spread stock out of immunization kits and vaccines.9

KIIIs noted the possibility of ‘piggybacking’ education and awareness work on to the measles campaign. This dovetails with work on-going on health and nutrition education with, for example, use of Radio Ergo for informing communities of appropriate practices. Related feedback highlighted how people had become aware of issues and where (possibly) to seek assistance through awareness work by UNICEF. Further work with different media streams on specific messaging is being planned and should be looked at in terms of effectiveness. One key informant highlighted a campaign that may have resulted in higher numbers of people aware of disease issues raising reported caseload but, ultimately, reducing mortality rates.

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UNICEF scaled up substantially with variation between and inside sectors- UNICEF has collected data on its reach at national level for indicators linked to the 45 days scale up plan and to the 2012-2017 programming period. According to SitReps published between March and August...
2017, UNICEF scaled up to meet its targets for education, health, nutrition quality, and temporary access to WASH. It is below target for sustainable access to WASH, the scale of nutrition services, and all indicators linked to child protection and cash transfer. In Table 8, the evaluation team presents an overview of performance, by September, against the annual targets with the proviso that UNICEF still has time to meet all targets by December. Between January and September, UNICEF stepped up:

- from 345,000 people reached with emergency water services to 1,600,000, but to only 415,000 reached with sustainable water services
- from 18,000 children with SAM admitted in outpatient therapeutic feeding programme to 181,000. UNICEF is on track to meet the annual target of 277,000 by the end of the year
- from 380,000 crisis affected women and children provided with emergency lifesaving health services to 938,058
- from 18,000 children accessing safe and protected learning opportunities to 113,000 from 142 Unaccompanied and Separated Children (UASC) provided with services to 3,275

Field data allows us to qualify these claims. For WASH, respondents confirmed the high cost of deep, permanent, borehole drilling, and management issues in maintaining piping. While an essential component for early recovery and awareness for sustainable solutions, the WASH targets must be questioned as sustainable. On the nutrition results, respondents highlighted that UNICEF results are part of a coherent, converged, food security approach by WFP and UNICEF.

Figure 14.T.P SCREENING AT THE HEALTH CENTER in Soyda

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UNICEF and cluster partners have reached a substantial percentage of people in need, but fell short of the total needs - For example, the WASH cluster planned to scale up to 2,500,000 whilst it also reports 5 million people are in need of urgent Water, Sanitation and Hygiene (WASH) services by the end of April 2017. In the WASH cluster, UNICEF’s leadership and management, particularly of the supply chain, is dominant: with 60% of all the achievements against cluster targets being UNICEF’s and UNICEF is the sole logistics agent for the cluster. Data from the field confirms people, local authorities, and IPs are aware and welcome UNICEF’s substantial contribution. However, they also confirm the scale-up fell short of fulfilling all the needs of people (and their livestock constituting their livelihood and coping mechanisms in many instances). The shortfall might have been due to the fact that what counts as “reach” in UNICEF monitoring might not count as “need solved” from the beneficiaries’ perspective. As an example, in Baidoa, a respondent reported UNICEF built 5 dams, which was relevant, but his area needed about 100 dams (this might have been an exaggeration but reveals the perceived scale of the difference).

The perpetuation of water borne diseases reflects the wider issues of access and availability of services and technical input and support. Feedback highlights exclusion issues in all sites investigated. Availability remains limited as large tracts of the country are inaccessible and means to address water availability remain expensive (US$1.4million for a deep borehole). Without a full strategic engagement merited by cost benefit analysis, such investments will remain desirable without becoming feasible or realistic. However, the continuing agglomeration of people in urban settings may change the equation for such deep boreholes fitted to piped water (addressing some exclusion issues) and make them cost effective when worked as per capita cost of delivery of water and with the possibility to eliminate water borne diseases.

However, UNICEF is often prone to focusing on urban areas at the detriment of rural ones. Respondents in Erigavo reported UNICEF was responding to emergencies only in urban areas, leaving rural areas largely unaddressed. More generally, respondents highlight a rural-urban divide in the scale of the response with urban areas were much better served in terms of healthcare and WASH facilities.

Compared with 2011, UNICEF responded much earlier to the crisis and contributed to saving lives – In 2011, the humanitarian community scaled up late and only when FSNAU declared a
situation of famine. In 2011, crisis severity increased in April and met the scaled-up response in November after 7 months. As a result, the famine led to tens of thousands of deaths. In the current crisis, UNICEF scaled up in February before famine was declared in response to below-expectation rains, forecasts of a food and nutrition crisis coming in early 2017, and news of a cholera outbreak (and many other contextual factors such as rising food and water prices and people movement). As a result, UNICEF responded early and contributed to avoid the same widespread loss of life seen in 2011. Nevertheless, 7 months passed between when cholera rates shot up in February and April and when they were down under control in most areas in August (7 months). See Figure 16 for the 2011 case.

Therefore, the 2017 response has been radically different from 2011 in terms of triggers and timing of the emergency scale-up. However, it has been very similar in terms of the time needed for scaling up enough to bring down the targeted needs. From 2011, UNICEF continued to build development in a chronic crisis facilitating a scaling up in a relatively short space of time and with a greater reach, creating greater availability and access of basic services, across Somalia. The critical ingredient added in the last two years is availability of funding at an early stage allowing UNICEF skills to be deployed in a timely fashion, for example from DFID, before the famine was declared. Additionally, proactive security approaches allowed UNICEF to expand its humanitarian access and were fundamental to facilitating the field engagement. These approaches place duty of care first and always seek to make missions happen. Within the UN programme criticality framework, they reinforce the safety of personnel, partners and beneficiaries. Definite improvements in internal operational approaches have combined with positive developments in the wider security environment in enabling UNICEF in fulfilling a greater part of its mandate.

There remains room for continued growth to achieve a comprehensive engagement and delivery of equitable services. However, UNICEF must articulate greater integration with further protection and education engagement as critical parts in addressing equity issues. UNICEF can also be more influential in research on the reasons why the 2017 pre-famine scale up has undoubtedly save lives but has witnessed malnutrition rates continue to rise through the year.

**Figure 16 Time-leg from crisis severity, funding, and implementation during the 2011 famine response in Somalia**

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<table>
<thead>
<tr>
<th>Time data</th>
<th>Wash</th>
<th>Nutrition</th>
<th>Education</th>
<th>Health</th>
<th>Protection</th>
<th>Cash Transfers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-15</td>
<td>Target: 1,500,000</td>
<td>500,000</td>
<td>270,000</td>
<td>1,500,000</td>
<td>277,000</td>
<td>93,3%</td>
</tr>
<tr>
<td>Actual: 1,667,182</td>
<td>415,783</td>
<td>181,950</td>
<td>1,098,564</td>
<td>183,573</td>
<td>93.3</td>
<td>72.8%</td>
</tr>
<tr>
<td>Aug-15</td>
<td>Target: 1,500,000</td>
<td>500,000</td>
<td>270,000</td>
<td>1,500,000</td>
<td>277,000</td>
<td>93.3%</td>
</tr>
<tr>
<td>Actual: 1,657,352</td>
<td>402,502</td>
<td>178,950</td>
<td>1,072,284</td>
<td>145,983</td>
<td>92.3%</td>
<td>105,942</td>
</tr>
<tr>
<td>Apr-15</td>
<td>Target: 1,500,000</td>
<td>500,000</td>
<td>260,000</td>
<td>15,000,000</td>
<td>277,000</td>
<td>93.3%</td>
</tr>
<tr>
<td>Actual: 1,049,882</td>
<td>192,500</td>
<td>34,900</td>
<td>427,320</td>
<td>60,004*</td>
<td>92.9</td>
<td>63,359</td>
</tr>
<tr>
<td>Feb-15</td>
<td>Target: 750,000</td>
<td>206,000</td>
<td>130,000</td>
<td>600,000</td>
<td>112,500</td>
<td>93%</td>
</tr>
<tr>
<td>Actual: 117,540</td>
<td>158,540</td>
<td>167,950</td>
<td>16,510</td>
<td>93%</td>
<td>112,500</td>
<td>93%</td>
</tr>
</tbody>
</table>
4.1.1 Systematic assessment of context, risks to life with dignity and the capacity of affected people and authorities to respond

UNICEF is engaged in two planning processes with different procedures:

The HRP process falls short in engaging beneficiary and government partner – The HRP process starts out with the Humanitarian Needs Overview in August. Afterwards, the HRP decentralises the need for information on context, risk, and capacity of affected people at the level of implementing partners (IPs). IPs submit concept and project notes for approval. UNICEF coordinates the nutrition, education, and WASH clusters. In this role, it shared best practice guidance to cluster members on accountability to affected populations. Ultimately, IPs are responsible for integrating the best practices in their proposals. OCHA compiles the proposals in a first draft and shares it with the government for comments. It is only in October that OCHA holds State level consultations on the draft. Meanwhile, HCT and OCHA also discuss the technical underpinning of the 2018 country strategy. Cluster members select projects through a peer review. In November OCHA submits to headquarter the total financial needed. The HRP is launched in December. Based on this, UNICEF prepares its Humanitarian Action Plan in January, without additional consultations at the local level. In February 2017, it also prepared a scale-up plan and the operational plan for emergency response, and submitted a revised HAC. Key informants proposed their personal reflections on the nature of the document. They see it as a collection of proposals rather than a strategic document. They further reflected that the HRP could be remoulded instead into a concise strategic document for donor consultation. The donors felt that they not need, nor want, a list of projects that can be out of kilter with the environment, as it was for example during the January 2017 HRP which required major re-planning.

Field data confirmed that relationships between UNICEF Field Offices and local and central government are not always working well. For example, representatives of the Ministry of Health in Erigavo, Somaliland claimed not to be happy with the way UNICEF shares information and provides support. The relationship between UNICEF and the government and local government in Puntland seems to work better. However, government respondents highlighted here as well how they wished UNICEF operated inside the public framework. In Baidoa, a ministry representative said that they are not aware of how UNICEF organises logistics but confirms that whenever supplies of any kind are needed UNICEF has been at the front in providing them. Relationships are often about personalities. Where UNICEF has the opportunity to directly engage on a regular basis with the Government, the feedback from Government officials is positive. Issues arise when geography and security, impede regular contact. Government officials feel then isolated and side-lined by parallel systems.

The HRP is a standard inter-agency process which is outside the scope of this real-time evaluation of UNICEF internal processes. However, it is worth mentioning here its limitations because UNICEF might be able to complement its procedures. IPs and local institutions functions as the link for information and implementation between beneficiaries and UNICEF zonal offices. IPs involve beneficiaries in the design of the response through community committees, social workers, and volunteers staffing nutrition and health service points, and participating in awareness campaigns. Community institutions (such as hospitals, schools, and the police) and IPs come to know of emergency situations directly from the communities. They contact UNICEF Field offices either with specific alerts or through frequent monitoring reports. They report that UNICEF sometimes (the example was from Puntland) is able to respond immediately to the emergency appeal. However, in some cases UNICEF Field offices do not have the flexibility to respond quickly with the services, goods, or resources available at the regional hub, and need to contact Nairobi or headquarter for the necessary authorizations.
To reinforce, the annual HRP limits somewhat the flexibility to respond to additional needs reported by the communities during the year. It also limits the project horizon to one year only, which is an issue for resilience-building and sustainability. For example, implementing partners in Burao have been particularly vocal in complaining that they don’t know whether their projects will receive funding after December 2017. More generally, IPs and community institutions cited the lack of certainty in long-term funding as one of the challenges to sustainability.

**UNICEF is better able to involve government in its three years planning process** - UNICEF is also engaged on a three years programming process for 2018-2021. As part of that programming process, UNICEF claimed to have conducted extensive consultations with government and development partners (strategic note for education) and identified further vulnerabilities as they relate to the sector level. For example, the strategic note for education recognised the most excluded children are: from rural families, or from the 5th bottom quintile, or from IDP communities. However, it is not clear at what level government is involved and to what extent the government has the capacity to a credible partner.

**UNICEF collated data on context and risk as part of the HAC and sectoral planning. But it did not put it into a coherent system** - The HAC makes reference to data on:

- Labour prices
- Food prices
- Livestock deaths
- Malnutrition rates
- Water prices
- People movement
- AWD/Cholera outbreaks
- Children drop-out rates
- Drying up of water sources

However, it does not systematise the data into a coherent system. For example, there is information that people moved when livestock died, and livestock died because of drying up of water sources.

**UNICEF is working on a gender-sensitive and vulnerability-sensitive approach but is sometimes not consistent** - In the HAC, UNICEF identified the gender dimensions of the famine. Family separation burdens women on finding food and water, women are constrained in moving and they are at risk due to the security situation. UNICEF identified additional vulnerabilities to focus on pastoral communities, town encircled or in areas hard to reach, those with less access to remittances and mobile banking, IDPs, and Bay and Bakool regions. Evidence regarding gender equality and equity shows UNICEF continues to have challenges. In 2014, the Emergency Directors visited Somalia and found gender equality was not being prioritised. There was a gap of management and leadership on protection in late 2016 until the new sector head commenced March 2017. This gap led to by rote initial planning for the scaling up; good but not contextualised. Donors were disappointed with UNICEF’s lack of leadership on protection during this period and UNICEF found itself in an invidious position as it was pressed to take a higher profile role in protection response and developments. These points have been answered with UNICEF resuming its leadership role where women and children are concerned. The points remain, the need for convergence and a fully integrated approach are needed if gender, notably protection, issues are to be addressed comprehensively through practical support to women and children.
In the fields, respondents usually identify as the most vulnerable women and children (especially pregnant and lactating women), the elderly and the disabled. Only respondents with a background on education and protection (for example IPs or UNICEF staff working on those issues) identify clearly victims, people who have already been victimised, as a special category of vulnerable people with specific needs. However, the evaluation team noted throughout the fieldwork the rise in IPs and UNICEF staff interest for longer-term engagement on equipping women and youth with protection and livelihoods.

Respondents in FGD and KII, particularly women, consistently called for work on protection with GBV integrated into basic service delivery. The strategic note for health 2018-2021 recognised
gender issues is resulting in people having different access to services. There is also work underway to have protection integrated into basic service delivery with scaling up/higher profile of the protection considerations as possible contributors to the perpetuation of high malnutrition rates. However, this has not fully translated to on-going practices with SitReps from IPs where the disaggregated indicators by gender and vulnerabilities were not always apparent.

Research, driven by UNICEF, is underway with regard to gender dimensions of malnutrition remaining ‘stubbornly high’ in IDP settlements. This is linking with the activated camp coordination and management cluster. Donors also noted possible causative links between malnutrition and early marriage and childbirth. No analysis was offered up presently requiring UNICEF, again, to lead the call for further investigations and develop its nutritional, health and protection work accordingly.

**The role of local authorities in assessing and reporting needs** – Local authorities and local IPs are directly connected with the communities in need. Respondents in various locations of Somalia reported communities are forming local institutions, such as committees for education, environment or drought, for managing their affairs. IPs and local government also employ community and social workers routinely travelling through communities. In camps, camp leaders act as local managing bodies. These institutions receive appeals for support from people, conduct needs assessments and report the needs to local government and UNICEF Field Offices. There is initial evidence these institutions are not always inclusive. In Baidoa IPs report camp leaders act as gate-keepers of aid support and distribute aid based on clan or in return for favours. The partisanship of local level institutions is not an exclusive feature of camps: it has been reported for urban locations as well.

In response, UNICEF Field Offices proceed to independently verify the emergency appeals they receive from communities. This in turn causes delays in the support they provide with respondents expressing frustration with these delays. Clearly, the Field Offices face a dilemma with the need of verifying reports increasing the likelihood of responding too late. However, taking them at face value makes diversion of aid more likely and targeting more difficult.

UNICEF should explore these developments, partially underpinned by different forms of communications but clearly used by community stakeholders being aware of their entitlements. For example, the fit of the community volunteer with the primary layer of local government is always a difficult intersection. Expanding the linkages between the community, government, and service provider is a fundamental link for making aid sustainable and building resilience.
4.2 What part of the emergency response has been the most appropriate? (Planning, assistance, advocacy)

The evaluation team broke down the concepts of planning, assistance, and advocacy in their constituent dimensions, and scored how UNICEF fared on a 4-point scale. We recognise that the judgment is both based on the evidence and subjective. The evaluation team triangulated the findings using additional and separate data from KII and FGDs. In Table 9, Table 10, and Table 11, the evaluation team presents the results.

Figure 19 Medical staff in Burao

Figure 20 Women FGD
Table 9 Planning score cards

<table>
<thead>
<tr>
<th>Scale</th>
<th>Appropriate triggers for the emergency response</th>
<th>Systems are ready at the start of implementation</th>
<th>Involvement of beneficiaries</th>
<th>Flexibility and robustness in programming and extra-logistics</th>
<th>Extra-logistics</th>
<th>Logic of programming and M&amp;E: how did you translate MAC/HRP objectives down to actions?</th>
<th>Operational risks identified and mitigated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive UNICEF uses updated data for strategic decisions (when it is available). Every important document references the data on context and background. In February EMT engaged in several data collection exercise on stock-piles, vulnerabilities, and logistics. High-frequency data is collected at the service points for health. TPMs collect additional data on UNICEF reach and outcomes. Negative Data is not collected and compiled with an accessible and easy overview. In the HRP process, data collected in July / August might be out of data when proposals are reviewed and selected in late November.</td>
<td>Positive 5 dimensions used for triggers of the emergency response are appropriate. Negative Question (with hindsight): why did UNICEF not declare L-2 emergency in December 2016 before new HAC? UNICEF does not have a coherent model of all data on context and vulnerabilities</td>
<td>Positive EMT had already been established in February 2016; balance of decision making had already been moved to the zonal offices in Somalia (so that now they can screen PCA up to USD 400k). Contingent partnerships available for some sectors. Additional staff quickly mobilised through USSC rotation. Prepositioned essential supplies in affected areas at facility level and with partners Negative Lenghty process for partnering with WFP. No clear information on partnerships with government. Systems for cash response, and partnerships between schools and WASH partners took time to implement</td>
<td>Positive UNICEF developed communicationDev development (C4D) material, and carried out campaigns for hygiene practices for cholera and measles. Negative UNICEF did not systematically involve beneficiaries in the design of the humanitarian response. There is also mixed evidence on the extent to which C4D raised the awareness of beneficiaries</td>
<td>Negative - UNICEF does not have an overarching approach for being flexible and robust. Positive However, it has some elements of such as approach already in place: 1) decentralised PCA approval, 2) participation in the humanitarian access task force 3) surge and rotation of HR</td>
<td>Positive UNICEF used the emergency response and frequent meetings of the EMT between January and March to update its information on stock-piles with sectors reporting to a central fora (for example mapping on DKK and nutrition kits by end of January), as well as update on vulnerabilities and information on the cholera, and pursue integrated programming (education + WASH), and partnership with donors. This is a positive model on which an integrated programme could actually be built.</td>
<td>Positive Scale up + operational plan, based on human rights based approach (but without much involvement of beneficiaries), Negative No TOC (but narrative explanation of why the response is appropriate). No disaster risk reduction in the logic. Emergent strategy (rather than defined approach) for integrated approach; programming broken down at the sector level and remaining tensions cluster-sector. Several planning processes with their logics are intersecting in 2017</td>
<td></td>
</tr>
</tbody>
</table>

1 - Not meeting UNICEF standards
2 - Generally lacking but with positive points
3 - Adequate against the standards, but with room for improvement
4 - Exceeding standards and expectations
Table 10 Implementation and assistance

<table>
<thead>
<tr>
<th>Seamless activities’ flow and management, with no bottle necks</th>
<th>Stock, supplies, and services</th>
<th>Service point delivery is open</th>
<th>Access</th>
<th>Beneficiary satisfaction</th>
<th>Did UNICEF respond in 72 hours to emergency needs? (and reasons for delays)</th>
<th>UNICEF keeps a clear and user friendly overview and on real time information on activities and risk</th>
<th>Partners receive training and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive: issues generating delays are largely external to UNICEF (insecurity, partners’ capacity, price of water, donor funding gap, and Puntland elections. Aware of room for improvements with bottleneck analysis underway WASH (other sectors))</td>
<td>Negative: WASH service points have struggled with unavailability of essential products due to accessibility constraints and dependence on UNICEF supplies for the whole cluster. Health mobile clinics registered stock-out of vaccines and immunisation kits at different times. Nutrition TPM reports service points (no number defined) did not offer the blanket supplementary feeding programme and multimicronutrient</td>
<td>Positive - Nutrition fixed points are open for 8, 10, 12 hours 6 days a week (depending on the region). Negative - mobile outreach points for nutrition can visit the same village only twice per month in some cases. WASH tracking also had low frequency</td>
<td>Positive - most fixed sites are easy to access with an average access time of 1 hour for the nutrition fixed points. Hundreds of mobile outreach points to rural areas</td>
<td>Positive - Field data shows beneficiaries are consistently satisfied</td>
<td>Negative: some operational and preparedness activities went from February to March. TPM for health report stock out of vaccine and immunisation kits.</td>
<td>Negative: no central dashboard, proliferation of excel sheets, different reporting indicators from SitRep, HAC, and mid-terms reports, and TPM</td>
<td>Positive - Most nutrition fixed and outreach points are staffed with trained medical staff on nutrition. Nurses in outreach mobile units for nutrition are well trained. Negative - nutrition staff is hampered by lack of training on nutrition in emergency specifically. UNICEF unable to procure water drilling capacity at a value for money rate undermining longer term water provision</td>
</tr>
</tbody>
</table>
## Table 11 Performance in advocacy

<table>
<thead>
<tr>
<th>UNICEF focus and influences decision makers attention</th>
<th>UNICEF obtains additional funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive: comms material developed as part of the EMT actions for scale up. Humanitarian access task force solved approximately 50 incidents by focusing authorities' attention. REMT planned for a light regional advocacy document. Negative: people reached with WASH services and commodities did not practice or know appropriate hygiene practices.</td>
<td>Positive: For 2017, UNICEF is 83% funded. Negative: Articulation of health left something to be desired with practicality of integration not explained. Fit to an integrated nutrition flow into early recovery can be further developed. Education and cash-response are still under funded.</td>
</tr>
</tbody>
</table>
4.2.1 Further results

In terms of the relative values of advocacy, planning and assistance, stakeholders differentiated further within the three elements. UNICEF were warmly praised and highly commended for their open and forthright approach to advocating for greater resources. Convening meetings with clarity of purpose and seeking specific actions as a result, donors sought to support UNICEF. UNICEF is recognised as the organisation to respond in Somalia with an established network and a level of technical competence enabling an immediate scaling up of assistance. Questions were raised as to the efficacy of elements in the advocacy. This may have because of the manner in which integration is a work in progress and the continued overlapping between clusters and sectors. For example elements of the health response to AWD and cholera fell under the WASH remit possibly leading to health proposals to donors not being fully articulate. In one case, two donors reported that they did not consider UNICEF proposal for health sector up to standards, and that they could not find anyone in UNICEF to work together with in revising it.

A multi-layered approach to monitoring and using data and information - UNICEF receives and contributes to country-wide overviews and analysis of data published with regular cadence, such as the Humanitarian Needs Overview (which is part of the HRP process) and data on food security from the Famine Early Warning Systems Network (FEWSNET). These sources of data focus on summary statistics, such as total number of people in need or in IPC Phase 3 and 4, break the data down by district, sector, and gender, and provide a discussion on trends and factors contributing needs. FEWSN overviews are essential sources of information for planning the main principles and actions of humanitarian response, as well as tracking beneficiary conditions. However, UNICEF does not control what indicators they focus, and is hard pressed in using them for answering specific questions on its performance.

P 50 edits ;-) UNICEF’s IPs report on indicators linked to their activities as basic services providers. For example, they report on the nutritional status of screened children for access to services. IPs also report from the bottom-up on emergency appeals, protection needs, the state of supplies, and the security situation. In SitReps and other internal reporting, UNICEF aggregates and publishes part of the information as related to its performance against objectives. This information is useful for tracking UNICEF’s performance against objectives. The Emergency Management Team uses this sort of information for practical decisions on scaling up and
mobilising supplies, human resources, and partnerships. However, the Sitreps currently report only on outputs and reach, rather than outcomes or impact. The data is also often not broken down by gender. Finally, taken alone, this information lacks contextual depth for making a judgement on UNICEF contribution to beneficiary needs in a given area which could include at least the proportionality of response against needs. From a learning point of view, it comes short to identifying why something works or does not work.

UNICEF contracts services of third party monitors (TPM) and evaluators for researching specific questions related to its own performance, including the attainment of outcomes. UNICEF also uses TPMs for collecting routine reporting information from IPs, as well as independently verifying their claims of results. The evaluation team found useful the information contained in the three TPM submitted by UNICEF (the TPM on mobile health units, the geo-tagging exercise on nutritional service points, and the WASH TPM). These reports contained information at both the output and reach and outcome levels, allowing for exploration of what works and does not work and why. However, TPM reports do not cover all locations and sometimes are not coordinated well enough for creating a more coherent picture.

UNICEF should take care to define geographical and sector scope of the TPM, as well their focus on outputs, outcomes, or impact so it becomes possible to cross reference information on the reach, outcome, and impact level. Sometimes, lack of coordination resulted in lost opportunities. For example, UNICEF had data on cholera rates available at the district level, collected by WHO, which is arguably a source of data at the impact level for WASH. The WASH cluster is collecting routine data on water prices, percentage of water treated and other dimensions linked to WASH outcomes for Gedo, Bari, and some other regions (but not comprehensive). UNICEF procured a research piece on its WASH reach and performance, such as number of trucking trips made and use of WASH equipment by beneficiaries. But it chose different districts from the ones for which outcome level data was available. The evaluation team found a complete chain of impact, outcome and output data in the WASH sector available only for Gedo.

There are perhaps dimensions of service quality UNICEF is currently not monitoring. For instance, it does not monitor the time the Field Offices take for responding to an emergency appeal from the field. The evaluation team suggests a system time-stamping the receipt of an emergency appeal and time-stamps again when UNICEF responded, and with what outcomes (provided / denied support). Using such a system, UNICEF CSO could constantly monitor and improve the timeliness of its response.

Planning within UNICEF appears streamlined by the emergency. The SomReport, humanitarian reporting for Somalia, is a significant step to a change of culture among UNICEF personnel and the IPs. The moves to have a holistic approach, with a focus on fewer datasets to be gathered (overall fewer indicators), reconciling the datasets and understanding the stakeholder needs is a process accelerated by the scaling up. Moves to standardise reporting formats and the use of technology to offer (near) real time data are positives. A number of informants emphasized the preponderance of data is not mirrored by commensurate capability to analyse and take decisions based on the data (and extracted information from this data). Such a critique resonates with input from key informants highlighting the continued debates regarding the emergency in the south as being a nutritional crisis or a wider health and water issue without addressing the underlying causes of all three, clusters/sectors being in crisis. One donor however raised the point that UNICEF could have more influence in the manner early warning indicators for the emergency are developed because early morbidity and mortality statistics usually involve children under five years of age.

In Table 12, the evaluation team presents planning at the regional level as explained by a UNICEF
WASH staff interviewed at the Baidoa regional hub.

Table 12 Planning at the local level

<table>
<thead>
<tr>
<th>Planning at the local level</th>
</tr>
</thead>
<tbody>
<tr>
<td>One UNICEF WASH officer says that “UNICEF has a special unit for emergencies that plans for an appropriate response based on the updates and reports received from clusters, IPs, communities, and Ministry of Health at federal level (usually with a bi-weekly cadence). In terms of supply chain, UNICEF continuously follows up on and monitors the stock balance in combination with the needs in all areas. If required the programme staff and partners propose advances if IPs need extra supplies. Considering all the information received from all stakeholders, UNICEF conducts an assessment to validate the information and shares it with its partners and donor. Programme officers come up with a response plan by forming new partnerships or by making amendments for existing partners. They also coordinate with the government for providing supplies for partners who have funds from other donor agencies. The programme staffs presents a proposal to the head of sections for extra supplies and then wait the approval for the release of the proposed supplies.</td>
</tr>
</tbody>
</table>

Whilst it is widely acknowledged processes have improved, the overall sense is progress has plateaued and clusters have become silos justifying themselves rather than facilitating further strategic engagement. The cluster system is able to respond efficiently but hampered in taking a strategic, proactive, approach to disaster mitigation and prevention, development in a chronic crisis, a phrase epitomising Somalia. The government systems in Puntland and Somaliland have not been wholly supported and trusted with the necessary skills and resources to take forward all three aspects of work. The lack of support and empowerment is perpetuating the fragility of the zones of conflict. These zones of political contention correspond to the deepest, most protracted, crises in the north.

The FGDs and KIIIs produced a mixed set of views regarding the timing of UNICEF’s emergency declaration and this is borne out by the sequence of events below. The scale and manner of the scaling up is, inevitably, seen differently by the various stakeholders as beneficiaries see a shortfall of inputs arriving late, IPs would like lighter contractual procedures and more involvement in the processes. A number made points on UNICEF reliance on them not being balanced by trust in their work. Government counterparts and local leaderships also expected more to be done more swiftly. The positive, overall, sense is UNICEF’s presence allowed them to scale up as needs grew further.

IPs and UNICEF key informants all noted the immediate, lifesaving, service delivery aspect of work as the critical area in the emergency response. All acknowledged this response is built on development work, the longer-term engagement with key stakeholders and the establishment of physical facilities allowing the delivery of services. Such service delivery is backed by quality logistics and related management of stocks where UNICEF remains the ‘go to’ partner. Without the relatively early scaling up of procurement, capability to build on already established hubs and distribution set-ups, the loss of life would have been far greater.

UNICEF support for the government – UNICEF interacts with Federal, State, and local, District, governments when assessing needs, deciding on the appropriate response and implementing the response. In the sectors of education and protection, the Somali government has a clear link with front-line institutions such as school and the police whose staff reports primarily to the government who, in turn, contact UNICEF when needs exceed resources. But in other sectors, the role of the government, especially the ministries at the State and Federal level, is less clear. IPs and communities report emergency needs directly to UNICEF and government representatives
resent being side-lined. For example, government representatives in Erigavo report UNICEF asks for information on needs and emergencies which place burden of staff-time on them. In return, however, it does not provide feedback on how UNICEF used the information, nor does it involve them in decision-making.

The evaluation team constructed a timeline for the major events leading to the declaration of the L-2 emergency noting the information and decision points available to UNICEF personnel. The ESARO Regional Director and the Regional Emergency Management Team (REMT) is involved with declaring the L-2 emergency. The country level EMT takes logistics and programming decisions with delegated responsibilities to the Field Office for programming up to a revised limit of US$400,000. Programming is undertaken at the sector level, with strategic notes and outcome statements specific for health, nutrition, child protection, education, and WASH. It is not clear whether the data flow tracks closely the division of decision-making responsibilities.

ESARO’s contribution to the response in Somalia - UNICEF ESARO is the UNICEF Regional Office for Eastern and Southern Africa, and supports Country Offices in 21 countries in the region, including Somalia, Ethiopia, Kenya, Uganda, and South Sudan. ESARO is responsible for:

- Technical and management oversight of COs work – This includes intervening in the L-2 declaration process, in which ESARO’ director has a key responsibility. It also includes support in sectoral programming, for example in nutrition, health, and protection
- Cross-border programming – identifying cross-border movements of people, and supporting the COs in managing them. ESARO agreed in March 2017 to provide COs with an overview on cross border movement of people. In response, ESARO commissioned a study from the Centre for Humanitarian Change, and delivered it in May 2017. The cross-border study showed that the 2016-2017 drought is associated with limited cross-border movements: there was limited need for ESARO’s support in this area. In contrast, the study identified large movements of IDPs inside and between districts in Somalia, and in particular towards urban areas
- Analysis, coordination, and information sharing between offices – since February 2017, ESARO activated the Regional Emergency Management Team (REMT), who met bi-monthly for coordinating and supporting COs response. The REMT tracked the implementation of the scaling up through response benchmarks
- Regional level programming – programmes with a regional scale implemented by UNICEF ESARO. These are outside of the scope of the evaluation
- Advocacy at the regional level and support to resource mobilisation –HARP participates in the Regional Humanitarian Partnership Team that developing the inter-agency light advocacy strategy

ESARO allowed UNICEF to prioritise corporate resources across countries and share the effectiveness of different practices at the level of Cos, led to efficiency and effectiveness gains in the development of tools and practices used by country offices, for example the advocacy and fundraising campaign, and created knowledge and information that was highly relevant.

Table 13 Overview of UNICEF decision making

<table>
<thead>
<tr>
<th>Decision</th>
<th>How is the decision made?</th>
<th>By whom</th>
<th>Information needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declare / don’t declare L2 emergency</td>
<td>Recommendation memo with analysis of scale, urgency, complexity, capacity and reputational risk</td>
<td>ESA Regional Director recommends a memo to the Director of Office of Emergency Programmes</td>
<td>Analysis of scale, urgency, complexity, capacity and reputational risk</td>
</tr>
</tbody>
</table>
In Figure 22 we have mapped the timeline of events from January to June. In Figure 23 we present the timeline for July – October.
Table 14 sets out the risks and issues generating delays identified by UNICEF in different documents and planning processes. Alongside is the response UNICEF had also followed.

### Table 14 Risks and issues generating delays identified by UNICEF

<table>
<thead>
<tr>
<th>Risks or issue generating delays</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security risk of operating in Somalia for personnel -</td>
<td>UNICEF recognises that there are issue of risk in operating in Somalia, especially outside of the wire: It is a matter of time before UNICEF is attacked</td>
</tr>
<tr>
<td>Fraud risk by implementing partners</td>
<td>Investigation of fraudulent use of funds dispersed through the Common</td>
</tr>
</tbody>
</table>
### Real-time Evaluation of UNICEF SCO Humanitarian Response to the pre-famine Crisis

**Humanitarian Fund (CHF) during the 2011 famine has ruptured donors’ trust. Partners agreed on the need for a common standard for risk management. UNICEF identified the WFP approach of a structured dialogue as best practice**

**Risk of acting too late so that drought becomes a famine already**

45 days scale up plan

**Risk of losing development gains by switching to costly humanitarian action**

Real time evaluation asked to focus on resilient approach to early recovery

**Insecurity: AMISOM is retiring before 2020:**

Where does this leave humanitarian access and capacity building with the government? The on-going political debate around state-building and peace-building being different given status of humanitarian need

**Involvement of the federal and local government and of partners which might not have technical capacity**

Capacity building with government at appropriate levels with appropriate skills – Questions remain as to how these skills are identified, developed and fitted within wider HR issues of government structures

**Delays in signing PDs and in procurement**

PDs signing decentralised at the zonal office level for PD below USD 400,000

**Lack of frequent enough monitoring of local risks and emergency can cause delays in responding to local emergency**

Reporting frequency increased

**Price of water is making WASH response too costly**

Engagement, successfully of PASAWEN, Puntland, produces model of local governance and price control. Negotiations for Baidoa, ISWA, more involved showing the variety and fragility of government structures in the majority of places

**Somaliland presidential elections causes further security considerations and political agendas in the worse hit areas of Sool, Sanaag and Togdheer**

Emphasis on the humanitarian engagement built on long standing PCAs with reputable IPs and engagement with local government

**Gaps in funding – notably because of extended supply chains of critical commodities**

UNICEF globally able to advance financial support when donor commitment made. UNICEF Somalia ‘very frank’ with donors as to the situation, its ability to deliver and the resources required to deliver. Built trust and in-depth collaboration with a number of key donors

**Gaps in capacity in partners’ staff**

Providing capacity building on technical and procedural abilities
4.3 To what extent has UNICEF responded in a timely and effective manner, particularly as relates to the 45-day scale up plan, and how could this have been improved?

This question is closely tied with question 2; this is set out in Table 10. UNICEF provided indicators for what constitutes a timely and effective response: responding in 72 hours, supplies available, no gaps in service, no stock out, and to communities’ satisfaction - Table 5, above offers points on these factors.

Key areas for being able to respond in a timely and effective manner require people able to drive the system(s) and structures to be responsive to the needs. Throughout the RTE, we noted the pressures placed on people. From within UNICEF, systems and structures (and key people at decision points) would benefit from an internal market building improved responsiveness; and the development of internal markets to supplement motivations in doing a good job.

Despite the operations being in a chronic setting, there remain HR management considerations as to the type of person recruited. Duty of care and quality, proactive, security arrangements support people attuned to the external conditions of operation. It is an environment with risks and these are not always fully understood thus creating greater anxiety possibly hampering performance. As the country office undertakes wider organisational change (the move to Mogadishu), the opportunity should be taken to look at the overall organisational development within the context of the operational environment and the strategic goals, performance targets, UNICEF sets itself.

UNICEF performance in making supplies available: UNICEF has been effective in procuring and distributing medicines and nutritional supplies to health and nutritional units. It has been less effective on vaccines and immunisation kits where UNICEF serviced centres have never experienced complete stock-out but have run low against demand on vaccines and immunisation kits. WASH supplies, through the ten hubs, have been the same with quality initial provision then hampered by final stage delivery causing shortfalls in some areas. This is due to the issues of access with airlifts being used to reach some hubs. Security has forestalled onward transportation to final distribution sites.

This criterion precludes the issue of quality use of supplies. Fieldwork (Puntland and Somaliland) brought forward questions of the efficacy of nutritional distributions where protocols for the use of supplies were not being followed and nutritional items were generally distributed rather than administered according to need. Questions were also raised as to why cholera responses varied with supplies being distributed not supported by quality awareness work on the causes of AWD and cholera allowing households to make best use of supplies.

In Baidoa, several IPs report stock-out of medicines and nutritional material. One IP though this was because UNICEF took a long time in sending supplies, or ask partners to collect supplies at the regional hub in Baidoa, which they have trouble doing because of the security situation. A UNICEF staff explained that decisions on extra logistics and supplies are based on the quarter distribution plans which contain target numbers of malnourished children based on the SAM calculation. The
quarter plans include a 10% buffer stock for covering any extra supplies required that can be quickly activated. UNICEF also runs Monthly report on the utilization of supplies and services and stock balance as well as on the admission rate which helps them in planning for the needed supplies. Either the quarter distribution plans forecast a lower demand and are not updated on time, or they correctly forecast demand but logistics cannot keep up with them. The evaluation team found initial evidence that both mechanism were operating where security prevented the “last mile delivery” from the regional hubs to the IPs on a number of occasions. Additionally, alternative delivery mechanisms place tremendous costs on the primarily supply. UNICEF flew in high weight items to Baidoa and other centres, which however still leaves open the issue of the “last mile” of delivery. Finally, the quality of service provision at these centres attracted people from great distances, notably rural areas where there was insecurity and no service provision, hence increasing demand beyond original planning parameters.

Using data from the nutrition site geo-tagging exercise, we mapped the state of supplies of technical tools and Plumpy Nuts, and medicines (including vitamins) at nutritional sites. Table 15 captures for how many tools or medicines nutrition sites in a district are listed as seriously undersupplied (50-65% of sites have the tool or medicine in stock of sites), critically undersupplied (25-50% of sites have it in stock), and very critically undersupplied (0-25% of sites have it in stock). Nutrition sites appear to be better stocked of technical nutritional tools than medicines: this is expected and can simply reflect the fact that medicines are distributed through hospitals or other medical centres. Bari and Gedo are the districts that face undersupplies in most dimensions.

Table 15 Supplies at nutritional sites

<table>
<thead>
<tr>
<th>Regions</th>
<th>Supply situation at fixed sites</th>
<th>Supply situation at mobile sites</th>
<th>Supply situation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO technical tools and Plumpy Nuts at serious to very critical undersupply</td>
<td>NO of medicines at serious to very critical undersupply</td>
<td>NO of medicines at serious to very critical undersupply</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------</td>
<td>---------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Bari</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Gedo</td>
<td>6</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hiiya</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bakoal</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bannadir</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Gaps in services – According to the TPM and the primary fieldwork for the RTE there were gaps in services for nutrition, health-care, and WASH. These gaps related to the frequency of visits by mobile outreach teams, the quality of service in some health facilities and the provision of enough water during emergency water trucking. Given the manner all services were established, the services all attracted extra users thus supply created its own demand overwhelming original estimates for the services; the services became victims of their own success. The caveat is laid down again with regard to exclusion of key groups, notably minorities or those without affiliation to the IP, and the quality of technical staff with IPs.

Responding in 72 hours – This is an impractical measure given the chronic setting, the complexity and the variations in what is being responded to. If the response is measured in terms of actions being placed in train, UNICEF Somalia has proven to be efficient. In practical terms, the EMT had set timelines for specific actions against which to monitor sectors in achieving the targets set for each of them. The supply chain length entailed planning over an extended period for procurement, supply to primary sites (UNICEF warehouses), on to Somalia hubs and thence to point of usage. Continued disruptions of supply channels have created times where it has been physically impossible to deliver to the end users.

Community satisfaction – Feedback through the primary research shows overall satisfaction with UNICEF’s work with caveats. Exclusion issues are apparent in all the IDP settings where all key...
informants and focus groups spoke on gatekeepers denying access to resources and widespread abuse by different groups towards, particularly, women and girls. Community is a broad term and the service centres are designed to offer support across communities who often constitute diverse people. IDP and host community relationships, even when sharing a majority of relationships, become strained in a resource poor environment.

All communities stated an overall satisfaction with UNICEF. Because of the scale of UNICEF’s work there were complaints levelled in terms of doing more since other actors were dismissed as not being important or lacking the capability to respond to needs. UNICEF continues to be the default actor in emergencies throughout Somalia; inclusive of Puntland and Somaliland where the UNICEF name was alongside or ahead of government in being expected to undertake, particularly, nutritional and health emergency response.

Protection issues came forward in all settings with concerns voiced regarding being able to hold perpetrators of abuses, from exclusion through child labour to crimes against women and girls, accountable for their actions.

Longer-term work, for recovery or development from this emergency, brought forward demands from communities for more education, alternative livelihood development and training, and generally more localisation with commensurate community engagement and ownership of service provision.

In Table 16, we present a case study on the positive convergence programming from field data collection from Mogadishu:

**Table 16 Case study on convergence from FGDs and KIIs in Mogadishu**

In the Mogadishu IDP camps, multiple Implementing Partners (IPs) provide emergency services to the internally displaced persons (IDPs). This could have resulted in a less coordinated, more defending on organisational space and less convergence. However, due to UNICEF active engagement, strong management and coordination system supported by near real time online reporting system, the IPs felt there has been little overlap or duplication of services.

The IPs further felt UNICEF’s support and leadership has assisted in building the cooperation of local authorities. The IPs have developed valuable participation with communities in the identification, prioritization, monitoring and implementation of the projects. Such active participation has greatly contributed to the effectiveness and efficiency of the emergency response and laid the foundations for more develop oriented work to mitigate future emergencies. All the stakeholders, local government, local leaders, people themselves as well as the IPs, felt more emergencies were inevitable without UNICEF’s integrated development approach bringing water, public health and nutrition basic services to the people.

UNICEF’s information sharing strategy contributed to transparency among stakeholders. The delivery of strong advocacy messages to the Somali Government and international community provided the leverage for additional successful fundraising.

Needs continue to outweigh supply of support. Mogadishu residents are receiving more displaced people because of renewed fighting and the rigours of the on-going drought causing additional pressures on finite resources. Although some IPs mentioned a good relationship between the host communities and IDPs, the IDPs voiced concerns about their host communities in relation to protection issues. Women and girls indicated they have been victims of violence and sexual attacks by armed men around the camps. The lack of safe shelters and rule of law has made young girls particularly vulnerable to sexual abuse.

All the stakeholders interviewed have praised UNICEF for their timely, appropriate and
comprehensive response directly impacting on the survival of people. Because of the nature of the response, it can be questioned to what extent the resilience of IDPs to future droughts and climate shocks has been strengthened. IDPs wanted income generating activities and education interventions for the near future; displaced people are thinking beyond their mere survival and planning for more sustainable livelihoods. Many will remain in Mogadishu meaning IDPs and host communities will have to engage further with one another in the local economy. IPs stressed the integration with host communities should be prioritized in the next phase of the programming. However, with the anticipation of renewed violence and the continuing drought, the pressure over limited resources and services in the camps, Mogadishu overall, is only expected to increase, with the risk of increased tensions between hosts and the displaced people.

In Table 17, we present a summary overview of UNICEF performance by location using field work data.
<table>
<thead>
<tr>
<th>Performance</th>
<th>Location of fieldwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies available</td>
<td>Baldoa: Reported stock out of medicines and nutritional supplies.</td>
</tr>
<tr>
<td>Relationship with the government</td>
<td>Baldoa: Largely positive. UNICEF shares information with government during cluster meetings, and involves government in decision making.</td>
</tr>
<tr>
<td>Relationship with Ips and local institutions</td>
<td>Baldoa: Ips complain that they don't know whether their projects will be funded after 2017. Reports of camp leaders acting as gate keepers of aid.</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Baldoa: It often takes UNICEF a while to respond. A UNICEF WASH staff reported that December 2016 there was an outbreak of AWD/Cholera and UNICEF intervened February 2017. A UNICEF nutrition staff reported that UNICEF responded timely because of the use of existing partners.</td>
</tr>
<tr>
<td>Beneficiary satisfaction</td>
<td>Baldoa: No information</td>
</tr>
<tr>
<td>Waiting times</td>
<td>Baldoa: Reports of long queues for water distribution</td>
</tr>
<tr>
<td>Service points open</td>
<td>Baldoa: All service points visited were open</td>
</tr>
<tr>
<td>Access to service points</td>
<td>Baldoa: Constrained by security and road blocks from the sea port to the IDP camps</td>
</tr>
</tbody>
</table>

Table 17 Summary table of UNICEF performance by location of fieldwork.
4.4 To what extent is the UNICEF response contributing in responding and mitigating the negative impact of future droughts or climate shocks?

4.4.1 Somalia vulnerability to climate change

Somalia is vulnerable to both current and future climate shocks. Historical trends for temperature between 1960 and 1991 and 1991-2015 show trends of higher temperature, and higher variability in rainfall with rains more concentrated in the two spikes of the rainy seasons (Figure 2 and Figure 3). This trend is projected to manifest itself in the future under all four scenarios used by the IPCC in 2014 (from Figure 26 to Figure 35).

While noting the uncertainties in projecting climate trends, Figure 4 to Figure 11 show projected changes in temperature and rainfall for the period 2020-2039 according to four possible scenarios based on lower to higher emissions of CO2. Across all scenarios, the models predict an increase in temperature of approximately one degree (with monthly variations) up to 2039. Three out of four models predict a sharp increase in precipitation for October/November, and a small decrease for April/May. Under all scenarios the annual likelihood of drought years is going to increase.

In the Somalia context, working on climate resilience has primarily meant finding approaches reducing the sensitivity of farmers and pastoralists to increases in rainfall variability. The UNDP led “Enhancing climate resilience of vulnerable communities and ecosystems in Somalia” aims to reform the policy, planning, and financing framework for climate resilience, and to pilot models of community and ecosystem resilience. UNICEF is not an agency with a mandate in environmental protection; however, climate resilience is increasingly mainstreamed in development and humanitarian programming; especially in situation where it can have a large impact on wellbeing of the population. Key informants made the case for UNICEF to raise its strategic engagement in the humanitarian and development forums.

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4.4.2 UNICEF approach to resilience

UNICEF’s definition of resilience is “the ability of children, communities and systems to withstand, anticipate, prevent, adapt and recover from stresses and shocks, advancing the rights of every child, with special attention to the most vulnerable and disadvantaged children. A resilient child is one "whose rights are sustained in the context of shocks and stress, whether climate change, disaster, economic or conflict related".\(^{14}\)

UNICEF models resilience according to the three dimensions of

- **Absorptive capacity** – the ability to minimize exposure to shocks and stresses through preventative measures and coping strategies to avoid permanent, negative impacts
- **Adaptive capacity** - making proactive and informed choices about alternative livelihood strategies based on an understanding of changing conditions
- **Transformative capacity** – reforms in the governance mechanisms, policies/regulations, infrastructure, community networks, and formal and informal social protection mechanisms that constitute the enabling environment for systemic change

UNICEF has further developed thinking on resilience tending to refer to the original meaning of resilience and the capability to return to a former state. Given Somalia’s long term trends caused by exogenous and endogenous developments, the choices for a large part of the population will not include a return to a previous way of living. However, following this thinking UNICEF’s work on basic services links with resilience in the following way:

- **During emergencies** - providing basic social services reduces vulnerabilities and grants affected population the breathing space for avoiding coping strategies that reduce long-term prospects
- **During the early-recovery period** - enhancing the capacities of duty-bearers and other stakeholders to protect children from future shocks and stress, such as conflict, disasters and climate change, and the capacity of children, families and communities to claim their rights to support and protection. The main aim is that government, other authorities, and communities will be able to respond independently to the next shocks
- **In the long-term** - addressing the drivers of inequality that determines that vulnerable people are more vulnerable to shocks remove the causes of vulnerability. This can be done with development programming that works on the drivers of risks

4.4.3 A theory of change for UNICEF contribution to climate resilience in Somalia

Using information on Somalia climate vulnerability, UNICEF’s thinking on resilience, and evidence collected as part of the RTE, the evaluation team proposes a theory of change for further constructive dialogue in the Country Office. The theory of change looks at how UNICEF emergency response and development programming is connected with resilience: this is an initial piece of thinking within an overall recommendation to assist UNICEF further manage programming through outcome-oriented tools. The building blocks for a theory on resilience building are based on the following considerations:

**Humanitarian access is critical for absorptive capacity in the short term** – UNICEF is an active partner in the Access Task Force. According to the HoA L-2 Somalia Benchmarks, 40 per cent of populations in need are in hard to reach or inaccessible locations. UNICEF has recognised that, unlike 2011, where AS considered humanitarian aid as part of the global political agenda against them, they are now using aid as an instrument for legitimizing their control. AS officially

communicated it has formed a "drought committee" to coordinate delivery of aid. AS is also reportedly directly delivering aid. However, the ban on NGOs and humanitarian agencies in areas it controls still stands. ICRC is banned by AS from accessing their zones of control; it is not clear if the Somalia Red Crescent Society is banned as well. In this situation, more than 165 violent incidents in 2016 led to the deaths of 14 humanitarian staff, injury of 16, arrests and detention of 25, abduction of three and physical assault of five humanitarian personnel. One building block for resilience is that is at least one entity, for example a national NGO which UNICEF can fund, can consistently access AS areas: this conditionality is, currently, not being satisfied.

### Proposed assumptions

AS is more than a terrorist organisation. They have resisted a protracted war against AMISOM forces because they have legitimacy on the ground.

With AMISOM retiring before 2020, prospects of a decisive route of AS are dim.

AS’ factions can be mapped: factions emerge that are open to external relief

**Sustainability of basic services and infrastructures, and preparedness** – UNICEF has already made clear the link between humanitarian response and the provision of sustainable social protection and services in the long-run. In a meeting at the regional level in February 2017, UNICEF agreed to work on social protection, to take stock of cash transfer initiatives in the HoA and provide guidance to COs on social protection programming in the context of the drought, building on lessons learnt from recent responses.

Monitoring data for WASH shows the difference between providing temporary and sustainable services. UNICEF is investigating long-term potable water provision through the drilling of deep boreholes and provision of piped water where appropriate. However, there remain issues of capital cost and the return on investment if management and recurring cost issues are not resolved.

It is recognised that local capacity building is essential for the sustainability of services provided through humanitarian assistance past the surge of humanitarian funding (local development capacity development plans, as well as using local standards and norms). Following the same logic, supply chains for medicines and vaccines are complex and require investment in terms of capacity strengthening as well as infrastructure to enable government authorities to be able to oversee the supply chain by 2020. The private sector engagement in both water and health is highlighted and must be fully explored if services are to be effective and efficient.

Other than on local capacity, the sustainability of basic services in health, nutrition, and WASH depends on the capacity to reform the institutional framework in a way that holds the government accountable for the provision of services. Additionally, it also depends on Somali community, businesses, and government being able to innovate to meet Somali challenges. This requires complex engagement in building coalition for meaningful institutional change when opportunities arise and focusing on top-down institutional change as well as bottom-up incubation of local solutions.

It is positive that basic services in WASH, health, and education are priority areas under the Social and Human Capital Development pillar of the Government’s National Development Plan (NDP) - 2017-2019.

**Assumptions**

Realisation strategy and planning processes which do not emphasize the volatility and variation of operating conditions will not allow an adaptive approach responding to change and causing a
deliberate strategic engagement to act on the causes of the volatility

An approach of double loop learning to challenge the present false equilibrium of efficient service delivery which is ineffective in (growing) volatility of exogenous shocks

Transformative capacity is a precondition for making basic services accountable and sustainable, providing a framework for building local capacity, and facilitating economic development (which also contributes to resilience and adaptive capacity)

**Intervene earlier on the determinants of the emergency** – UNICEF response has aimed to save lives against plummeting food security indicators. However, the response has come too late to preserve people’ livelihoods. In large parts of Somalia, livelihoods depend on livestock. Livestock deaths happened as a direct result of the drought, lack of water and forage, and lead people to move given their main livelihood was destroyed. For example, the northern inland pastoral livelihood zone of Sool, Sanaag, Bari and Nugaal regions experienced livestock assets depletion due to increased sale and mortality, declining livestock to cereals terms of trade and increased indebtedness. If they can, they buy water from private water vendors, usually at very high cost, if they can’t afford the price, they move. Of course, water provision alone will not save livestock; it requires a holistic approach to animal nutrition and health. Such points lead to greater integration not only within UNICEF but increasingly with other technical institutions capable of addressing wider food security considerations.

**Assumptions**

Avoiding loss of livestock at the early stages of the emergency can greatly decrease the number of IDPs and people in need

**Risk-based, problem driven, and politically aware institutional capacity building**: building transformative capacity is the quintessential complex problem because changing the way institutions work requires influencing the levers of power. The CCCs require UNICEF to identify capacity gaps within government counterparts and operational partners; and planning for capacity strengthening for possible transfer of identified logistics activities following a response.

In Somalia, UNICEF has engaged in institutional capacity building; but questions remain as to the effectiveness of such interventions.

DFID and USAID, among other donors, have been at the forefront of a movement of reform in the way aid is delivered in complex environments emphasizing working in a politically aware and adaptive way. For example, the Problem Driven Iterative Adaptation is a model that places context-specific institutional capacity building at the centre\(^1\). It is contended, built on input during the RTE, UNICEF can be more influential through its delivery capability and the leadership of clusters in searching for and creating opportunities for coalition-building for reforms at all levels of Somali society.

**Assumptions**

Institutional capacity building will not result in transformative capacity unless it is coupled with a broader, concerted, engagement on government accountability and capability to retain personnel offering them a career path as attractive as joining the UN or NGOs.

**Allow people the breathing space of making proactive and informed choice for responding to the crisis**: UNICEF provides nutrition, health, education, child protection and WASH services to

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save lives and offer the capacity to build non-destructive coping strategies at the household and community levels. Linking with thinking on the drivers of conflict, UNICEF could employ its position and drive equitable economic development as another part of resilience, early recovery, and development, breaking cyclical emergencies. The work on social protection, linking back to cash transfers and forwards to savings and insurance, is an important element to lift from the theoretical to the trail and replication phases of implementation. Continued urbanisation, masked by the categorising of people as IDPs, is a global phenomenon and must be recognised as a consequence of wider societal changes. Again, the need to tie UNICEF’s core mandate to factors and influences to its mandate is a requirement if the cycles of emergency are to be changed if not broken.

**Assumptions**

**Basic services limit the resort to harmful coping strategies**

**Economic development can also functions as a piece of the resilience package**

**Involve communities and build their capacity.** The CCC states information systems for empowering communities are part of the resilience package. Communication for development in emergencies seeks to share relevant, action-oriented information so when disasters strike, people in affected communities know what actions to take. The Somalia Operational Plan reports that both the WASH and health clusters have included community mobilisation activities (training of trainers, door to door visits for sharing messages, workshops on community participation, engaging local leaders).

There are practical issues noting the mid-term WASH report finds target populations are not using the chlorination tablets distributed and not engaging in the treatment practices advocated. Incubating and resourcing local capacity to solve local problems will go some way in making services sustainable. However, UNICEF has not provided funding to communities for running their activities, placing the emphasis on volunteerism and personal interest by community members to take up practices. A number of references were made to area based programming and related approaches such as area based community development. Such approaches will require challenging the false equilibrium developed in present delivery systems, between (long term) IPs, government and the communities themselves.

**Assumptions**

**Investing in local capacity to solve local problems could go some way in making services sustainable.**

In section Figure 36, we present a summary of an inchoate theory of change. In Table 18 we present the summary of some of the evidence from the literature review that that we used for building this theory.
Figure 36 Graphical representation of the ToC for resilience.
Table 18 Summary of the evidence on the link between UNICEF humanitarian response and resilience

<table>
<thead>
<tr>
<th>Sector</th>
<th>Resilience outcomes</th>
<th>Resilience</th>
<th>Adaptive Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>Services allow to protect productive assets (land and livestock) and resources that allow people to do something in the face of shocks</td>
<td>Services allow to protect productive assets (land and livestock) and resources that allow people to do something in the face of shocks</td>
<td>UNICEF leaves behind better information systems to detect shocks, inform duty carers of needs, and rely beneficiaries’ feedback on services to duty carers</td>
</tr>
<tr>
<td>Health</td>
<td>People have experienced livestock deaths that forced them to move before UNICEF took action. People have used coping strategies: drinking unsafe water, and moving out of their areas</td>
<td>Community mobilisation planned</td>
<td>Community mobilisation planned. However, people move if their livestock dies: this is something that UNICEF has not worked on</td>
</tr>
<tr>
<td>Education</td>
<td>Over 8000 people have died of AWD/Cholera</td>
<td>Information on good health practices is shared. What about on the health outcomes of the community?</td>
<td>Lack of trained physicians. Engagement with local clinics</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>Information on SAM rates does not appear to be discussed with communities</td>
<td>Community mobilisation planned</td>
</tr>
<tr>
<td>Child protection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash transfer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.4.4 Further results on resilience

Because we used only data from the literature review for building the theory in Figure 33, we can use field data for exploring its likelihood.

In Puntland, Somaliland, and Baidoa key informants consistently reported that the resilience of communities did not improve under the current approach. They consistently stated the need to look further at the linkage between livestock deaths and a person falling into a crisis situation. Respondents went as far as linking loss of livestock with psychological trauma and increase in rape because of the swelling number of men without an occupation and a sense of role. Although the fieldwork did not bring forward further detail in Iskushuban, key informants noted the movement of livestock into this area placing further strain on to resources; notably grazing and water. What is apparent is that the evolved practices of transhumance are stressed by a number of economic factors notably the understanding of subsistence pastoralism and the commercialisation of livestock rearing.

Interestingly, a KI in Erigavo reports that the “the resilience of the community improves when we meet their expectation but most of the time we don’t meet their expectation”. This goes some way in confirming the case that more inclusive and respondent institutions are a component of resilient communities. Key informants in Los Anod also report that their wider needs for livelihoods, employment, and poverty reduction are not met by the current response.

Lack of security and resources for capacity building hampers resilience: At the same time, local authorities reported that the major obstacle to resilience is the security situation due to fighting between AMISOM and AS. One IP stressed the need for a sustainable response that involves communities and is based on capacity building. Another IP, however, remarked that capacity building of communities does not help if there are no resources available for investing in them.

In Baidoa, IPs reported that they don’t have any certainty on whether their projects will receive funding after December 2017, which is hampering sustainability. In Puntland and Somaliland alike, key informants expressed worries about the short-term nature of the interventions. They worry because there are no plans in place for the next drought, and most short term projects will close by then. In Los Aldos, KIs reports that UNICEF main contribution to resilience has been the digging of a borehole: one IP has plans for keeping it open.

UNICEF has some building blocks for resilience in place, and can now building further on them - In Puntland, key informants from all sectors expressed appreciation for the Disaster Risk Management system put in place by UNICEF, including the training of local officers in DRR and shared forecast information through the radio. In Mogadishu, Burao, and Los Anod, IPs and local authorities report that digging wells and boreholes and building infrastructure for water collection and piping are sustainable (Table 19).

Table 19 Summary of sustainable parts of UNICEF emergency response

<table>
<thead>
<tr>
<th>Performance</th>
<th>Location of fieldwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainable interventions</td>
<td>Baidoa</td>
</tr>
<tr>
<td>Emergency preparedness</td>
<td>Vaccination, pipeline extension, early warning system</td>
</tr>
</tbody>
</table>
4.5 What can the organization do moving forward to build on current activities to support early recovery and risk-informed programming?

Key questions for the Country Office in terms of moving forward are: How will this RTE fit to the elaboration and elucidation of the strategy 2018-2020? A defined period was set for the RTE, however the emergency operational mode has, seemingly, become open ended. There are issues on the manner systems, structures, and people work in chronic settings that are not present in a short response. The scaling up was to meet the pre-famine crisis; malnutrition rates and other indicators of need have increased in a large part of the country during 2017. How UNICEF is looking at a new operating dynamic where this level of humanitarian engagement is a longer term, minimum four rainy seasons, two years engagement?

UNICEF has already done extensive planning at the cluster and sectoral levels and whilst the feedback has consistently been for convergence and an integrated approach, the structure remains one of silos, stovepipes where connectivity appears haphazard and marked by emergent strategy rather than a deliberate strategic intent to build from holistic needs.

**Problem driven adaptive management approach aware of UNICEF core competences and critical success factors to drive delivery and influence** - In 2017 UNICEF conducted or reported on at least four different planning processes: the 2012-2015 country programming, the 2017 HRP and HAC (twice at the HAC level), the 45 day scale-up plan, and the 2018-2021 strategic planning. Further, UNICEF, at sector and cluster levels will be a key resource in the DINA, Drought Information National Assessment. There is also the NDP and related documents in Puntland and Somaliland. The question has to be answered as to the efficacy of a plethora of planning approaches that are resource heavy and often not user friendly.

Returning to the problem driven adaptive management approaches. The approach departs from the classical design / implement / evaluate / design-again project cycle for development. The proponents of this approach invite implementing partners and donors to recognise they often work on complex social change, for which they cannot set out beforehand what is needed. For example, in the context of this scaling up, UNICEF has used standard operating procedures to deliver at an increased scale to save lives. However, it is apparent the actual setting for the operations is changing causing the problem to be exacerbated.

Taking such an approach of adaptive management, fitting together with scenario management approaches, challenges standard practices. It is about setting up inclusive institutions that are responsive to problems identified from the bottom-up and to adapting to the fast moving, volatile setting. The Emergency Management Team is an example of an inclusive institution that can create coalitions and shared action for change inside UNICEF. The challenge is to build similar inclusive institutions across Somalia that represent civil society and that are Somali-led.

The approach, with development, would fit to area based programming and an integrated service delivery model addressing resilience at the area and community level with reference to the external factors still influencing outcomes. With the area identified via analysis of community and the range of a service (education and health highlighted), UNICEF could establish set of impact and outcome level indicators where all sectors feed in to achieve the definition of a resilient child in a resilient community (instead of having outcome indicators specific for each sector). Feedback loops could build on the SomReport process now being developed with the PME collecting data at the outcome level whilst sectors would look at their particular sectoral planned achievements.
The sectors would come together to facilitate critiques of how the outcomes were being impacted. There would be challenges in terms of HR management; however, these challenges are already apparent with the tensions between cluster and sector and the stovepipe approach of both cluster and sector noted during the RTE.

Protection at a level of accountability – the continued development of the rule of law fits into wider state formation functions. Where functionality is appearing, the capability of recourse is becoming apparent. However, the needs remain ones of cultural change and the capability to proactively impact behaviour. This could be best served by taking forward the area based programming and reinforcing the networking; building reporting links in evolving institutional frameworks.

Keep working on community awareness and education of health and hygiene practices - Provision of basic services with an emphasis on promotive health and related empowerment of community level (area based community development) approaches is an imperative to address financial effectiveness and efficiency and constitute one of UNICEF’s comparative advantages. Advocating for changing the requirement for health authorities to report GBV to the police could in the short term expand victim’s access of services for GBV victims. UNICEF however needs to engage in further analytical work for understanding the space and most effective ways for changing social norms related to gender relations.

Offer more clarity to IPs and communities on long-term funding – IPs and local authorities in several locations reported frustration about not knowing whether their projects will still receive funding after December 2017. When possible, work on creating mechanisms for funding projects and services beyond the annual timeline of humanitarian interventions, and for keeping services open after ceasing direct support. Such thinking could fit with education to employment continuums and assist in the development of social enterprises where young people can serve their community.

This includes expanding the capacity to verify, in a timely fashion (to be defined by the type of emergency noting the 72 hour window UNICEF sets itself) emergency reports and appeals so that a UNICEF verification does not become a cause for delays. In the long term, UNICEF could benefit from accompanying planning with flexible engagement with institutions in Somali for taking up opportunities for building capacity in responding to emergencies when and where they arise. This would require experimenting when opportunities arise and engaging in quicker and tighter feedback loops challenging accepted and presently established practices. This entails partially reviewing the standard procedures for programming and risk management in emergencies for ensuring responses are undertaken in a known timeframe. At all times, the issues of standards on quality are to be maintained and built on where the capability to have long term partnerships and mutual support are a major plus.

Expand delegation of response to the local level and engagement with beneficiaries and local institutions. An inability to engage directly with beneficiaries (and key intermediaries) hampers the capability to deliver timely support and assistance with an emphasis on durable interventions and sustainable developments. Data collected from Puntland reveals frustration from the local and central government in not being consulted enough in preparing responses. In Baidoa and Burao, respondents and IPs claim they sometimes do not receive feedback on the emergency appeals they bring to UNICEF attention, and that sometimes UNICEF response comes when the needs have already been met by other agencies. Some respondents are of the opinion the cause is the time it takes UNICEF to independently verify the reports, and ask and obtain additional support from Nairobi or Headquarter.
Resilient programming - According to UNICEF thinking on evaluation, resilient programming requires clarity on a series of questions set out in Table 9. Initial responses are set out following the data collection and analysis. It is a work in progress requiring the openness shown throughout the RTE to be built on with the next steps of development internal to the Country Office enabling the right steps to be made for delivery against strategic objectives.

In Table 20, the evaluation team presents answers to the key questions for resilience programming.
Table 20 Capacities to be strengthened

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which capacities need to be strengthened? –</td>
<td>All capacities to move from response to a proactive approach, from a curative stance to one of promotive and preventive engagement across all sectors reinforcing the convergence intent and allowing people to take control of solutions through supported public health approaches</td>
</tr>
<tr>
<td>How strong the capacity already is in country?</td>
<td>There are not comprehensive capacity gap analyses available. The present setting is one developed through emergent strategies rather than a deliberate strategy which will challenge the present status quos</td>
</tr>
<tr>
<td>At what level to focus efforts? (Communities, national level?)</td>
<td>The lowest level that can conduct the task. If the area based programming is taken forward, how to link to district, state and federal government levels? How to look at the functional relationships between private sector, including the majority LNGOs, and governance?</td>
</tr>
<tr>
<td>How to manage integrated programming?</td>
<td>Requiring further dialogue with regard to HR management where people are assessed by what they manage. Development of 360 degree interactive assessments fitting to outcome level objectives and team working practices?</td>
</tr>
<tr>
<td>What information is needed for enhancing resilience?</td>
<td>Information on shocks and on capacity / capability to withstand shocks. The establishment of a pathway along which signposts are set allowing data to flag information for different levels (Community, operations, planning, strategy and policy require different distillations of the same, quality, data)</td>
</tr>
<tr>
<td>How does the selection of results in programming enhance resilience?</td>
<td>Results need to fit into the pathway / theory of change allowing progress to be tracked and acted on at the different levels noted above</td>
</tr>
<tr>
<td>What are the opportunities to build resilience?</td>
<td>Is resilience synonymous with early recovery? Are questions of resilience about priming for development (albeit in a chronic setting where needs seemingly outweigh supply unless a change of mindset is undertaken)? Somaliland and Puntland offer opportunities to work inside an area based approach learning lessons to apply to more complex areas (notably the issues of displacement and changing livelihood patterns)</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>How to develop national capacity to analysis data on risks and needs?</td>
<td>The levels of operation and accountability require examination supporting the process of data, information, decision and action at the appropriate levels. Community, district, state and federal governmental issues with delegation practiced when skills facilitate.</td>
</tr>
<tr>
<td>How to translate risks into programme activities?</td>
<td>Undertaking a much more involved scenario approach with ‘back casting’ could be a way to address risk management. The absence of a theory of change and the strategic dialogue around an assumptions column of a logical framework will also address risk informed programming.</td>
</tr>
<tr>
<td>What kind of capacity building should UNICEF headquarters and regional offices provide to the country offices?</td>
<td>Further work on the HR side and support to look at people working in a turbulent setting. Review of standard operating procedures to reflect the adaptive capacity required to work in such turbulent settings.</td>
</tr>
</tbody>
</table>
5 Conclusion and lesson learned

We present here our conclusion broken down by question.

5.1 Question 1

- UNICEF scaled up substantially with variation between and inside sectors with the necessary prioritisation of life-saving services over longer-term goals. UNICEF and cluster partners have reached a substantial percentage of people in need, but fell short of targets set the pre-famine emergency in some sectors and of the total amount of people in need
- Beneficiaries and IPs mention needs in WASH, nutrition, and health care, which confirm the priority given by UNICEF to these sectors. But they also require additional support in employment, livelihoods, shelter, and protection
- The September malnutrition indicators were higher than in January when the L-2 was declared, but in some regions lower than peaks registered in April which means that UNICEF response might have contributed to reverse trends in malnutrition in some regions
- UNICEF’s work in the cholera response is highly commended for forestalling deaths, controlling the epidemic and commencing to offer thinking on addressing the vulnerability of children and women to water borne diseases
- UNICEF is planning the way forward to address other disease outbreaks. The rise of measles during the year together with low availability of vaccines and immunisation kits is noted, alongside plans to undertake a health cluster mass vaccination campaign (to be tied with further work on birth registration)
- Protection, child and women’s rights issues, continue to give cause for concern, especially in rural areas. The lack of an integrated approach could be perceived as contributing to a lack of focus on gender issues
- UNICEF assessment and planning processes are partly centrally led. The zonal offices also assess needs as an organisation through their own IPs and community and government linkages

5.2 Question 2

- UNICEF strength and forward thinking in terms of establishing hubs, shortening supply chains and delegating responsibilities with regard to PCAs paid dividends. Quality assistance is built on quality planning. Considerations on the use of such approaches to further empower intermediaries and beneficiaries warrant investigation
- Strong point of UNICEF humanitarian response was the scaling up of logistics and performing to beneficiaries’ satisfaction
- Current beneficiary involvement through IPs and local authorities can be strengthened by adding feedback loops for reporting back to beneficiaries. However, marginalisation of women and other minorities from local and central institutions remains an issue
- Beneficiaries and local institutions have expressed unanimous satisfaction of UNICEF support. But they have also remarked that the crisis is not over
- UNICEF support and delivery of supplies to IPs has been widely appreciated and positive. However, gaps in availability of stock and frequency of service delivery remains, particularly in the rural areas
• UNICEF work on advocacy has also been praised for being able to mobilise timely donors support to save lives

5.3 Question 3

• Scaled up allowed response in a timely and effective way. The UNICEF overall engagement has, without doubt, saved lives. Whether the reach was far enough remains a point for further research. The number of displaced persons has continued to climb and the levels of malnutrition are higher at the close of the 2017 from the January declaration of L2
• There remain gaps in the frequency of service provision in hard-to-reach areas, in the timely response to emergency reported from the bottom up by community institutions to the zonal office, and in the capacity of some partners to deliver quality and timely services. Early gaps in protection engagement have been, are being, addressed

5.4 Question 4

• UNICEF’ response in 2017 prioritised life-saving activities over resilience and sustainability, which should be the focus moving forward. There are opportunities to build on what UNICEF is already doing. This includes early warning systems, the provision of permanent water through the drilling of boreholes with related building infrastructures for keeping and piping water, and community awareness on public health.
• UNICEF’ response is currently largely not sustainable for laying down resilience to further cyclical climatic and conflict related emergencies because of lack of engagement on the determinants of the emergency, short term nature of projects, insufficient cooperation and capacity building with local communities, local government, and central government, and lack of plans for responding to the next drought
• The expansion of humanitarian access has been one of main factors in determining a much-improved response (from 2011) and countless lives saved. However, barriers to access and movement are still part of the explanation for why in Somalia a drought is possibly going to (still) turn into a famine

5.5 Question 5

• Turning humanitarian access into ease of movement and access to market could be a link between humanitarian and development programming
• Keep working on community awareness and education of health and hygiene practices
• Offer more clarity to IPs and communities on long-term funding
• Improve feedback to beneficiaries on decisions made, and further empower the Field Offices to respond flexibly to emergency appeals coming from the communities
• Expand delegation of response to the local level and engagement with beneficiaries and local institutions
• UNICEF has a comparative advantage in leading on further research with regard to gender dimensions of malnutrition and food insecurity prevalence linked to early marriage and early child birth
• UNICEF has a comparative advantage in looking at nutritional issues in IDP camps and for displaced people in urban areas
6 Recommendations

UNICEF Somalia should expedite the convergence approach building integrated programming as a key objective to achieve outcomes in the 2018-2021 strategy. The need for integrated programming is clear from all locations. The capability to build integration has continued to be driven by the strictures of donor funding. However, there is a window of opportunity where donors are seeing the value of, for example, specific protection measures being put in place ancillary to nutrition and health humanitarian response. The need for longer term public health engagement with WASH interventions has long since been realised but is often less well funded. The capability to converge education and skills in public health can be built around schools. Integrating the current response with shelter, education in emergency and protection will be particularly appropriate in displaced camps and in informal urban settlements where women highlighted protection and hygiene issues as causes of grave concern.

Integrating the current response with livelihoods action and support to employment are appropriate and possible ways to extend the reach of, for example, basic public health, to areas UNICEF and partners currently do not reach. In all cases, UNICEF can let the specific pattern of requests for support coming up from local institutions in one area drive the decision of what support to integrate. UNICEF should leverage its leadership position in different clusters and partnership with WFP for convergence in specific sectors thence across sectors for a fully integrated programming approach (albeit tempered by the external factors continuing to cause operational issues throughout southern Somalia and specific areas of Puntland and Somaliland).

A possible way forward

With regard to development of a theory of change in emergencies, the country office UNICEF could use a facilitator (from the regional office?) to organise a participatory process setting the theory of change inside and across sectors, linking it with changes in UNICEF’s internal processes and ways of working. With an external facilitator providing probing questions and updated summaries on contextual information, proposes visualisation exercises and an iterative process for generating ideas and ways to make these both realistic and challenging.

UNICEF should work on critical enablers of programme delivery: risk management and security. The critical enablers are programme personnel’s understanding of risk management set out through the UN’s Programme Criticality approach and then how this fits to the quality work undertaken by UNICEF’s own security team to ensure time in different locations was made best use of given the residual risk factors.

Undertake a comprehensive gap analysis of the capacity of government and local government - to deliver and take up in the medium term some of the responsibilities for supply and logistics currently at UNICEF’s. This fits with both the Core Commitment to Children and UNICEF’s position on resilience building.

A possible way forward

To challenge the status quo with long term IPs who are independent of governance structures, UNICEF may wish to explore further the relationships with government bodies, reliance on local institutions and look further at institutional capacity building for both formal and informal governance bodies able to support accountable delivery and development. UNICEF should support the government in areas where it has capacity to deliver coupled with political will to do
so. Building on this, UNICEF could review what it knows about the government specific capacities (building on previous work) and opportunities for working together. Mapping of the government’s institutional capacity for basic service delivery and of political will to provide services and be accountable to the people. A second step is to keep this overview constantly updated for picking up and anticipating changes in context. A third step is to decentralize capacity for this analysis at the right level.

By speaking with beneficiaries, community representatives and IPs, the evaluation team heard of numerous institutions operating at the local level: school headmasters, health workers, front line staff of the ministries of education and health, social workers, teachers, mayors, community drought committees, community education committees, community IDP committees. These institutions link the general population with UNICEF Field Offices and with government. They will have pressures placed on them based on and biased by allegiances at the clan level. This might entail the capacity to pick out functioning and allegiance of local institutions at the district level, and the capacity for analysis of political space and opportunities to be decentralized at the Field Office level.

This is a chronic, protracted set of crises and 72 hours might not be feasible in the majority of large-scale crises. Supporting the concept of development in a chronic crisis, emergency response is an ‘emergency within an emergency’. In this perspective, UNICEF is to set a more realistic time bound set of targets contextualised noting external factors and internal issues such as supply chain from source to end.

UNICEF should leverage its lead position in the WASH, Nutrition and Education clusters, and critical player in the Health and Protection / Child Protection cluster, to advocate for advancement on how the cluster system is to develop breaking the silo approach now becoming apparent in Somalia operations.

Somalia Country Office should strengthen the MEL framework and baseline for resilience, which is currently not included in the results framework.

UNICEF should strengthen feedback loops directly from beneficiaries and government – it should place more emphasis on bottom-up programming approaches building on local institutions, especially where these are inclusive and not biased. Such an approach will be fundamental to sustainability, further convergence and an area based programming approach to cement the integration this will enable.

UNICEF should strengthen control of proposals to donors – reinforcing integration, institutional knowledge and lessons learned are adapted to the context. Internal quality assurance will ensure a final product is presented to donors and avoid the undermining of donor confidence in UNICEF overall when overall UNICEF strategy is not translated to sectoral proposals to donors.

A possible way forward

UNICEF negotiates funding with donors, preparing proposals that are evaluated by the donor against their internal quality criteria. A review of the proposal writing and quality process was outside of the scope of the evaluation. Without it, the evaluation team cannot point to a specific mechanism for assuring quality of proposals. UNICEF has the opportunity to review its proposal writing process by:

- Selecting a sample of proposals, both funded and rejected (for example 10 proposals)
- Identifying whether internal quality controls for proposals has been undertaken as
benchmarks of quality noting feedback from donors during this RTE (and throughout fundraising operations). Review the proposals against the benchmarks, interpreting and contextualising the checklist requirements using the TOR and donors evaluation criteria for each proposals

- Mapping the process of proposal preparation, including procedures, responsibility, and guidance, formal and informal, used for decision making
- Linking the patterns of strengths and weaknesses in proposals and the system with concrete steps to build on the strengths addressing any weaknesses
- Looking for leverage point where changing the process would yield large quality outcomes

UNICEF should build on the key areas of work where it has critical competences to address root causes of cyclical crises: sustainable provision of potable water for people and ensuring provision of water for livestock was unanimously seen as critical alongside linkages to sanitation and hygiene work and public health awareness work. Building integration around education and ensuring protection for women and children. UNICEF can further develop its approach to resilience within an emergency response by taking up opportunities for reform as they arise.
Annex 1  Theory of Change

Pathways of Change of the Emergency Response to the Pre-Famine Crisis in Somalia (Somalia Country Office)

**MAIN IMPACT PATHWAYS**

- Beneficiaries experience improved well-being
- Fewer people in need
- Lower malnutrition rate
- Protection
- Durable solutions to displacement
- Avoiding famine

- Beneficiaries demonstrate improved coping behaviour
- Enhanced individual response to conflict and natural disaster (fewer instances of extreme coping strategies, and remaining in the areas of origin)

- Beneficiaries demonstrate improved coping capacity
- Enhanced individual preparedness to conflict and natural disaster

- UNICEF delivers timely, well-targeted integrated services
  - Health: Clinics and mobile clinics, community health centres, vaccinations
  - Nutrition – nutrition centres to treat and prevent Acute Malnutriti- on
  - Protection – psycho-social support, referral mechanisms, safe spaces, social cohesion
  - WASH: Water trucking/vouchers, boreholes and wells, hygiene kits, practices
  - Education: Safe water and emergency feeding

**ASSUMPTIONS**

- Development programmes resume
- Solving the political problems to sustained peace

- New practices have early successes
- Sustained support to drive adoption
- Security situation improves

- Training courses are relevant
- Learning by doing

Nested Theory of Change in the overall Theory of Change on delivering quality services in an integrated WASH-sector
Real-time Evaluation of UNICEF SCO Humanitarian Response to the pre-famine Crisis

Pathways of Change of the Emergency Response to the Pre-Famine Crisis in Somalia (Somalia Country Office)

**INTERNAL IMPACT PATHWAYS**

**UNICEF delivers quality response at scale**
Scaled-up and quality early action that links emergency response and resilience building

**UNICEF staff demonstrates improved performance**
Learning from past-action
Prioritisation of programming for WASH, Nutrition, Health, Procurement
New PCA and PIDs
Coordinated action with other humanitarian organisations
Follow-through of performance management
More direct routes to IPs

**UNICEF staff demonstrates improved technical capacity**
Strengthened planning processes (three years planning cycles with annual response plans aligned with needs)
Strengthened information and monitoring systems
Strengthened budgetary systems

**ASSUMPTIONS**

UNICEF’s absorptive capacity (redundancy and flexibility)

Enabling decentralised environment to action
Centralised learning and reflection unit
Tight feedback loop to identify optimal responses
Information management systems

Staff has time and willingness to reform structures
Right leverage points for reform identified

Inputs in UNICEF staff
Adequate level of funding
Staff rotation
New recruitment
Hubs at the zonal offices
Support Centre in Nairobi
Annex 2  Terms of reference
Annex 3  Selected list of respondents in FGDs and KIIs

6.1  Donors and wider UN system

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sofie Garde Thomle</td>
<td>Deputy Head of Office</td>
<td>OCHA</td>
</tr>
<tr>
<td>Patricia Agwaro</td>
<td>Humanitarian Affairs Specialist</td>
<td>OCHA</td>
</tr>
<tr>
<td>Milhia Abdulkader</td>
<td>Health Adviser</td>
<td>DFID</td>
</tr>
<tr>
<td>Irene Kagure</td>
<td>Senior Programme Officer</td>
<td>DFID</td>
</tr>
<tr>
<td>Seb Fouquet</td>
<td>Humanitarian Team leader</td>
<td>DFID</td>
</tr>
<tr>
<td>MaryAnne Kuria</td>
<td>Contracts Administrator</td>
<td>DFID</td>
</tr>
<tr>
<td>Emily A Gish</td>
<td>Regional Advisor</td>
<td>OFDA/USAID</td>
</tr>
<tr>
<td>Anne Shaw</td>
<td>Food for Peace Advisor</td>
<td>USAID</td>
</tr>
<tr>
<td>Heather Blackwell</td>
<td>Technical Assistant Somalia &amp; Eritrea</td>
<td>ECHO</td>
</tr>
<tr>
<td>Kimani Mungai</td>
<td>Manager Somalia &amp; Kenya</td>
<td>Canada</td>
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</table>

6.2  UNICEF Staff

<table>
<thead>
<tr>
<th>Steven Lauwerier</th>
<th>Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samson Agbo</td>
<td>Chief Health</td>
</tr>
<tr>
<td>Ezatullah Majeed</td>
<td>Chief Nutrition</td>
</tr>
<tr>
<td>Mahboob Bajwa</td>
<td>Chief WASH</td>
</tr>
<tr>
<td>Neven Knezevic</td>
<td>Chief Education</td>
</tr>
<tr>
<td>Jean Lokenga</td>
<td>Chief Child Protection</td>
</tr>
<tr>
<td>James Hedges</td>
<td>Chief PME, HACT/Partnerships</td>
</tr>
<tr>
<td>Tsedeye Girma</td>
<td>Emergency Manager</td>
</tr>
<tr>
<td>ElTayeb Adam</td>
<td>Chief Field Office CSZ</td>
</tr>
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</table>
6.3 Stakeholders at the local level

In Table 21, the evaluator reports sample size by location, but not the identity of respondents for confidentiality reasons.

<table>
<thead>
<tr>
<th>Location</th>
<th>Sample size</th>
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<tbody>
<tr>
<td>Baidoa</td>
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<tr>
<td>Focus group discussion - Men</td>
<td>10</td>
</tr>
<tr>
<td>Focus group discussion - Women</td>
<td>10</td>
</tr>
<tr>
<td>Interviews</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
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</table>

In Table 21, the evaluator reports sample size by location, but not the identity of respondents for confidentiality reasons.
### Mogadishu

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group discussion - Men</td>
<td>10</td>
</tr>
<tr>
<td>Focus group discussion - Women</td>
<td>10</td>
</tr>
<tr>
<td>Interviews</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33</strong></td>
</tr>
</tbody>
</table>

**Observation**

- Health & Nutrition Center at Soyda
- Nutrition Center at Soyda
- School in Soyda

### Iskushuban

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group discussion - Men</td>
<td>6</td>
</tr>
<tr>
<td>Focus group discussion - Women</td>
<td>8</td>
</tr>
<tr>
<td>Interviews</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
</tr>
</tbody>
</table>

**Observation**

- MCH Iskushuban
- Iskushuban primary school

### Dolo

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group discussion - Men</td>
<td>6</td>
</tr>
<tr>
<td>Focus group discussion - Women</td>
<td>7</td>
</tr>
<tr>
<td>Interviews</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>27</strong></td>
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</table>

**Observation**

- Dolo Clinic

### Garowe (UNICEF Field Office)

<table>
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<tr>
<th>Activity</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Focus group discussion - mixed</td>
<td>10 (7 male, 3 female)</td>
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</table>
## Interviews

<table>
<thead>
<tr>
<th>Location</th>
<th>Focus Group Discussion - Men</th>
<th>Interviews - Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Las Anod</td>
<td>5</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Erigavo</td>
<td>6 (2 male, 4 female)</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Burao</td>
<td>3 FGDs with total of 20 participants (10 male, 10 female)</td>
<td>8</td>
<td>28</td>
</tr>
</tbody>
</table>

## Observation

- MCH Central Las Canood
- Lascanod IDPs camp
- Erigavo hospital nutrition section
- Koosaar Health Centre In Burao
- STABILIZATION CENTER /NUTRITN BURAO
- Primary School At Koosar IDP camp
Annex 4  Selected bibliography


UNICEF (2017). UNICEF SOMALIA PRE-FAMINE RESPONSE PLAN.


