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THE SOMALIA OPERATION:

A CASE STUDY OF UNHCR EMERGENCY

PREPAREDNESS AND RESPONSE

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I. Introduction

A. Purposes of the mission

From 24 March to 6 April a mission, composed of two members of INTERTECT and one staff member of UNHCR, visited Somalia to review the emergency operations. The objectives were:

1. To examine the emergency operations in order to study how UNHCR responds to situations of this type and to observe the procedures, staffing and methods of operating by which UNHCR responds to an emergency situation.

2. To assess the operational capabilities of UNHCR in the Somalia operation and to draw out the lessons learned for future relief operations in similar environments and circumstances.

Specifically, the mission was concerned with the following:

1. Decentralization of decision-making;
2. Staffing patterns;
3. Co-ordination with implementing partners;
4. Technical problems;
5. Information requirements;
6. Overall operations planning;
7. Preparedness of UNHCR for the emergency.

The Somalia case study is part of a comprehensive study on emergency preparedness and response capabilities of UNHCR as outlined in PCS/411 of 26 July 1979 and the terms of reference in PCS/551 dated 23 November 1979.

B. Itinerary

The itinerary was planned so that the mission could visit representative refugee settlements in all areas. Visits were arranged to approximately half of all the refugee camps now open, and included older "closed" camps, older camps that are open to new arrivals, several new camps that have been established since November, and a transit centre on the border, which is currently receiving and processing new arrivals. The camps visited were in three of the four regions where concentrations of refugees reside, and as a total of 10 camps were visited, it was felt that a representative sample of the range of problems was viewed by the mission.

Specifically, the mission visited the following camps (in chronological order):

1. Shabelli region: Corioli One
Corioli Two
Corioli Three

2. Hargeisa region: Saba'ad
Dam
Agabar;
3. Gedo region: Halba One
Halba Two
Ali Matin
Al Waq (a transit camp).

The members of the mission concentrated on examining the administrative structure of the relief organizations in each region, and the administrative structures in each camp. Also observed were logistics, storage and distribution systems for each region and each camp. The operations of each camp, such as water supply, sanitation, etc., and medical and social services delivered by implementing agencies were examined in detail.

C. Methodology

The mission was composed of a disaster operations specialist/planner, a nutritionist/public health specialist, and a former UNHCR refugee camp administrator. In each camp the team divided to conduct individual investigations into each of the various assigned topics, generally following a checklist that was then transferred to a series of work-sheets developed for this mission. The observations and lessons learned, which form Part II of this report, are categorized according to the topics explored by the mission.

D. Background to the situation

The current emergency in Somalia is a result of a renewed flare-up of a situation which has been generating refugees for the last 5 years. Until 1979, the situation was more or less static, then in February of 1979 new refugees began to cross into Somalia. By November the numbers of new arrivals were estimated at over 700,000, 500,000 of whom were settled into a number of camps in the border regions. At first, the new refugees were placed in camps which had been established for refugees entering the country several years earlier, but by October it was evident that new camps would be required.

Due to poor record keeping it is difficult to verify the number of refugees. The official figures are at best rough estimates and in some camps the population figures are as much as 30% inflated.

One distinct characteristic of the refugees is that fact that approximately 80% are women and children. Few young or middle-aged men are in the camps. The lack of able-bodied men and the fact that more than half the camp population is classified nutritionally as the vulnerable groups pose special problems for the relief operations.

II. Observations and lessons learned

A. Administration and resource management

The following observations relate to the administration and organization of the UNHCR Branch Office.

1. The role of UNHCR - The actual role of UNHCR in Somalia is not clear. Despite an agreement worked out with the Government specifying the overall role of UNHCR, it remains obvious that the specifics relating to that role are not clearly understood by the Government of Somalia, the voluntary agencies, nor indeed by many of the staff of UNHCR. While HCR is not operational in the usual sense, both the voluntary agencies contracted by HCR and the Government look to HCR for leadership and direction in many of the specific operational areas. The failure of HCR to provide this direction is viewed as a major constraint both by the voluntary agencies and by the Government.

The factors contributing to the impreciseness of the defined role include the recent change in the situation from a static to a more fluid, growing influx of refugees; the designation of HCR as the co-ordinator and funder of the voluntary agencies (which have only recently been allowed to re-establish in the country); a lack of understanding as to possible modes of involvement on the part of the agencies; and to general indecision and delay on the part of HCR concerning actions to take to resolve specific problems in the camps.

Lessons and implications for emergency preparedness - It is clear from this experience that HCR will often be called upon to take an active though not completely operational, role in emergency operations. There are various levels, or increments, of involvement, beginning with the traditional passive roles of HCR, moving to more active funding and technical assistance roles, and ultimately a fully operational role. A changing situation may require an escalation of involvement beyond that foreseen in the initial stages. Thus training and management systems should be developed which take into account the possibilities of incremental levels of involvement and define specific parameters and activities at each level.

2. Organization - In reviewing the table of organization for the HCR Somalia operation several factors were noted. First, at the Branch Office level the table of organization is adequate and lies within the general span-of-control limits that one would expect for this type of operation.^{1/} At the field level

^{1/} Span-of-control refers to the number of men or operations that one administrator can effectively control at any one time.

of the operation, however, there are no clear lines of authority, no designated lines or levels of co-ordination, and in most of the field operations conducted by implementing agencies, span-of-control is exceeded.

Lessons learned and implications for emergency preparedness - Guidance on preparing tables of organization should be included in an Emergency Operations Handbook prepared for field officers and Branch Offices, and should be included in the staff training programme.

3. Staffing - Despite the expansion of the office staff from a minimal, caretaker staff prior to the emergency to a staff of 35 at the present time, the increases are inadequate, both in terms of the number of personnel and in the skills required to provide the services demanded by the situation. The local staff is especially deficient in technical personnel, particularly in the health and nutrition fields, as well as deficient in personnel with experience in women's projects and social services for refugees. Specialists in logistics and environmental problems are also required.^{2/}

The Branch Office has pointed out that the inability to staff up quickly has been caused by the delay in getting approvals from Headquarters. It is felt by the HCR Branch Office that in an emergency situation the Office must have authority to hire locally and to go outside the normal HCR personnel recruitment system in order to hire the necessary staff quickly. These could be hired on short and intermediate-term contracts, in order to meet the requirements of the emergency situation, according to the Branch Office.

Lessons learned and implications for emergency preparedness - The personnel employment practices of HCR do not facilitate emergency response. There are three options for improving the situation:

- a. Waiving the existing procedures during the initial stages and granting authority to the Branch Office to hire a limited number of staff on the spot;
- b. Revising or streamlining the existing procedures;
- c. Developing alternative procedures that can go into effect once an emergency has been declared by the High Commissioner.

In most of the developing countries a variety of technical personnel can be found working on development projects. These often make excellent temporary additions to an emergency operations staff. If the above changes are undertaken, HCR can more easily take advantage of this resource.

4. Job specifications - It was observed that the majority of new personnel arriving in Somalia, as well as those retained locally, were hired without specific jobs or tasks in mind. This resulted in many days of delay, while specific roles and assignments were worked out for each newly-arriving individual.

Contributing to this problem is the fact that requests for personnel

^{2/} One person has recently been assigned the job of logistics officer, but the mission feels additional assistance is required.

were often imprecise. In many cases, the specific type of technician needed to resolve a specific relief problem was not clearly understood by the personnel in the Branch Office.

Lessons and implications for emergency preparedness - Sample job specifications should be developed and included in a Handbook for Emergency Operations for the field staff, and guidance should be provided as to the specific technical fields and roles of technicians that correspond to resolution of specific relief problems. In short, it is not adequate simply to request an engineer: one must know the specific type of engineer to request in order to match the appropriate professional to the problem.

5. Contingency planning - At the present time, there is virtually no contingency planning within the Somalia relief operation. This is especially critical in the feeding operations, as there are no back-up systems, such as supplementary feeding programmes, to assist in overcoming short and intermediate-term influxes of new arrivals or shortages caused by stoppages in the logistic system. Furthermore, there is no monitoring system to provide information relating to potential problems developing within the existing operations, nor is there a way of monitoring the existing record-keeping systems to forecast needs either within the existing camp operations or for the new arrivals. It is the lack of such systems that is in part responsible for the critical shortage of food that now exists.

Factors that contribute to the lack of contingency planning are: a lack of knowledge on the part of both UNHCR and the Government on how to carry out contingency planning in this type of situation; a lack of data from nearby countries as to events there that might precipitate new arrivals in Somalia; a lack of information sharing between all the various operational agencies; and especially a deficiency on the part of the Government in not providing information on levels of supply within its regional stores for UNHCR. Finally, there are no UNHCR systems or standard procedures that would provide guidance on how to go about contingency planning.

Lessons and implications for emergency preparedness - UNHCR should develop model accounting and monitoring systems for use by implementing partners, which provide information in a form that can be used both to monitor the existing situation and to forecast future needs. Furthermore, HCR must provide staff training on what the indicators are that point to potential problems, and how to develop and verify data to assess future needs.

6. Communications - The team observed poor communications between all levels of the relief operation. Ironically, communications were worse in-house - i.e. between levels within the UNHCR system, especially between

Headquarters and the Branch Office, and the Branch Office and the field offices - than between UNHCR and its operating and implementing partners. At the present time, great emphasis is being placed on the establishment of a radio system of communications; however, adequate radio and telephone links do exist in most parts of the country, and the problem appears not so much of how to communicate but of what to communicate. Information at the present time flows into the office in an unsystematic manner, without classification as to priority, and without any standardized basis of reporting. Therefore, each influx of new information seems rather to confuse the situation and contribute to an overall crisis atmosphere in the Branch Office. Contributing factors are the distance between reporting stations and the lack of routines for transmission of information from the field to the Branch Office. Coupled with the lack of prioritization and standardization of terminology, impreciseness and confusion are the result.

Lessons and implications for emergency preparedness - UNHCR should develop standardized reporting procedures for field operations, and train field officers on what types of information to communicate and how to weight the messages in such a way as to clarify their relative importance during transmission. When extraordinary messages are sent, they can then receive the proper attention. Communications discipline must be established and maintained in order to reduce overall confusion and to ensure that priority messages receive proper note.

The remoteness of the refugee camps in Somalia argues for the development of a variety of radio communications systems, which could be identified and acquired by UNHCR and stockpiled for emergency operations use. Experience has shown, however, that governments are often reluctant to allow radio equipment in politically sensitive areas. Therefore, UNHCR should identify those frequencies that could be used and include the use of this equipment - at the specified frequencies - as part of the operations agreement signed with the Government in the initial stages of the operation.

7. Procurement - The mission observed that the procurement system was one of the major obstacles to a smooth-running operation. Long delays in procurement of almost every conceivable item were reported; special problems were noted in the areas of food procurement and transportation, particularly the acquisition of vehicles. The procurement system now in effect, whereby the Branch Office must receive approval from HQ for almost every expenditure, or request that Headquarters purchase on behalf of the Branch Office, is one of the major inhibitors of rapid response. Headquarters is simply not capable

of responding quickly. A general streamlining of procedures in Headquarters is not likely to produce the desired results. In the opinion of Branch Office (and the consultants), the Branch Office must have authority to purchase locally or regionally, so that aid is delivered promptly and is appropriate.

The entire issue of appropriate material aid is a larger question, in which UNHCR should participate. There is an active debate within the relief community that massive material aid is often inappropriate and counter-productive. However, that discussion is beyond the scope of this study.

In terms of response, delays often result from the distance between Geneva and the Branch Office, delays in communications, and time-consuming Contracts Committee procedures. It is also felt, at the field level, that there is a lack of manpower in the Geneva office to handle all the requests adequately, and that procurement priorities are unsystematic.

Lessons learned and implications for emergency preparedness - Procurement is one of the major activities of UNHCR in field operations. The normal procurement procedures must be waived or extensively streamlined, and emergency procedures must be established that decentralize procurement authority to the Branch Office. However, if this is to be successful, HCR must also establish purchasing systems and procedures to ensure that local purchasing not only enables the Office to respond quickly but also provides information for monitoring the flow of goods through the system from the time they are purchased to the time they arrive in the hands of the refugees, as well as providing data that will enable the Office to monitor consumption and establish contingency planning.

The lack of information on the status of requests and relief goods in the pipeline underscores another problem facing HCR: if HCR is not operational, the Government or voluntary agencies will develop and use their own procurement and logistic systems. As most of these agencies do not have systems designed to provide information for use in contingency planning, it is often difficult for HCR - and indeed all the participants - to gather accurate information on material aid. HCR should therefore develop model systems, which can be provided to the Government and/or the implementing agencies, which will systematically provide information on the status of

relief supplies. This should be given to implementors at the initial stages of the operation, so that it can be institutionalized before the other systems that would not provide the necessary information can be put into effect.

8. Logistics - Logistics systems in the Somali operation are inadequate at present. The Government of Somalia has no common monitoring or reporting system for its stores, and no means of forecasting relief material requirements. Record-keeping does exist in all the camps visited; however, the records which are kept are designed only to report on what has been received and distributed, not on what is needed and when it will be required. During the team's visit to one of the camps, food supplies had completely run out; yet this fact had not been reported back to the regional store, on the assumption that someone there was keeping records and would know that the camp was out of supplies. With the food at a marginal level, an accurate system of record-keeping of supplies on hand and the status of transport available is urgently needed.

To further complicate the logistics problem, the basic transport equations have not been worked out. Thus, even if supplies were adequate, long delays in shipment would still occur. It was noted by the team that a staff member has been assigned the role of logistics planner, and that more transport is currently on order. However, without an adequate logistics system, delays, confusion and losses are bound to occur.

Lessons learned and implications for emergency preparedness - Logistics are not necessarily complicated. There are standard transport equations and tables for planning, and systems and forms for monitoring that can easily be adapted for use by HCR. A model system should be chosen and included in a handbook for field officers on emergency operations, so that an effective method can be employed early in the operation. When an operation reaches a certain level, a professional logistics expert should be sent to assist the field office.

9. Transport - The lack of transport has often been cited by various UNHCR personnel as a problem in the Somali operation. This issue can be divided into two categories, personal vehicles and heavy trucks. The team observed that the number of personal vehicles available for use by UNHCR and its implementing partners appeared to be more than adequate. Shortages do exist; however, they are caused by poor maintenance and the practice of assigning vehicles to individuals, rather than pooling vehicles for common use. Maintenance is complicated by the lack of standardization and over-reliance on the use of four-wheel-drive vehicles. In the north, in Hargeisa,

there is easy access to Toyota Landcruisers from Djibouti; in this region, the Landcruiser should be the standard, and an adequate back-up of spare parts and accessories should be stockpiled by HCR. In the areas serviced from Mogadiscio, Landrovers appear to be the standard; one size of Landrover should be adopted as the standard, and again a back-up of spares and accessories should be stockpiled. It should be pointed out, however, that the use of 4WD vehicles is not required in all instances; only in a few instances did the team visit areas where 4WD vehicles would be extensively required, and for the majority of operations sufficient access can be attained by the use of vehicles such as pick-up trucks and sedans. 4WD vehicles are expensive; furthermore, 4WD vehicles consume tremendous amounts of fuel, and in fuel-short Somalia this can be a potential problem in the future.

The team observed that the quality of drivers on vehicles provided to the Government is very poor. It is noted that a mechanic has been assigned to the operation; however, the team feels that driving lessons would probably save more vehicles than the mechanic.

Heavy transport for relief goods is not currently adequate; more trucks are needed, and it is noted that a large number of vehicles have been requested. The present vehicles, however, are inefficiently utilised. All FIAT trucks should be modified in order to enable them to carry greater loads. The addition of wooden grating on the sides would enable the carrying capacity to be increased 50-70%. The use of trailers is excellent, and this practice should be extended to the Landrovers and Landcruisers so that they could be employed on light logistical missions or for use in emergencies.

One major deficiency that was noted is the inadequate number of water trucks used to service camps, which are supplied by truck during the dry periods. At the Dam Camp in the Hargeisa region, water supplies provided by truck were down to three cups of water per person per day, due to maintenance problems and a high accident rate for the water trucks. In the Corioli area, two water trucks are used to service three camps; the water supply was estimated at less than one litre per person per day. In both the cases cited, adequate water supplies were available; the ability to deliver these supplies was the problem. (See Section II B 2 for further details.)

Lessons learned and implications for emergency preparedness - To the greatest extent possible, field offices should standardize vehicle purchases and, where necessary, develop the capacity to itself provide maintenance for vehicles used by HCR and counterpart agencies.

In situations where imported vehicles not used locally are required, vehicle maintenance agreements should be developed with the manufacturer's representatives. A number of companies such as Toyota, Nissan Motors and Volkswagen have trained personnel who can be contracted to provide complete vehicular maintenance services in special situations. UNHCR should contact the various manufacturers and establish prior agreements whereby maintenance teams could be sent to an area where maintenance facilities are lacking.

10. Accounting - The Branch Office reported that accounting was a particular problem as the operation expanded; not only were the standard accounting procedures deemed to be inadequate for the emergency situation, but the lack of trained accountants within the structure of the Branch Office meant that much time had to be devoted to accounting rather than to operations.

Lessons learned and implications for emergency preparedness - When an emergency is encountered, the Branch Office should be supplemented with an accountant and a specialized emergency accounting system should be instituted. A number of model systems, appropriate to specific types of operations, should be developed in advance and should be included in an Emergency Operations Handbook for field officers.

11. Procedures - The staff of the Branch Office cited several problems in procedures, which inhibit emergency response. It was felt that the existing procedures for field offices (BAFI) are not adequate or flexible for quick enough emergency response. The staff of the Branch Office recommends that a number of indicators be developed that would lead to the designation of an emergency situation; once those indicators have been identified and verified, there should be direct communication between the Representative and the High Commissioner to designate an emergency. Once the emergency has been designated, certain administrative procedures should be waived for a set period of time (or during the time-period of a designated emergency).

Lessons learned and implications for emergency preparedness - Among the critical areas cited by the Branch Office in which improvements are recommended, are:

- a. the speed-up of processing of Letters of Instruction;
- b. the need to increase authorization for immediate local expenditures to comparative UN levels (for example, the UNDP ResRep can commit up to US\$400,000 without authorization from its Headquarters. It was pointed out that, were it not for the implementing partners, no purchases could have been made until several months after the emergency was identified.)

12. Resource identification - The team observed that many of the problems currently appearing in the camps could adequately be resolved by properly matching technical assistance resources to the specific problems. However, there was a lack of awareness of how to deal with specific problems and how to match the appropriate technician to the specific problem or need. It was also observed that many of the agencies are being underutilized, or that agencies that would be appropriate to deal with specific situations have not been requested to provide services.

Contributing to this problem are the lack of information available to the staff on technical assistance resources, and the capabilities of agencies. Furthermore, the general orientation of the personnel in the Branch Office, and their previous experience, does not properly prepare them for dealing with specific technical assistance matters in an emergency situation. Support from Headquarters does not seem to have been adequate in this regard, except in the fields of agriculture and water resource development.

Lessons learned and implications for emergency preparedness - When an emergency occurs, the local staff must be supplemented by personnel who have experience in technical assistance matters. In some instances, trained technicians should be added to the staff immediately in order to provide assistance to the Branch Office until implementing partners can be identified and brought in to conduct the field operations in various sectors. In order to facilitate technical assistance, several items were needed, including a resource index, a field library with basic information relating to technical assistance requirements, and guides to operational issues. A list of voluntary agencies and their specialities and capabilities, as well as private companies and research institutions with specialized capabilities in the relief or development fields, should also be provided. Orientation concerning basic technical assistance and related issues should be provided in a professional development course for potential field officers and branch managers.

13. Personnel - Throughout all levels of the UNHCR operations in Somalia, there is a lack of experienced personnel. This is an especially critical problem, due to the fact that neither the Government nor the implementing partners (the voluntary agencies) have a corps of experienced personnel. Although doing their best under the circumstances, the UNHCR personnel are inadequately prepared and trained to deal with the emergency situation at hand.

A contributing factor to the overall personnel situation has been the inability of HCR to expand its local staff quickly at an early stage in the operation and to attain adequate levels of staffing to conduct all the required operations. The Branch Office cites a number of overall problems related to personnel matters, which inhibit effective operations. First, the HCR personnel hiring procedures force the agency to hire for a period of one month initially and then renew for three months. The staff feel that this inhibits recruitment due to inadequate job security. Staff also feel that local recruitment for positions should be facilitated so that the staff can be quickly bolstered from local resources. The practice of hiring staff in Geneva contributes other problems as well, for often the staff recruited do not meet the requirements of the Branch Office or do not have proper experience or orientation for field work.

Lessons learned and implications for emergency preparedness -- In order to reduce the recruitment problems and to provide an adequate team to deal with the emergency, two actions are recommended (in addition to those outlined earlier under "staffing"):

a. When an emergency is declared, a small team of specialists should be sent from Geneva to supplement the field staff; this team should be a corps of specialists from within HCR who are field-oriented (the field staff of the Somali operation concurs with the report of the Bangkok Seminar, that an emergency action group coordinated within the appropriate Regional Section of HCR during emergencies should provide this type of support.)

b. The capabilities of HCR staff in emergency operations should be enhanced through a professional development programme wherein disaster management training is provided as well as orientation as to how to conduct field operations. The latter is currently provided to a limited extent to new staff in HCR; it is felt, however, that a more rigorous professional development programme should be instituted for the staff who are likely to become representatives or programme officers in a disaster area. This training should be provided on a recurrent basis, so that new information and techniques, as well as the experience of past operations, can be brought into UNHCR emergency operations.

14. Liaison with voluntary agencies - On the surface, liaison with voluntary agencies would appear to be adequate. A weekly co-ordination meeting is held in Mogadiscio for the leaders of the voluntary agencies and the UN personnel, and an adequate exchange of information occurs through other

channels, with both personal contact and the practice of sending written reports and memos back and forth at all available opportunities. Yet, when examining liaison in depth, the mission found the voluntary agencies looking to HCR for leadership and guidance, and complaining that these are not forthcoming. The problem has been especially critical in the various field regions; though, the recent assignment of field officers in various locations in the regions should improve this situation. However, there still exists a lack of clarity as to specific responsibilities and roles; this is especially a problem in the area of purchasing and in committing funds for specific activities such as water resource development. Contributing to the problem is that fact that the voluntary agencies have not sent highly experienced personnel, and therefore stalemates often occur while the agencies and HCR wait for the other to make suggestions or provide guidance on certain topics. Unfortunately, this is a case of not simply a matter of leadership as much as it is a problem of neither party knowing what to do.

Lessons learned and implications for emergency preparedness - The objectives of liaison with voluntary organizations working with or under HCR should be:

- a. To ensure that all refugees receive a basic minimal standard of support and services;
- b. To co-ordinate the services offered by the voluntary agencies to ensure that no gaps in the services or levels of services occur;
- c. To ensure that all refugees receive equal services.

To accomplish these aims, HCR should:

- a. Provide leadership and direction through participation in voluntary agency programme planning;
- b. Provide technical information, such as a central library on relief operations and programmes;
- c. Institute ongoing information sharing activities at all levels such as regular coordination meetings, seminars, and provision of technical personnel to informally assess voluntary agency programmes.
- d. Develop, with participation of the voluntary agencies, uniform standards and policies for the programmes being carried out by the voluntary agencies.

To be prepared for these activities, HCR should:

- a. Develop a set of model standards which can be used by the Branch Office as a guide for developing local standards.
- b. Compile a mini reference library of technical information for use by Branch Offices.

c. Provide staff with orientation about voluntary agencies and their specific operational needs.

d. Provide the Branch Offices with confidential data on the capabilities, strengths and weaknesses of the voluntary agencies working in that operation.

e. Develop assessment procedures by which the Branch Offices can monitor the activities of the voluntary agencies.

15. Liaison with local government - Contacts with the local government appear to be adequate at all levels of the relief operation. While the liaison is adequate and information does flow back and forth between the organizations, the quality of the information, as noted earlier, does not provide an adequate basis for project planning or administration. As in the case with the voluntary agencies, the Government of Somalia looks to HCR for advice, technical assistance and leadership in many areas. While the Government of Somalia does not want the HCR role to become heavy-handed, nor for HCR to become operational in the broader sense, it still expects a fairly high level of service from HCR. In order to effect better co-ordination at all levels, HCR should assign specific staff to each area of operation to co-ordinate more closely and monitor Government operations.

Lessons learned and implications for emergency preparedness - To be effective in liaison with a host government, two levels of involvement are required: political and technical. The political is not subject to any standard rules and each case must be dealt with individually. On the technical level, HCR can be more effective by being prepared to deal with the technical issues and problems that arise (and in many cases, in the routine day-to-day contact with a government, it is the technical questions that predominate). The steps required in order for HCR to improve its technical liaison capabilities are generally the same as those recommended for improving liaison with voluntary agencies.

B. Camp operations

1. Camp planning - The planning of each of the refugee camps differs greatly. In some camps a grid system is used; in others refugees claim land without regard to a plan except with concessions to a few roads which divide the camps into sectors. While unimaginative, each does meet the basic needs of the people. Space allocation is more than adequate, and density levels meet a high standard for individual allocation of space.

The siting of the camps along the rivers is good, though in the camps around Luk the spacing between camps is barely at a minimum for providing

good sanitation. In order to keep sewage from one camp from contaminating the drinking water of those downstream, the camps along the river should be kept to their present size and not expanded. The distance between the camps, the shallow depth of the water, and the sandy river bottom will all help to purify the water to a limited extent. If new camps are built, they should be spaced further apart.

For purposes of hygiene, areas along the bank should be designated for specific uses - for example, drinking water should be at the first point upstream, water for washing dishes and utensils next, water for bathing next, water for washing clothes next, water for washing animals beyond that.

Lessons learned and implications for emergency preparedness - Simple information on camp planning practices and the siting of camps along river streams is available from a number of sources, including WHO, several voluntary agencies, and INTERTECT. Information of this type can be collected and provided to the Government or counterpart agencies immediately upon the outbreak of an emergency situation. This type of information can also be provided in an Emergency Operations Handbook.

2. Water - The problems relating to water are divided into two categories: water quantity, and water quality. In terms of quantity, only in the Gedo region were water levels deemed to be adequate. In Hargeisa, in two of the camps visited - Saba'ad and Agabar - water was available from small excavations in the river beds, though the quantities were minimal at best. In the Dam Camp, where water is trucked to the people, the amounts provided were totally inadequate, at one point less than 3 cups of water per person per day. In the Corioli camps, which are also supplied by truck, water levels were between 1 and 2 litres per person per day. In both of the cases where tankers supply the water, adequate water resources were available; only the lack of adequate numbers of tankers reduced the quantities available to the people in the camps. Part of the problem appeared to be the target level for water quantities and the lack of understanding of the correlation between water supply and various related health problems and disease. It has been shown through experience that there is a direct correlation between the quantity of water supplied to refugees and health problems. Fifteen to 20 litres of water are considered the minimum for refugees in a camp. With various reductions of this quantity, certain routines or activities will not be possible. With the first reduction, clothes will not be washed, with the next level of reduction bathing will be greatly reduced, with the next level cooking utensils will not be washed, at the

next level food cannot be adequately prepared, and finally, at the next level, water will be inadequate to support strenuous activities outdoors, and at the lowest level water will be insufficient to provide for normal drinking requirements. At the first level of reduction, skin diseases and fungus will become a problem; at the point where the washing of cooking utensils is reduced, diarrhoeal diseases will become a major problem. With the water levels currently supplied by tanker, only the last three activities mentioned above can be successfully accomplished.

The team reviewed the various activities in Hargeisa to develop alternative resources and to exploit further the resources of water currently available along the river camps. It was noted that these efforts have been slow to develop, due to delays on the part of both HCR and the voluntary agencies assigned to this role. The necessary equipment and an adequate level of funding has not yet been attained.

The quality of water provided in all cases leaves much to be desired. There are no attempts to purify the water provided in the camps, or to protect the sources of water from contamination. It was repeated time and time again that the refugees were expected to boil the water before consumption; however, it is unrealistic to expect the refugees to do so, as boiling the water requires fuel and an abundance of water, neither of which are in great supply. In some camps, water is pumped from a nearby river directly into holding tanks, yet no attempt has been made to purify the water in these tanks. In other cases where the water is trucked to the camp, chlorination of the water and the receiving tanks would be a simple means of protecting the water, yet in no case was this observed, nor are there indications that such activities are planned.

In those camps that are placed along the banks of the same river, as for example the camps along the Juba River near Luk, measures must be taken to safeguard the quality of the water. While sunlight and filtration by sand will reduce the threat of disease, they will not eliminate it entirely. In other regions, where open water reservoirs are seen as the primary means of storage and distribution of water, improvements in these facilities must be made and efforts taken to safeguard the water resources.

The mission noted that water resource development is a priority of the Branch Office, and in each area activities are being undertaken. These efforts, however, have been slow to develop, and several - especially those in the Hargeis - could come to naught if the rains, which are overdue, come before the projects are completed. As water is the most critical element in supplying refugees, greater attention must be given at the outset of an

emergency relief operation to providing adequate resources of this commodity.

Lessons learned and implications for emergency preparedness - UNHCR should identify, in advance, water resource development experts and organizations with the equipment and staff to develop and protect water resources and send them to the site at the outset of an emergency operation.

3. Sanitation - The only camps visited with any sanitation facilities whatsoever were in the Corioli area. In the remaining camps, some of which have been open for more than a year, no sanitation measures have been taken at all. Many of the health problems now occurring in the camps are related to poor sanitation, especially many of the diarrhoeal diseases. Emphasis to date has been on trying to cure diarrhoea instead of preventing it. As the rainy season approaches, the potential for sanitation-related diseases will be increased many-fold.

Contributing factors to the sanitation problem are the tradition of the people of using open spaces, and a lack of prior experience in using latrines; thus, the environment around the camps is very polluted. When the rains come, flies will breed in this waste and bring the diseases back into the camps.

Other contributing factors are the lack of funds for sanitation activities and a stated lack of equipment, though in reality these would be easy to rectify and funds have been earmarked for this purpose, though not yet committed. The primary reason seems to be the lack of emphasis on the part of UNHCR and the NRO on dealing with the problem.

Lessons learned and implications for emergency preparedness - Sanitation must be stressed in operations preparedness. One of the very first installations in a refugee camp should be the latrine system, and all HCR field staff should continually stress the importance of sanitation to the counterpart and implementing agencies. Guidelines for planning refugee camps should be established and a specific line item for sanitation facilities and equipment should be prominently displayed on the budget forms. Beyond this, HCR can take other measures; great strides have recently been made in developing sanitation units, such as the Aqua privy and the OXFAM sanitation unit, for refugee camp usage. HCR should develop models of its own choosing and arrange in advance for mass production of these units; also, standing orders should be arranged so that large quantities can be provided by the manufacturer at short notice.

Adequate sanitation also requires an active vector control programme, especially to control flies. In the early stages of an operation, before latrines are installed, vector control can play an important part in controlling disease, especially in situations where the open environment is used for defecation. Controlling the flies that would breed in the waste material can buy time until a complete sanitation system is installed. For preparedness, HCR should identify suppliers of hand-sprayers and the appropriate chemicals, and procure and send them during the initial stages to the Branch Office.

4. Garbage collection and disposal - The problem of waste collection and disposal for the refugees in general does not appear to be a problem in any of the Somali camps. To begin with, there is very little waste material being generated by the relief supplies, and where left-over materials such as tins, burlap bags, etc., do exist, they are re-used by the refugees. A number of houses were observed to have small garbage pits, and in one camp in Corioli several 200 litre drums were placed throughout the camp as refuse collectors, and camp officials indicated that they were emptied once a week.

One problem was brought to the attention of the mission, and that was the problem of the disposal of used medical material. In numerous camps in the Luk area, children were observed playing with syringes and vials used for holding medicines. In one camp, a collection of various waste materials from the clinic area had been left unattended, and animals were observed rooting through the refuse and carrying portions of the material out into the camp.

Lessons learned and implications for emergency preparedness - Garbage collection is usually one of the areas most overlooked in providing a safe environment in a refugee camp. The disposal of medical waste, in particular, is an area that needs adequate fore-thought and planning. This, of course, should be the concern of the implementing partner - indeed, most professional agencies would have the proper facilities and take proper care to see that waste disposal was carried out. It should be a function of HCR to check with agencies to make sure that adequate provisions are being undertaken. This, as well as other inspections of the activities carried out by counterparts and implementing agencies, should be part of a routine inspection checklist for camp operations.

C. Feeding and nutrition

1. Basic food rations - In the majority of the camps visited, it was observed that basic food rations were partially or completely exhausted. Food stores were completely empty at Agabar, Halba I and Halba II camps, but for the last few sacks of food left over from previous distributions. In fact, in the Halba camps, food destined for the supplementary feeding programs was observed being diverted for basic ration distribution, in order to partially offset the critical situation which had developed. In most other camps, supplies on hand in the storerooms were low in relation to the size of the camp populations for which they were intended. In several cases, especially in the Hargeisa Region, further food distributions had been effectively suspended by the camp officials since the amounts of some individual food items available per family from the supplies on hand fell under the daily basic ration set by the National Refuge Office.

It would appear that the GOS has almost completely exhausted its food reserves so that the NRO central storerooms are all but empty. Attempts by the UNHCR/Somalia staff person in charge of logistics and the members of the INTERTECT team to visit the NRO stores have not been successful.

It is evident that although the relief operation has been able to "muddle through" up until the present time, the current situation appears too critical for this to continue without serious ramifications. Any disruption of scheduled deliveries to Somalia or from the regional stores to the camps themselves (for reasons such as impassability of roads during the forthcoming rainy season, shortages of fuel, or problems of maintenance or repair of trucks), or a sudden influx of new refugees due to increased military action or drought in the region, could cause the marginal situation to become totally unmanageable.

It is important to note that the basic food rations destined for the refugees are not only lacking in quantity at the present time, but if delivered according to NRO guidelines would be also lacking in quality. Two or more different rations are planned; Table 1 illustrates two ration lists currently in use.

Tables 2 and 3 give details of the nutrient composition of the two food rations and the percentage adequation of the recommended daily allowances (RDA) for different subgroups of the population, respectively.

From these data, the following conclusions can be drawn with regard to the quantity and quality of the average basic food ration, with respect to the different subgroups of the refugee population.

Table 1: Basic food ration lists in use in Shabelli and Hargeisa Regions, as set by the National Refugee Office of the Government of Somalia, 1980.

Region	SHABELLI	HARGEISA
Food item	Dry weight ration/person/day (g.)	
POLISHED RICE	75	100
WHOLE MAIZE (or SORGHUM)	250	200
FORTIFIED DRIED SKIMMED MILK (DSM)	50	50
WHITE SUGAR	40	60
EDIBLE OIL	40	60
BEEF (weekly ration)	250	-
TEA	3	-
WHEAT FLOUR	-	60

Table 2: Nutrient composition of basic food rations in use in Shabelli and Hargeisa Regions, as set by the National Refugee Office of the Government of Somalia, 1980.*

Region	SHABELLI	HARGEISA	AVERAGE
Nutrient			
Calories	1,949	2,249	2,099
Protein (g.)	55.4	51.6	53.5
Vitamin A (I.U.)	2,875	2,800	2,838
Vitamin B: Niacin (mg.)	8.4	6.8	7.6
Thiamine (mg.)	1.20	1.17	1.19
Riboflavin (mg.)	1.23	1.11	1.17
Vitamin C (mg.)	8.5	8.5	8.5
Iron (mg.)	8.7	8.0	8.4
Calcium (mg.)	669	671	670

*Source: Platt, 1962.

Table 3: Percentage adequation of the recommended daily allowances for population subgroups of average basic food rations in use in Shabelli and Hargeisa Regions, 1980.*

Nutrient	Calories	Protein	Vit.A	Niacin	Thiamine	Ribo.	Vit.C	Iron	Calcium
Subgroup	Percentage adequation: 100% means fully adequate.								
Children 1-3 yrs.	154	334	341	84	238	146	43	84	134
7-9 yrs.	96	214	213	52	132	90	43	84	134
Male 13-15 yrs.	72	145	117	40	99	69	28	47	96
Female 13-15 yrs.	84	173	117	46	119	78	35	35	96
Adult male	70	145	113	38	99	65	28	93	134
Adult female	95	184	113	52	132	90	28	30	134
Pregnant female	82	141	113	45	119	78	17	30	56
Lactating female	76	116	71	42	108	69	17	30	56

*Source: Passmore, et.al., 1974.

a. Taken on an individual basis, the food quantity of the ration, i.e. its caloric content, is adequate for young children but inadequate for teenagers, adult males and pregnant and lactating females. However, by distributing food by family, averaging takes care of some of these difficulties. The deficiency of calories for pregnant and lactating females is normally resolved through supplementary feeding programmes, yet these are only operated in a few camps.

b. As is common in emergency food rations, excessive emphasis has been placed upon the delivery of protein in the diet. However, nearly half the protein is derived from maize, and nearly half from DSM. Should either of these food sources be removed from the ration due to shortages, the RDA would not be met for two of the vulnerable groups, the pregnant and lactating females.

c. The vitamin A content of the ration is adequate for all age groups and sexes, except lactating women. The vitamin A is almost entirely supplied by DSM, so that should this food item become scarce, the ration would become virtually free of vitamin A. Thus the importance of supplementary feeding programmes is again highlighted.

d. The basic ration is not adequate in niacin (a member of the vitamin B group), for all age groups and sexes, due to dietary reliance on maize or sorghum. Deficiency over an extended period will lead to the appearance of pellagra in the population.

e. Thiamine (vitamin B₁) and Riboflavin (vitamin B₂) are more adequately supplied in the basic ration. However, the vast majority of the thiamine (as is the niacin) is delivered by the maize component of the ration, and if this food item becomes scarce, symptoms of beriberi would become widespread amongst camp populations.

f. The vitamin C content of the basic food rations is wholly inadequate, and is supplied in its entirety from DSM. Fresh fruit and vegetables are not supplied in the basic ration nor in the existing supplementary feeding programmes.

g. The iron content of the basic camp rations is inadequate, especially for the female population whose needs are always greater than those of the male population. Supplementary feeding programs could resolve this deficiency for pregnant and lactating women, but the remainder of the female population of the camps can be expected to become severely anemic if this dietary regime is maintained over long periods.

h. The adequacy of calcium in the basic ration is satisfactory for all groups except pregnant and lactating women, due to the dietary contribution of DSM. Supplementary feeding programs therefore are needed to prevent growth deficiencies in infants and young children.

In conclusion, the basic ration utilized by the NRO at the present time is seriously deficient in both quantity and quality. There exists an urgent need to revise the basic ration in order to improve the nutritional shortcomings.

It is important to note that the serious quantity and quality deficiencies in the refugee diet most adversely affect the vulnerable groups: children and pregnant and lactating women. In the particular case of Somalia, the majority of the camp population happens to be women and children, so that the deficiencies described actually affect the majority of the people currently living in the refugee camps.

Factors contributing to the problem - The following factors were identified as contributing to the problems in basic food rations.

a. In general, food shipments to Somalia have not kept pace with needs. The GOS has all but exhausted its stocks of food staples (sorghum is no longer available within the country), and the World Food Program (WFP) supplies have not been sufficient to meet the food shortfall. In some cases donors have not delivered according to their pledges. It has been argued that the refugee population has increased suddenly. The INTERTECT team would

argue, however, that the refugee population has been growing at a steady rate over the last 12 months, and that even if the predictions of total camp population were incorrect even by as much as 10%, this is no explanation for the extreme shortages observed. The mission feels that inadequate monitoring and forecasting of needs is the major contributing factor to the shortage.

b. The shortage of heavy trucks and of fuel already cited are also contributing factors but do not explain the shortages on hand.

c. As mentioned earlier, the distribution system does not permit advance planning. Although the records permit storekeepers to account for movements in and out of the stores, there is little scope for advance prediction of when further deliveries will be required, either at the regional level or in the camps.

d. The absence of adequate supplementary feeding programmes means that there is no mechanism by which inequities in the distribution of basic rations can be smoothed out. The vulnerable groups are therefore not satisfactorily protected against nutritional deficiencies.

e. The time period between basic ration distributions in the camps is often as great as 30 days. There is extensive experience in other refugee situations (see UNHCR, 1980) that strongly suggests that such long periods between distributions are unadvisable. Under such circumstances an "accordion effect" often develops, in which the food is used liberally by the family when it is first supplied, leading to shortages later in the month. The effect becomes more and more exaggerated each month since the family becomes progressively more desperate by the time each distribution becomes due. The ideal time period between distributions is 7 to 10 days.

f. In certain cases, unintentional inequities in the distribution of basic food rations to families were observed in the camps, caused by poor record keeping and the inadequate family registration. It is essential that some kind of card registration mechanism be adopted for all the camps in order not only to keep track of food distributions but also to aid in the collection of statistics and the maintenance of health and nutritional surveillance data.

g. Food losses were observed in certain camp storerooms, due to accidental spillage, and to deficiencies in the food storage system. Some edible oil was lost when the cans in which it was transported were smashed; some wheat flour was observed to have been transported in simple burlap sacks which were water damaged at some point in their journey. Losses also occurred in certain storerooms due to attack by vermin and birds, and some sacks were damaged by being placed directly on the ground.

Interventions for the solution of problems relating to basic food rations - A wide variety of interventions will be required to resolve the problems surrounding the delivery of adequate basic food rations to the refugee camp populations. The following measures cover the actions that are necessary:

a. A comprehensive system of surveillance should be instituted throughout the NRO operation to monitor food needs throughout the distribution hierarchy: at the camps, in the regional storerooms, and in Somalia as a whole. A system is required that permits the continuous monitoring of stocks in hand in combination with the advance ordering of supplies before they become critically low at all levels.

b. Superior advance supply planning and population prediction by WFP in collaboration with the donor countries is essential in order to maintain adequate food supplies in the country. It would seem imperative that negotiations be initiated immediately to resolve the immediate food quantity crisis, followed by tighter control over the on-going food supply situation through more comprehensive planning.

c. At the refugee camp level, a family registration system should be instituted, through which local distributions can be monitored and controlled, and inequities removed from the system. Adequate systems tested through practical experience in the field are described in the literature (Chapter 4, de Ville de Goyet, et.al., 1978; Manual No. 10, UNHCR, 1980).

d. More trucks will be required for transportation throughout the distribution hierarchy, and the storage of independent supplies of fuel and materials for maintenance and repair of the trucks would free the transportation system of dependence of the vagaries of the local market.

e. The rationalization of the nutritional composition of the refugee diet by a public health nutritionist should be undertaken promptly in order to resolve deficiencies of food quality.

f. Adequate supplementary feeding programmes should be instituted in the camps in order to smooth out inequities in the individual nutritional requirements between regular and vulnerable groups in the camp population (see Section II D 2 following).

g. Food storage facilities and practices should be upgraded in order to minimize food losses. Adequate systems have been described in the literature (see Chapter 8, de Ville de Goyet, et.al., 1978).

Lessons learned and implications for emergency preparedness - Normal roles for HCR in basic rations are:

- To assist the host government in assessing needs;
- To formulate appeals for food;
- To coordinate donations;
- To provide logistics support when food arrives.

Of these, HCR has no standardized system for needs assessment, especially in formulating calorie and nutrient content requirements, nor are staff members cognizant of the basic issues in nutrition; the formulation of appeals is imprecise due to the lack of knowledge about local nutritional and feeding habits; the ability to coordinate donations is limited by lack of monitoring capability; and logistics support is limited to purchasing vehicles.

An additional role which UNHCR should play is advising the Government on record keeping and monitoring of food supplies but this cannot be accomplished at present due to a lack of experienced or trained personnel and model systems.

If HCR is to be effective in each of these roles, it must take appropriate action to rectify these deficiencies. While many of these tasks can be delegated to WFP or other implementing agencies, HCR must retain the capability of making credible evaluations of the contractors' performance.

2. Supplementary feeding programs - In the majority of the camps visited by the Mission, supplementary feeding programs were either deficient or non-existent.

The NRO medical officer for the Corioli camps informed the Mission that supplementary foods were being distributed in the form of a dry ration once every two weeks to approximately 10% of the camp population. However, the figure of 10% of the camp had apparently been arbitrarily set, whereas the proportion of persons falling into the generally accepted classification of vulnerable groups clearly exceeded that figure. The medical officer estimated that vulnerable groups comprised a minimum of 50% of the camp populations at Corioli I, II and III. It was not possible to verify when the last supplementary food distribution had taken place.

Supplementary feeding was non-existent at Saba'ad and Dam camps, in Hargeisa region. A programme has been organized along conventional lines, i.e. the distribution of a cooked ration several times per day directly to vulnerable groups, at Agabar camp under the supervision of medical personnel working with the Catholic Institute for International Relations (CIIR). However, feeding had been suspended since all food supplies were exhausted.

In the Gedo region, the Mission observed a supplementary feeding activity (though not a complete programme) only at Halba II camp, under the supervision of the medical personnel working with *Medicins sans Frontières* (MSF). The Oxfam Feeding Kit was being utilized by the team. No other supplementary feeding programs were observed.

The supplementary foods used differed. Table 4 illustrates 2 rations currently used and their nutritional composition.

Table 4: Supplementary food ration lists with their respective nutrient compositions in use in Corioli and Halba camps, Somalia, 1980.*

Region	SHABELLI	GEDO
Camp	Corioli	Halba
Form of ration	Dry ration	Cooked ration
Frequency	Bulk distribution every 15 days	Twice per day
Food item	Dry weight ration/person/day (g.)	
FORTIFIED DRIED SKIMMED MILK (DSM)	40	80
CORN-SOYA-MILK (CSM)	80	-
WHITE SUGAR	20	-
EDIBLE OIL	15	-
Nutrient		
Calories	662	286
Protein (g.)	30.4	28.8
Vitamin A (I.U.)	3360	4000
Vitamin B: Niacin (mg.)	6.8	0.9
Thiamine (mg.)	0.82	0.36
Riboflavin (mg.)	1.25	1.22
Vitamin C (mg.)	38.8	13.6
Iron (mg.)	14.8	0.8
Calcium (mg.)	1304	1008

*Source: Platt, 1962.

From the above data, the following broad conclusions may be drawn.

a. Where supplementary feeding programmes are conducted, there is a great disparity between the supplementation delivered. Dry rations are being distributed by the NRO, whereas the more appropriate cooked ration is being supplied only by those voluntary agencies with the facilities, equipment and expertise to carry out the operation on a regular basis.

b. The NRO ration list is nutritionally better balanced due to the utilization of a variety of foodstuffs, than the voluntary agencies' regime using DSM alone. Milk alone does not constitute a supplementary feeding programme. For the purposes of supplementary feeding, a food combination supplying more calories, niacin and iron is required.

Factors contributing to the problem - The following factors contribute to the problems surrounding supplementary feeding.

a. There would appear to be a poor understanding on the part of the GOS and UNHCR as to the function of supplementary feeding for vulnerable groups. This lack of understanding has led to the lack of emphasis on the establishment of such feeding programmes. The NRO has not clearly differentiated the terms "supplementary feeding" (designed to strengthen the diets of vulnerable groups), "intensive feeding" (designed to recuperate seriously malnourished individuals) and "therapeutic feeding" (a term not currently used in public health work).

b. There is a lack of adequate personnel with refugee camp experience with which to mount an appropriate supplementary feeding programme for the camps. This is surprising given that personnel experienced in the feeding operations in the camps set up in Somalia to deal with the 1974-75 drought should still be found within the national population. Conditions in the present refugee camps are so similar that for all practical purposes the same personnel could be employed to undertake the same work as was carried out with reasonable competence in the earlier camps (see Abbas, 1978).

c. The same factors that have resulted in general shortages of basic rations (see Section II D 1) influence the supply of supplementary foods.

Interventions for the solution of problems relating to supplementary feeding - The following actions should be taken to establish and/or improve supplementary feeding programmes (interventions concerned with the delivery of basic food rations also apply):

a. One or more food agencies with extensive experience in programmes of supplementary feeding should be contracted to undertake such programmes under the supervision and coordination of UNHCR. Agencies with such experience which should be contacted include:

- Concern, Eire;
- Bread for the World, West Germany;
- Care, U.S.A.;
- Catholic Relief Services, U.S.A.;
- Church World Service, U.S.A.

Adequate systems tested through practical experience in the field are described in the literature (Chapter 4, de Ville de Goyet, 1978; Manual No. 11, UNHCR, 1980; Chapter 5, PAG, 1977).

b. The involvement of one or more Somali nationals with experience in feeding from the 1974-75 relief camps should be encouraged. In this way, the supplementary feeding programme can be tailored to fit in well with local norms and customs.

c. In all cases the supplementary feeding programme should be implemented in close collaboration with established programmes of preventive health in the camps (see Section II E 2 in the present report), and in coordination with improved NRO food distribution systems.

Lessons learned and implications for emergency preparedness - Supplementary feeding programmes are an activity that is always required in a refugee camp environment. It serves to protect the vulnerable groups but also is an ideal programme for delivery of other services such as preventive health and medical programmes, health surveillance activities, public health education, and monitoring of the basic ration distribution. Normally HCR will contract a voluntary agency or the host government to provide this service. As important as these programme are, HCR personnel must be conversant with the basic issues involved in setting up and running such a programme. In order to be properly prepared for selecting the appropriate agency and seeing that adequate programmes are established, HCR should take the following steps:

a. Provide the Branch Office with literature on the establishment and operation of these programmes. Suitable references for non-medical and -nutrition personnel are available.

b. Establish close linkages with agencies that are recognized specialists in this type of programme and contract them at early stages of the emergency to provide advice on setting up the programmes.

c. Develop model standards which can be used or adapted to guide agencies in setting up programmes. (The standards developed in Thailand (UNHCR, 1980) provide a current example.)

d. Establish a closer link to WFP and WHO emergency operations personnel who are specifically concerned with this activity.

e. Develop a mechanism whereby a nutritionist/feeding programme specialist can be seconded quickly to the Branch Office to assist in determining the scope of the required programme. (At present this is left to WFP, but often they do not assign an experienced specialist. Thus HCR should have the capability to provide this expertise if WFP cannot.)

In order to serve as a back-up feeding system capable of smoothing out temporary shortages and insuring that the vulnerable groups will always have adequate food, the supplementary feeding programme should receive separate stocks of food. If possible, independent supplies should be established. The best way this can be effectively accomplished is to utilize the "food agencies" that have their own sources of supply and their own logistics. HCR should develop standing agreements with these groups to provide stand-by services in emergencies.

3. Intensive feeding programmes - Intensive feeding programmes were not operating in any of the refugee camps visited by the Mission. In particular, no such program had been established at the Al Waq transit camp in Gedo Region, and it is doubtful that there exists such a programme at either of the other 2 transit camps (one in Hiran, one in Hargeisa) in the country.

The following reasons for the absence of intensive feeding programmes were identified.

a. There is no understanding of the function of intensive feeding as part of a refugee relief operation. In particular the special importance of transit (reception) camps as the appropriate location for intensive feeding, medical examination and immunization of incoming refugee arrivals before transfer to established camps is not appreciated.

b. Similarly, a lack of adequate, trained personnel exists for the implementation of an appropriate intensive feeding program in the transit camps. Due to the delicate and time-consuming nature of the work involved, it is essential that early emphasis be placed on the establishment of personnel selection and training schemes so that adequate numbers of workers are available to initiate these programmes as soon as possible.

c. The procurement and logistical factors that have resulted in general shortages of basic rations and supplementary foods apply to intensive feeding operations.

Interventions for the solution of problems relating to intensive feeding - The measures for the establishment of intensive feeding programs in the transit camps are:

a. A food agency with extensive experience in programs of intensive feeding should be contracted to undertake such programs in the transit camps under the supervision and coordination of UNHCR. An agency with suitable field experience is Catholic Relief Services, U.S.A. Adequate delivery systems tested through practical experience in the field are described in the literature (Chapter 5, de Ville de Goyet, 1978; Manual No. 13, UNHCR, 1980; Chapter 6, PAG, 1977). (Note: the term "therapeutic feeding" appears in the older literature in place of the more modern term "intensive feeding".)

b. Under no circumstances should intensive feeding be instituted on a regular basis in the standard refugee camps, but only in transit (reception) camps with the objective of recuperating individuals suffering from serious malnutrition. Therefore the logistical planning and implementation necessary to supply food, equipment and personnel for intensive feeding need only be directed at 3 locations.

Lessons learned and implications for emergency preparedness - HCR Branch Offices can be made more conversant with this type of programme by provision of the available, non-technical literature as well as a guide to the basic issues. Information regarding all types of feeding programmes and the conditions when they are required should be a part of UNHCR staff training.

D. Health programs

1. Curative health programs - In general the mission noted a disproportionate emphasis on curative health programs over preventive health programs. In most cases, the Team felt that high technology solutions were being utilized to resolve health problems that would be more appropriately resolved with a cheaper, more labor-intensive, less technologically dependent approach.

Almost all camps had established field hospitals where non-ambulatory patients are cared for. In addition, all camps have dispensaries (the Corioli group of camps have 6 dispensaries in total) where medical consultations are conducted for ambulatory patients and where drugs are dispensed. At several camps a rudimentary Maternal and Child Health (MCH) clinics have been established, but the manner in which they function varies widely. Equipment at the field hospitals and dispensaries appeared to be quite adequate; beds and linen, stethoscopes, sphygmomanometers, disposable syringes, and some more technical equipment appeared to be available in adequate supply. However, the need for more mattresses, blankets and

midwifery equipment was expressed in a number of camps visited. Also a lack of adequate refrigeration equipment has hindered immunization campaigns in some camps.

The principal diseases encountered (in rough order of importance) were:

Principal diseases affecting children:

- dysentery, gastroenteritis and non-specific diarrhoea;
- parasitic infections (hookworm, ascaris, etc.);
- protein-energy malnutrition (PEM);
- measles and whooping cough;
- anemia;
- bronchitis and other respiratory diseases;
- fungal skin diseases.

Principal diseases affecting adults:

- tuberculosis (TB);
- bronchitis and other respiratory diseases;
- anemia;
- dysentery, gastroenteritis and non-specific diarrhoea;
- malaria;
- fungal skin diseases.

In most camps suitable drugs with which to treat these diseases appeared to be available supplied by a variety of sources (GOS, UNICEF, WHO, Red Crescent, various voluntary agencies). However, there was some doubt as to whether quantities were sufficient to cover the camp populations, and medicine stores varied greatly in size between camps. At Dam camp, antibiotics, anti-mycotic and TB drugs were exhausted and the camp medical staff complained that they had nothing with which to alleviate the symptoms of scorpion bite. Medicine stores were very low in Saba'ad camp, especially with respect to rehydration sachets for children with diarrhoea. The Mission was informed that adequate medical supplies were present within GOS stores in the country, but that transportation and distribution had to date been the limiting factor in supplying enough medicines to the camps.

There was some evidence that expatriate doctors working with voluntary agencies (and possibly some of the Somali doctors with overseas training) were not experienced with disease patterns characteristic of Somalia. Hence, the Team found that tetracycline was being prescribed for all cases of dysentery and diarrhoea which could not be etiologically differentiated for lack of laboratory facilities. This is generally considered inappropriate treatment.

In general, an over-emphasis in the use of antibiotics was discovered. The important point in this respect, however, was the fact that these medical personnel were dealing only with the curative aspects of environmental health; few attempts by medical personnel to promote the construction of latrines or other preventive measures were observed in any of the camps. The doctors in the Gedo Region complained of lack of time, but for the most part their schedules appeared to include only 4 hours work per day.

The tendency of the medical staff to rely on high-technology solutions is further illustrated by requests that have been made for X-ray equipment at the Corioli camps with which to diagnose TB cases, in addition to laboratory facilities with which to examine sputum samples. In the camps in the Gedo Region, the doctors were requesting an ambulance with which to transport emergency cases to the hospital in Baidoa (about 3 hours' drive towards Mogadiscio on a gravel road). It would appear more appropriate to set up a small field hospital in a centrally-located refugee camp in the Region, or to develop a suitable medical facility in Luk as recommended in the Goundry Report, for reasons of logistics, cost and reliability. Interestingly, the Team did not receive requests for laboratory equipment suitable for the examination of fecal samples, which would make it possible to etiologically differentiate the various types of diarrhoeal agents in patients, and hence reduce reliance on the use of broad-spectrum antibiotics.

Overall, health manpower planning was totally inappropriate for the situation, with heavy reliance on a few doctors and nurses (average distribution, approximately one doctor and one nurse per camp visited). Auxiliary personnel were being utilized for primary health care delivery in suitable numbers only in the Corioli camps (40 "auxiliaries", mostly Somali medical and nursing students, plus a few hundred refugees selected from the camps have received a one-week preventive health course with a view to giving classes to groups of families). At Agabar camp, about 4 auxiliaries have been trained by the CIIR voluntary health team. No outreach system has been initiated in the Gedo Region, apparently because the medical personnel feel they have to time to undertake the work. Policies with regard to the responsibilities, work-schedules, form of payment and quantity and quality of training, supervision and evaluation of auxiliary health workers in different camps were either non-existent or unstandardized. Health personnel at Al Waq transit camp (6 student nurses) were inadequate to meet the medical needs of the arriving refugees.

2. Preventive health programs - The emphasis placed on the establishment of programs of preventive health in the Somali refugee camps was inadequate.

Environmental health measures, such as the digging of latrines, were observed to be in effect only in Corioli I camp, where up to 50% of families appeared to have latrines. A few latrines had been dug at Corioli II and III camps, and at Agabar camp.

Vaccination programs have been incomplete in the refugee camps. For example, in the Corioli camps, the medical officer informed the Mission that approximately 500 doses of BCG, 300 doses of DPT and 300 doses of polio vaccine had been administered to date. The UNICEF extended program of immunization (EPI), which is an extension of the national immunization plan into the refugee camps, will be commencing formally starting in the Hargeisa Region as soon as suitable refrigeration equipment is available.

Programs of public health education (PHE) appeared to be almost totally undeveloped. Educational activities had begun to train refugees in the Corioli camps, although it was not possible to observe a PHE class in action, nor examine the curriculum. It appeared that emphasis was being placed on the importance of latrines, garbage disposal, and the use of soap for hygiene; nutrition education and food hygiene was not yet being discussed.

The FOCSIV voluntary health workers (in Corioli) expressed a desire to extend their work in the area of preventive health. CIIR workers had developed plans to extend PHE activities on a larger scale in conjunction with the existing supplementary feeding program. MSF Health workers had given no emphasis to this important area of refugee camp services. The Mennonite Central Committee (MCC) country representative appeared very committed to preventive health activities within the future scope of action of the MCC health team(s) that will begin work in Somalia in the coming months.

3. Health surveillance - No adequate health surveillance activities were being carried out in any of the camps. The record-keeping being undertaken was found to be inefficient and unsystematic. In the Gedo Region, mortality and morbidity statistics were not available because the voluntary health workers said there was no time to record them. In Hargeisa Region, the area health officer was able to supply the information recorded in Table 5.

Table 5: Mortality statistics for 3 refugee camps in the Hargeisa Region, by age-group, January 1st to March 15th, 1980.

Camp	Population on March 1st	Age-group	Number of deaths		
			January	February	March 1st-15th
Agabar	43,704	0-5	62	75	44
		6-15	10	15	3
		Adults	18	13	7
		Subtotal	90	103	54
Saba'ad	57,445	0-5	70	133*	42
		6-15	9	4	6
		Adults	15	10	9
		Subtotal	94	147	57
Dam	42,010	0-5	45	60	32
		6-15	7	8	5
		Adults	9	5	6
		Subtotal	61	73	43
		Total	245	323	154

*The excess mortality in Saba'ad camp during February amongst infants and children was caused by a measles epidemic.

The data presented in Table 5 permit the approximate calculation of the crude death rate at 25 deaths/1,000 population/year (as compared with the national figure for Somalia, 1977, which was approximately 21/1,000/year). However, when it is noted that the camp population is probably exaggerated, and that the number of deaths is under-reported, especially in the young age-group, then the real crude death rate is probably in the region of 30/1,000/year. The difference between a death rate of 30 and the national rate of 21 is statistically significant and implies that health conditions in these camps are significantly worse than in the nation as a whole.

In the Shabelli Region, the only statistics available were the records of the health workers in their dispensary treatment records (which gave patient's name, diagnosis and treatment prescribed only). However, since

these records were written in 4 languages (English, Italian, Somali and Abbo), and were not grouped and totalled by disease category, they were of little value as morbidity records. No other health officers had reliable data available.

There appeared to be little or no inter-agency sharing of data regarding mortality and morbidity. Only on a sporadic basis are patients required to keep health visit cards (which are no more than handwritten notes on plain paper notesheets), and health teams working in the camps did not appear to utilize any system of central registration or patient record cards, nor were records protected with plastic covers. The problem is complicated by the fact that the refugees do not carry any sort of camp registration card of any kind. Therefore, to date no system of central mortality and morbidity data collection and analysis has been feasible.

Factors contributing to the problem - In general, the most significant factors contributing to the deficiencies observed in the health programmes can be reduced to two categories.

First, the voluntary agencies encharged with the delivery of health programmes appear to have little experience in the field. The personnel that they have selected are inexperienced in the health and cultural realities of a Third World country. Often their University and Medical School training is not appropriate to equip them to deal adequately with simple communicable diseases that are prevalent in developing countries. The orientation supplied to outgoing health workers before departure for Somalia is often deficient or non-existent; the assumption is made that a doctor or nurse can function adequately wherever (s)he is sent. It is the opinion of the Mission that deficiencies of equipment and medicines in the field are secondary to the question of the appropriate selection and training of health manpower.

Accompanying the lack of knowledge about appropriate health activities, there is a serious lack of coordination and information sharing between the agencies delivering health services in the refugee camps. More important, no efforts to standardize the quantity and quality of services have been made. In order to ensure that a minimum standard of preventive health activities and primary health care is provided, UNHCR should institute minimum standards and provide guidelines on how to effect the standards to guide the agencies. The rational distribution of personnel, equipment and medicines can be accomplished only through such a mechanism. With the

continuing confusion of activities being undertaken by the various agencies, the resulting services received by the camp populations will remain unsystematic and uneven.

Interventions for the solution of problems relating to health programmes - A variety of interventions will be required to resolve the problems surrounding the delivery of adequate curative and preventive health services to the refugees. The following actions should be initiated:

a. Under the coordination and leadership of UNHCR, the delivery of curative health services should be standardized in the refugee camps, with particular emphasis on procedures. Adequate systems tested through practical field experience are described in the literature (WHO, 1977; Werner, 1978; Chapter 7, PAG, 1977).

b. Under the coordination and leadership of UNHCR, the delivery of preventive health services should be standardized, with emphasis on potable water, environmental sanitation, garbage disposal, vector control, immunization and public health and nutrition education. Adequate systems tested in the field are described in the literature (Werner, 1978; Chapter 7, de Ville de Goyet, 1978; Chapters 8 & 9, PAG, 1977; WHO, 1977; Assar, 1971; Rajagopalan and Shiffman, 1974; Manuals No. 1, 2, 4, 5, 6 and 16, UNHCR, 1980).

c. The central collection of mortality and morbidity statistics should be initiated and standardized under the coordination of UNHCR, utilizing appropriate registration procedures as established by the Center for Disease Control (CDC), Atlanta, Georgia, USA, and the International Committee of the Red Cross (ICRC), Geneva.

d. Medical and nutritional surveillance procedures should be established and standardized in the refugee camps under UNHCR coordination. Adequate systems have been developed and are described in the literature (Chapters 3 & 7, de Ville de Goyet, 1978; Chapter 4, PAG, 1977). (It is noted that CDC has been contracted to undertake epidemiological surveillance in the refugee camps in order to formally establish the health and nutritional status of the camp populations.)

e. Equipment procurement procedures at UNHCR should be streamlined in order to facilitate the rapid procurement of essential equipment such as refrigerators for immunization campaigns in the field.

f. Transportation of essential medicines and medical equipment should be facilitated through the general improvement of transportation services for basic food rations and other foodstuffs described earlier.

Lessons learned and implications for emergency preparedness - HCR field staff are generally unprepared to deal with health-related programmes, and specifically they are not conversant with the issues related to preventive vs. curative health programmes. To help field staff become more proficient in these areas, UNHCR should:

a. Provide basic background data relating to the issues surrounding health programmes and priorities in emergencies and refugee camps. This data could be presented in a handbook for field officers and included in a staff training programme.

b. Set up a regular seminar programme with the WHO Emergency Relief Operations Division to provide orientation on health matters to HQ staff likely to be sent on missions.

To help ensure that the voluntary agencies working with UNHCR are qualified, greater participation of the WHO Emergency Relief Operations Division should be encouraged in the screening, selection and orientation of these agencies.

E. Social services

Despite the stated priority placed on the delivery of social services by both the Government of Somalia and the United Nations, to date the level and variety of programmes provided to the refugees has remained minimal. Only in the established camps, which have been in operation for over a year (especially those in the Corioli region) are any significant social service programmes conducted. This is due in part to a lack of manpower as well as a lack of adequate resources to provide these services. Given the full range of problems confronting the operation at the present time, it is advisable that social services retain a somewhat lower priority until other more serious problems have been resolved. At that point, it is felt that extensive involvement on the part of both the Government and voluntary agencies which have experience in social service programmes for refugees will be needed in order to develop and conduct the proper range of programmes required by the situation. Due to the nature of the refugees - i.e., predominantly women, children and elderly men - a variety of programmes especially tuned to their needs will be necessary. Projects of special importance will be: agricultural development programmes to help the refugees become partially self-sufficient in their day-to-day activities, as well as handicraft programmes for the refugees, especially the women, to bring in additional income. Special programmes for widows and single-parent families will also be required.

There are two areas of social services that should be reviewed at the present time. These are: reception and processing of new arrivals; and programmes for unaccompanied minors. The procedures for reception and recording of new arrivals is not thorough or well-organized. Some registration is conducted at the border, and some records are transferred with the new arrivals to the camps; however, record-keeping is sketchy - no central point receives enumeration on the exact data relating to each refugee family and the type of information collected would not provide a basis for an adequate tracing system by which to reunite families were major disruptions to occur.

Unaccompanied minors and children who are orphaned in the refugee camps receive no special consideration in the record-keeping system. Camp officials normally place the unaccompanied children with other families, which in itself is an acceptable practice except for the fact that no records are kept that would allow relatives to trace the children at a later date. At this time, the problem of unaccompanied minors does not appear to be overly large; nevertheless, an adequate system should be set up.

Lessons learned and implications for emergency preparedness - The reception and processing of new arrivals, and special programmes for unaccompanied minors, are two services for which preparedness activities are needed at the outset of emergency operations. Simple systems for reception and processing have been worked out and the necessary cards for registration can be developed in advance and included in an Emergency Operations Handbook for field officers so that, when an emergency occurs, the forms can be translated and produced locally. Experience has shown that, if proper registration is not carried out at an early stage, family reunions, the tracing of unaccompanied minors, and the problem of re-establishment of families within a refugee camp will all be delayed - indeed, in many cases prevented. A model record-keeping system should be developed which follows each refugee from his arrival to the final destination, with copies of the information collected in a central data center. HCR can help deal with this type of situation by providing this model system as well as guidance to its counterparts and implementing agencies at the earliest stages of the emergency.

Unaccompanied minors are always one of the most sensitive social problems of refugees. Special systems are required to register and trace unaccompanied and in many situations special attention is necessary to ensure that the children receive adequate care. As mentioned earlier, in Somalia the problem does not appear to be great; few children arrive unaccompanied by

their parents, and normally, if the parents are missing, other relatives are usually present. Experience from other locations, however, most recently Thailand, shows the need for HCR to be prepared, not only with systems of registration and child care but also with formulated policies relating to child care under these circumstances. Field officers should be made aware of the issues related to unaccompanieds and the HCR Branch Office should be prepared to move rapidly to act in the children's interests.

Social service programmes are generally not the type of activity that would be included in emergency preparedness because they should be tailored to the individual needs of a refugee population. Furthermore, they should be geared toward the long-term solution envisaged for the group. There are a large number of organizations that have experience in dealing with social and economic problems in refugee camps, and a great deal of experience has been learned which can be tapped by UNHCR once the refugee camps are established.

F. Personal supplies

The list of personal supplies donated for distribution to individual refugee families includes blankets, cooking utensils, clothing, soap and tarpaulins. The distribution of the materials appears to have been fairly equitable, though it must be pointed out that in many cases the material provided was of doubtful value. While the refugees have accepted the aid, with the exception of the European-style clothing, much of it has gone unused. Blankets have been of only marginal importance and necessity, as many of the refugees, especially the nomads, brought their traditional blankets with them. Cooking utensils likewise were either brought by the refugees or are manufactured from local materials. Refugees report that the mess-kit style pails and dishes provided were not easily adapted to cooking the traditional meals, though they did point out that they were nice for storage. In any case, many have been sold in nearby markets for additional food. The soap provided is valuable, though with the shortage of water little of it has been used. Of all the items provided, the tarpaulins are the most popular and have been especially helpful in building or repairing the traditional style "Aqual" or traditional round house, or in providing cover for secondary buildings within the housing compound.

Given the current transportation problems and the necessity of allocating what available transport exists to the movement of food supplies, a moratorium on shipments of personal goods should be imposed.

Lessons learned and implications for emergency preparedness - In order to be properly prepared to deal with personal material needs, UNHCR should explore the following options:

a. Re-orient the purchasing system to allow for a greater level of localized purchases.

b. Conduct an investigation into the actual personal material aid requirements (by assessing what was used and how it was used in UNHCR's past experience) and develop material acquisition plans based on this report.

c. Where personal items are shown to be required in a certain region, UNHCR should develop lists of local supplies and keep them updated on a regular basis.

III. Summary of Major Points

A. Preparedness of HCR

The Somalia operation was essentially an emergency that developed from a long-term, almost static, refugee situation. The experience in Somalia shows that HCR was not prepared to deal with this type of situation. Not only was response to the emergency, when it was identified, slow, there was no accurate means of determining that a change in the static situation was developing. There were no surveillance procedures in place or monitoring of the normal indicators that would show that there was a change and a growing problem. When the situation was recognized for what it was by the Branch Office, it then took months for the HCR bureaucracy to respond properly. When it was realised that a large number of new refugees were arriving, the staff was unprepared for a proper assessment of the situation, which would lead to a proper and timely response.

In order to be prepared for this type of emergency, HCR should establish procedures for monitoring a situation and establish indicators that will quickly provide administrators with information relating to emergency needs. In short, HCR must provide information and training to field officers on how to assess, and where to assess, and what to assess, in order to pinpoint needs.

The experience in Somalia also underscores the need for HCR to develop the capability of assessing events on a region-wide basis, especially where potential conflict between countries may lead to an emergency operation. The events that led to this emergency were known far in advance of the arrival of the new refugees and adequate forewarning was given so that the emergency measures could have been taken prior to the time when the situation became difficult to handle.

The Somalia experience also indicates that field officers are not prepared to deal with the technical aspects of refugee needs assessment. At the time the emergency started, the professional staff consisted of no more than two men, neither of whom has had prior experience or training in needs assessment. While various missions were sent from HQ to assist in determining needs, the information provided was general and not specific enough to assist in the specifics of programme development. In order to assist the Government and implementing partners adequately, HCR must develop adequate assessment capability, either through training field officers or by developing a team of assessment specialists. Reliance on

voluntary agencies and the Government to carry out this assessment proved, in the Somalia case, to be unsatisfactory.

B. Operations planning

The Somalia experience has underscored the fact that UNHCR is unprepared for adequate operations planning, either for its own staff and operations needs or to advise counterparts and the host Government. While in general the staff does understand that certain tasks are required, or that certain staff positions must be filled, the specific duties and requirements of each position are poorly delineated. Management principles, procedures and methods are not known, or not understood. Even some of the most basic concepts, such as standardization, pooling and flow charting are not practised.

The principles and procedures of operations management are not difficult to master. Guidelines can be formulated, procedures can be developed and the proper forms printed, and the basic training in operations planning for managers can be instituted, thereby achieving a much higher range of results. UNHCR can be expected to confront a wide range of operational circumstances in the future; even when not in an operational situation, HCR will be expected to advise counterparts and/or the host Government on setting up and managing operations. To improve proficiency, the organization should provide basic operations planning and management skills to potential heads and staffs of field offices, develop a small corps of operations experts to assist, on a temporary basis, Branch Offices in setting up emergency operations and establish procedures whereby these operations can be easily and swiftly administered and monitored.

C. Decentralization of decision-making

It is recognized that the highly political and sensitive nature of situations such as Somalia requires the closest co-ordination between Headquarters and the Branch Office. Nonetheless, in order to respond adequately to emergency needs, greater delegation of authority should be made to the HCR official who is on the spot. Many of the weaknesses and shortcomings of HCR's programme in Somalia are directly attributable to this lack of authority. The problems relating to staffing and procurement are particular areas of concern in the Somalia operation. In order for HCR to be effective in its emergency response, one or a combination of

the following should occur: all or portions of the procedures in BAFT should be waived or streamlined, or simplified procedures should go into effect or new procedures designed especially for the emergency situations should temporarily supercede BAFT.

D. Staffing patterns

Many of the problems related to adequate assessment of the situation and deficiencies in the planning of support operations for the refugees can be attributed to the fact that HCR does not have on its staff technicians who can provide advice and immediate support in the technical fields during an emergency. Traditionally HCR has relied on voluntary agencies or consultants to fill this gap. The experience in Somalia shows that the voluntary agencies can provide only a limited range of technical services. In many cases, the staff provided are inexperienced or improperly trained to deal with conditions in developing countries. HCR must have a small team of people whom it can rely upon to provide information and advice appropriate to the needs of refugees in developing countries. HCR should either retain such personnel in-house, or develop a special arrangement whereby such personnel can be seconded almost instantaneously to a Branch Office when an emergency develops. The latter option will require a much more specific arrangement than simply a roster of experts or a series of standing agreements with voluntary agencies. The technical experts must work together as a team and have complementary skills, otherwise the situation will not be rectified.

E. Co-ordination with voluntary agencies as implementing partners

The diverse range of experience, qualifications and capabilities of the agencies chosen to implement HCR's programmes in Somalia demonstrates the need for HCR to develop mechanisms whereby a higher quality and level of service can be provided on a fairly uniform basis for the refugees. The disparity between levels of service in different camps provided under the auspices of different voluntary agencies shows that HCR must not only strive to ascertain that agencies are competent in their assigned work, but also provide a standard of service as well as a basic minimal level of service to the refugees. In order to do this, HCR should do three things: 1) develop model minimum standards for each refugee camp operation carried out by a voluntary agency or other entity

contracted and/or paid for by HCR; 2) develop an assessment capability to monitor the effectiveness of voluntary agency programmes carried out under the auspices of HCR; 3) develop a screening process for determining the competence of the voluntary agencies and their key field personnel prior to their being contracted by HCR.

F. Information requirements

Many of the problems in the specific operations in Somalia are related to the lack of information available to the staff and the implementing agencies; not even the standard references on refugee camp operations, nor the basic manuals developed for this type of emergency, nor the pamphlets and training aids that are utilized by many other agencies world-wide, were available in Somalia. In order to be more effective and to place a greater range of information in the hands of the administrators, HCR should: 1) develop a field officers' handbook of information that would be required for emergency operations; 2) develop a basic library of information on field operations, and provide it in multiple copies to Branch Offices; 3) establish links to information centres such as VITA, the Intermediate Technology Development Group, the Oxford Polytechnic Disaster Reference Service and the INTERTECT Disaster Information Service.

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