UN OCHA ANTICIPATORY ACTION, LESSONS FROM THE 2020 SOMALIA PILOT

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Abstract

This report looks at key lessons from the UN Office for the Coordination of Humanitarian Affairs (OCHA) first anticipatory action (AA) pilot for drought in Somalia, designed and endorsed in 2019. The framework triggered in June 2020 based on projected food insecurity due to covid-19, locusts and flooding.

As the first AA pilot undertaken by OCHA, the experience in Somalia offers crucial lessons and insights. Driving forward a vision for change while listening deeply and integrating perspectives of partners and in-country colleagues represented a significant polarity to manage. Lessons were learned around the need to start by identifying feasible AA interventions, assessing operational readiness and disaster-specific needs, and building the AA plan and trigger from there. The framework did not include a drought-specific trigger, which led to ambiguity when the food security-based trigger was reached due to other threats. Findings also pointed to a need for greater clarity on trigger monitoring, scenario, and protocol development. Finally, the study found that partnership with the World Bank offered prospects for expanded funding—but also came with challenges, including differences in institutional readiness for forecast-based action.

The study, which was based on a desk review of relevant documents, interviews with global and in-country partners and stakeholders, and observation of select planning and coordination meetings, recommends: establishing a peer review process for AA plans; setting detailed protocols for monitoring the trigger and carrying out step-by-step actions once reached; clarifying decision-making processes during the design phase; developing an intentional approach to support mindset change among key stakeholders; and recognising and responding to how different people cope with systems change.

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● CONTENTS

● ACRONYMS

AA   anticipatory action

AoR   area of responsibility

CCCM   camp coordination and camp management

CERF   Central Emergency Response Fund

CHF   common humanitarian fund

DFID   [UK] Department for International Development

ERC   Emergency Relief Coordinator

EU   European Union

FAM   Famine Action Mechanism

FAO   Food and Agriculture Organization

GBV   gender-based violence

HCT   humanitarian country team

HFSA   [OCHA] Humanitarian Financing Strategy and Analysis Unit

HQ   headquarters

ICCG   Inter-Cluster Coordination Group

ICRC   International Committee of the Red Cross

IFRC   International Federation of Red Cross and Red Crescent Societies

IPC   Integrated Food Security Phase Classification

M&E   monitoring and evaluation

NGO   non-governmental organisation

OCHA   [UN] Office for the Coordination of Humanitarian Affairs

ODI   Overseas Development Institute

UN   United Nations

UNHCR   United Nations High Commissioner for Refugees

USG   Under-Secretary-General

WASH   water, sanitation and hygiene

WFP   World Food Programme

WHO   World Health Organization

● INTRODUCTION

This report captures learning from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) anticipatory action (AA) pilot planning process and framework for Somalia. It is the first in a series of pilots that aim to generate further evidence on the benefits of AA in reducing the impact of foreseeable disasters in terms of human suffering, loss of life, and the cost of humanitarian response. OCHA's Humanitarian Financing Strategy and Analysis Unit (HFSA) and Central Emergency Response Fund (CERF) Secretariat are leading implementation of the AA pilots in collaboration with key partners. In Somalia, global partners included the World Bank, World Food Programme (WFP), Food and Agriculture Organization (FAO), International Federation of Red Cross and Red Crescent Societies (IFRC), and the START Network. OCHA also leveraged additional forecast-based financing, namely the Famine Action Mechanism (FAM), launched by the World Bank, United Nations (UN) and the International Committee of the Red Cross (ICRC).

The Centre for Disaster Protection is supporting OCHA's learning from these pilots by capturing lessons and benefits that emerge from the process, as well as advising on strategies to monitor and evaluate the short, medium and long-term results.

This report is based on key informant interviews with OCHA team members and partner organisations, and draws on an internal paper drafted by HFSA in January 2020, AA: Lessons Learned. The report is structured according to key learning themes in the following sections:

- early engagement and buy-in among key stakeholders

- partnership and collaboration

- developing the trigger

- intervention selection and design

- forecast-based financing

- implementation.

Appendix 1 provides an overview of all lessons learned within each section, as well as recommendations, for quick reference.

● BACKGROUND

AA is designed to reduce the impact of disasters on household welfare. It is associated with an appropriate trigger, which releases money to activate the required delivery mechanisms and actions.

In 2018, under the leadership of Mark Lowcock, the Under-Secretary-General (USG) for Humanitarian Affairs and Emergency Relief Coordinator (ERC), the CERF Advisory Group provided support to OCHA to explore the anticipatory use of funding to complement CERF's humanitarian response functions. Through research and partner consultations, OCHA designed a framework for pilots to strengthen the evidence base for coordinated AA, and to further understand and develop CERF's role.[1] The USG/ERC committed to invest up to US$140 million to fund this activity over a two-year period, starting from the endorsement of each pilot AA framework.

OCHA engaged in its first AA pilot to address the risk of drought in Somalia in 2019. Initial planning took place in February 2019 and was followed by concerted in-country partner engagement, which started in June 2019. A draft plan for mitigating the impacts of drought was produced by September 2019. While the framework came close to being triggered following its completion towards the end of the year, the food insecurity threshold was not reached. In June 2020 OCHA triggered the release of AA funds in response to projected food insecurity thresholds due to the triple threat of covid-19, locusts and flooding.

OCHA's approach is intended to bring together headquarters (HQ) and country-level entities to collaborate on using available data to develop triggers at the country level, as well as planning of appropriate AA in advance of a shock (or during the early stages of a slow-onset shock like a major drought).

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1   This research included a paper funded by the former Department for International Development (DFID), commissioned by OCHA and published by the Overseas Development Institute (ODI) entitled, Anticipatory Humanitarian action: What Role for the CERF? Moving from Rapid Response to Early Action (Pichon, 2019) to explore CERF's role in early action, and the kinds of activities that would be suitable for CERF funding were it to provide forecast-based financing.

● METHODOLOGY

The research for this report consisted of an initial desk review of relevant documents (including the Draft Somalia AA Plan, and HFSA's internal Lessons Learned Report), and 24 qualitative interviews. These were conducted with: key informants within OCHA HQ (6 interviews); partner UN agencies and external organisations at the global level, including WFP, IFRC and the START Network (5 interviews); and OCHA colleagues in Somalia, the Inter-Cluster Coordination Group (ICCG), and partner UN agencies including FAO, UNICEF, United Nations High Commissioner for Refugees (UNHCR), and World Health Organization (WHO) (13 interviews).

In consultation with HFSA, the Centre developed a semi-structured interview guide to gather information on critical assumptions and learning questions. As interviewees were involved in various aspects of the pilot, interviews began with questions designed to understand the person's unique role, with subsequent questions focused on where they could provide greatest insight. As such, not all interviewees were asked questions within all of the thematic areas. Each interview lasted approximately 30-45 minutes. In cases where interviewees had additional thoughts to share, or the researcher had remaining questions to explore, interviews were followed up by email.

● EARLY ENGAGEMENT AND BUY-IN[2]

Process for promoting engagement and buy-in

OCHA began engaging with global stakeholders on anticipatory action in late 2018/early 2019. This included consulting on pilot countries, as well as outlining OCHA's plan for developing and implementing AA pilots at the Humanitarian Networks and Partnership Week in Geneva in February 2019.

Once Somalia had been selected as the first pilot country (April 2019), additional outreach was conducted with HQ-level partners as well as with country-level teams.

The pilot team's first mission to Somalia was in July 2019 to meet with the UN Resident and Humanitarian Coordinator, along with OCHA colleagues, UN agencies, expert organisations, Somalia government representatives and donors in Mogadishu and Nairobi. This trip was intended to provide further contextualisation of early warning systems and possible anticipatory activities, build wider understanding of the purpose and concepts behind AA, and generate buy-in.

Lessons learned on engagement and buy-in

CERF and OCHA's commitment to moving anticipatory action forward is important for mainstreaming it within the humanitarian sector.

The legitimacy that OCHA brings to investing resources and leadership in demonstrating the promise of AA is seen by partners as welcome and invaluable, given its convening power and influence on how humanitarian work is carried out. Partners expressed appreciation for OCHA's interest in AA, the support in developing a policy framework and institutional approach for its implementation, and the significant additional financing. OCHA is seen to have leverage to influence the large systems change needed to mainstream AA, and to coordinate operational force on the ground.

Integrate anticipatory action planning into existing processes.

Interviewees from OCHA HQ, partner agencies and country colleagues agreed that AA will gain the most traction if it can be woven into existing processes and frameworks, rather than presented as a new and additional planning activity, as was the case in Somalia. To promote its sustainability, AA will need to be linked to other planning cycles, including risk analysis, operational readiness, and humanitarian response planning.

One partner suggested describing AA as integral to the emergency preparedness process. This could be achieved by building it into the readiness plan at the country level for different risks, and the responses needed over time. For example, in addressing a food security crisis, this would mean detailing what the response would typically look like in the first 4–6 weeks of a crisis, and then see what activities might be carried out in advance to mitigate impact. Possible questions to ask to find sustainable entry points might include the following:

- What is happening in-country already in terms of emergency response planning, preparedness and coordination?
- What are the biggest barriers to AA there? Why are these the barriers?

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2   This section focuses on early engagement strategies to generate support and buy-in among a range of important stakeholders, including in-country colleagues. The following section focuses more specifically on the opportunities and challenges that arose with partnerships and collaborative processes.

- With OCHA's convening power, how might the barriers be addressed?
- What is OCHA uniquely positioned to do to promote AA in the country?

The pilot development and rollout processes need the buy-in and leadership of country-level colleagues.

The initial stages of partner engagement included consultation with HQ-level partners on a broad framework for the overall mechanics and processes of AA, which worked quite well. When discussions shifted to implementing a pilot in Somalia, however, a partner described an initial lack of understanding about how OCHA wanted the partner organisation's HQ to be involved in the pilot process in-country. The partner did not feel they could decide for in-country colleagues and leadership whether to engage. The transition from consultation on frameworks with global partners experienced in AA to implementing with the same agencies at the country level was somewhat unclear and happened quickly. This showed a need for a more coordinated approach to start engaging with in-country partners and being clear about how HQ partners could best support that.

The experience in Somalia also highlights the importance of integrating in-country colleagues into the rollout team from the beginning and providing the necessary training and capacity building so they can steer the process and take ownership as soon as possible. The pilot met some challenges in this regard. Country-level colleagues having a shared sence that, while OCHA HQ was wanting the pilot to be field-driven, this was not the case. One interviewee expressed the sense that consultations were a superficial exercise, with the HQ team having little intention of integrating perspectives from field colleagues. This undermined proper buy-in and leadership from the field.

One interviewee advocated for the OCHA country office to fully take the lead, requiring their willingness and commitment to take on the role. Meetings would thus be chaired by the Humanitarian and Resident Coordinator or OCHA country office, with the HQ team taking a back seat, including for early-stage meetings to engage partners in-country.[3] However, due to pressures to implement the pilot in Somalia in time to disburse funds in case of major drought, the OCHA HQ team did much of the heavy lifting, working through policy, technical and logistical issues within short timeframes, primarily at the HQ levels. The process might have benefited from full country-level engagement, leading to greater integration with local tools and systems. Ideally, context-based discussions at the start of a pilot would help determine the balance of support required from HQ based on the knowledge and capacity around AA in-country.

Interviewees generally recognised the importance of having more time and planning to engage colleagues at the country level in a participatory process, along with other stakeholders with expertise in designing AA on the ground. Both partner agencies and OCHA describe how this lesson has been integrated into the pilots currently underway in Bangladesh and Ethiopia, with regular coordination at the country and HQ levels. Additionally, there have been efforts to provide useful communication tools for OCHA country offices, such as key messages and presentations that support critical communication, including in local languages. This has enabled the OCHA country office to be proactive in advocating for collaboration on AA at the country level, once they are comfortable with the concepts.

This final point highlights a polarity at play in these efforts, which is to provide enough structure, clarity and guidance in defining AA and its value, while making sure the process of the framework development is largely owned and driven in-country.

Bandwidth among country-level colleagues is limited, requiring clear and strategic support as they take on new activities.

The pilot also highlighted the challenge of promoting country-level ownership while recognising limited bandwidth among field colleagues for additional activities and processes, particularly during an exploratory phase. In-country leadership may be compelled to remain focused on immediate crises and find it difficult to allocate time to AA if it is not embedded in existing processes. Two in-country interviewees argued that the initial process felt highly burdensome—firstly because of the lack of country ownership and secondly owing to a certain element of 'figuring things out along the way'. As such, it was not just about the time necessary, but a sense that the time spent by country colleagues was not time well spent given how the process unfolded.

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3   Note: This approach has been adopted for subsequent pilots, including in Ethiopia and Malawi.

OCHA has addressed this challenge through closer collaboration between in-country focal points and HQ, including relationship-building to encourage frequent and informal communication, regular calls, 'coaching', and concrete support through provision of key messages, presentations, templates and other material.

Anticipatory action is consistent with humanitarian principles but shifting mindsets requires patience.

OCHA plays an important role in collectively making the case that AA can be consistent with humanitarian principles. Increasing willingness to make choices today about how to reduce the impact of a looming crisis tomorrow requires a shift in mindset. Better data and techniques now allow anticipation of crisis risks with greater accuracy and, therefore, allow humanitarian actors to respond in a more timely way.

Encouraging changes in mindset among different levels of leadership at HQ and in-country takes time and patience, particularly in places where an established system has already been in place for a long time. In-country interviewees described needing time for stakeholders to build deeper understanding of AA, for several reasons. First, there was a sense that the concept was not fully developed when first presented, which also made it difficult to convey. Second, there are well-established ways of responding to drought in Somalia, making it challenging to introduce new ways of thinking about and responding. Some of the very reasons for selecting Somalia as a pilot (including a well-established and functional coordination system and good data) also lead to greater difficulty in seeing how anticipatory action relates to preparedness, early action, prevention, and so on. Building accurate understanding thus requires clarity on the distinctions and complementarities between disaster risk reduction, preparedness, resilience building, early action and AA. It is also important to distinguish between good (and timely) seasonal planning and AA. Additionally, shifting mindsets from traditional humanitarian response to AA requires greater understanding of the complex ways that a crisis unfolds, along with appropriate mitigation efforts. This is particularly true in countries with protracted humanitarian need, where building understanding of AA is more challenging.

With this in mind, it took longer than anticipated to support shifts in mindset and to build understanding among stakeholders to engage deeply in the process. OCHA's first mission to Nairobi and Mogadishu was between 28 July and 1 August 2019. This was followed by a second mission, with workshops in Nairobi and Mogadishu on 19 August and 21 August respectively. There was a sense from some interviewees that these workshops left little time to engage in deeper conversations about the new ways of thinking required for AA, or how it related to other efforts.

Time pressures led to challenges with engagement and partnership.

Both OCHA staff and partners at the HQ level noted challenges with the timelines for delivering an AA plan for drought in Somalia by September. Interviewees echoed the need to allow more time. While other pilots and situations might not take as long the first test case in Somalia, timeframes are a consideration and need to be discussed with donors and OCHA leadership. It is important to be clear about what can realistically be achieved with a short, medium, or long-term approach, particularly as relates to fostering in-country engagement and collaboration.

One partner noted how planning for the pilot was announced in June, with the first workshop in August, leaving little time to ensure the right stakeholders were available and engaged. There were occasions when results had to be presented at events, or to donors and senior management, leaving little time for meaningful input. This pressure led to frustration among field colleagues, local partners and HQ partners, who were asked to provide information at short notice. Partners have advocated for a more systematic approach to planning, information requests, and communication, allowing for meaningful input from a broader set of partners and stakeholders on important decisions.

For humanitarian partners who had previously engaged in longer and more consultative processes to develop AA on a smaller scale, pressure for a rapid result felt potentially detrimental to the depth and quality of the framework. In particular, some partners expressed discomfort with the rush to establish a trigger, even while acknowledging the pressures for doing so. Because of the larger scale of the OCHA pilots, some HQ-level partners expressed fear that if the AA plan was designed and/or triggered incorrectly, it could undermine global efforts to promote AA, reducing the credibility of years of collective

work. Others, however, highlighted the need to be fast and agile in responding to existing humanitarian risk — in this case mitigating the impact of the triple threat.

According to one partner, this is the most significant area for improvement following the Somalia pilot, noting that there is no quick and easy way to do ethical and effective AA. The system setup, mapping, consultative processes, and contextualisation are crucial for it to be sustainable, appropriate and credible. It also takes time to overcome scepticism at the field level when people arrive from HQ promoting a new approach. Time, humility and learning are required from those promoting new systems and processes in-country.

Offering a differing perspective, one OCHA interviewee felt that even if there had been more lead time and days allocated to planning workshops, partners may still have struggled to commit the time to attend. This suggests a need to manage the polarity of promoting ownership while recognising bandwidth limitations (taking the lead from the field in the appropriate division of labour), along with balancing pressures to deliver quickly with advocating for realistic timescales to support rollout.

Setting expectations about funding is critical to the engagement process.

Interviewees noted the importance of communicating clearly from the beginning about the relationship between developing the AA plan and the potential for funding. Some advocated for more communication around the broader value of AA, and to build buy-in around the purpose of the work itself. Several in-country colleagues described realising that the funds available were much more limited than they had initially thought, leading to a sense of unmet expectation. Additionally, there needs to be full clarity that developing the AA plan does not mean funding will be disbursed, as it is dependent on triggers being reached. There appears to have been some confusion about this in Somalia, resulting in disappointment and frustration.

AA can lead to everyone being in a better position to respond to crises, even if funding is not triggered, as partners will be better aligned. However, it can be challenging to communicate this to partners who may initially engage primarily to secure additional funding but whose fields of activity are less applicable for a given shock. It can be tempting to leverage the potential of funding to solicit engagement, though it poses risks to long-term engagement and partnership.

● PARTNERSHIP AND COLLABORATION

Process: Partnership and collaboration

As noted, specific activities were undertaken to engage with partners in supporting the design of AA pilots throughout 2019. In early 2019, the CERF secretariat and HFSA consulted with technical experts on AA leading up to the Humanitarian Networking and Partnerships Week, to discuss best practices and pilot selection.

Additionally, the CERF secretariat and HFSA held calls with the Early Action Focus Task Force to discuss best practices in trigger development and contingency planning, forecasts, as well as experiences with AA in proposed pilot countries.

Subsequent partnership and collaboration in developing the AA plan for Somalia consisted primarily of two (one-day) design and planning workshops in Nairobi and Mogadishu. These were held with HQ partners (including FAO, WFP, IFRC, START Network and the World Bank), donors, in-country and regional organisations and government representatives in August 2019. Following these workshops, the OCHA team continued working with in-country clusters to further develop and clarify their AA submissions in the event of financing being triggered.[4]

Lessons learned: Partnership and collaboration

Partnership with the World Bank presented opportunities and challenges.

OCHA worked to bring diverse entities together on the pilot in Somalia. In particular, bringing the World Bank to the table to address crisis mitigation along with traditional humanitarian partners such as WFP, FAO and IFRC was an achievement. A shared goal of protecting development gains, and synergies with FAM, supported the World Bank's involvement, leading to institutional engagement both at senior leadership levels and in developing the pilot.

OCHA worked with the World Bank to address the risk cycle comprehensively, and to decide and communicate which portions they would each act upon. In the view of OCHA and some partners, this represents an important step in demonstrating how AA can be scaled, by going beyond traditional institutional mandates to address crises more comprehensively. Partnership with the World Bank promised to unlock significant additional forecast-based financing for Somalia (discussed in Section 5). However, despite the triggers being met in June 2020, World Bank funds had yet to be released by January 2021.

The partnership also led to disagreement and concern among OCHA's key partners. Some questioned the nature of the partnership, believing it to be unclear who was leading the process to the point of undermining the perception of OCHA's leadership. Partners wanted greater clarity in their respective roles, particularly to mitigate concerns that the partnership could dilute a commitment to humanitarian principles.

Challenges also arose specific to the trigger models being advocated by the World Bank (see Section 4). The World Bank had its own model to test (Artemis), to support FAM, which it wanted to implement at a larger scale in select

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4   For more information about the humanitarian cluster approach, please see:
    https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach

5   Artemis is a suite of analytical models developed to estimate and forecast food security crises in real time with the aim of preventing famine. It is the result of a partnership formed between the UN, World Bank, ICRC, Microsoft Corp., Google and Amazon Web Services in late 2018.

countries.[5] However, in contrast to OCHA and UN partners' approach to trigger design, World Bank focus was on food insecurity (which results from multiple factors), rather than on a specific shock. Two UN agency partners were not keen on employing the World Bank's models, but OCHA was able to negotiate a shared approach.

Once the OCHA pilot had started, in-country colleagues expressed being unclear as to the links between the AA framework and the FAM mechanism, as the World Bank did not disperse additional funding. In particular, it did not know where discussions stood with the World Bank, if this relationship was still being cultivated, and if OCHA funds could still be thought of as a catalyst for other donors.

Develop a clear and deliberate approach to working with partners and draw on their collective global expertise in anticipatory action.

As some partners had already done a lot of work on AA, they initially felt that OCHA was trying to establish its own unique space without recognising or tapping into existing technical expertise globally and at the national level. Whether this sense of territorialism existed on any side, it is imperative to build on existing expertise and lessons learned. This was difficult given the time pressures to build a framework, pilot it, adapt it and expand on it. Having a more intentional approach to integrating partner expertise would raise confidence and buy-in among critical allies.

In interviews, OCHA and partners recognised the depth of existing expertise, including at the country level and through the Early Action Focus Task Force. Partner organisations have experience of working with different types of risk, scenarios, thresholds, and interventions, and have piloted AA on a smaller scale. OCHA can leverage its coordination strengths by bringing together collective expertise from partner agencies while moving AA to encompass a broader scope of interventions as part of a multisectoral approach. This includes the possibility of bringing in new donors to expand the funding envelope and to develop a stronger continuum across humanitarian and development funding and interventions.

Partners want to be engaged in the learning and reflection process.

Multiple partner interviewees expressed a desire for OCHA to share key findings from the Somalia pilot, and to continue receiving updates on the process and emerging lessons. There was a sense among in-country colleagues in particular that once the framework had been completed (and prior to its activation in June 2020), communication

went rather silent. Additionally, in-country colleagues felt that they had not been consulted in the early stages about the learning component of the pilot, and that their perspectives were not included in the initial documented learnings. Partners advocated for OCHA to continue making the knowledge generated available to all partners, globally and in-country.

To this point, interviews were conducted with in-country colleagues in the second and third quarters of 2020, capturing lessons from implementation to share. A learning group was set up with in-country monitoring and evaluation (M&E) focal points following the pilot's first activation. For the second activation, the approach to learning is being co-designed with the M&E group.

Communicating and keeping partners informed is key.

Consistently keeping partners informed at the HQ level has been very important, so they can continue to support where possible. Focusing on both the clarity and tone of communication is equally important, as some partners shared that early in the engagement, the nature of communication was less conducive to coordination. This included experiencing time lags between initial meetings and first learning of plans for pilot implementation in Somalia, as well as a sense that OCHA often came to the table already having the solutions.

Communication challenges were echoed by in-country colleagues, who felt that communication dropped following completion of the draft framework. Some involved from the protection cluster expressed frustration at having spent time developing activity proposals, with the prospect that they would be considered in the plan. They received comments from OCHA but were unclear about whether or not they would be considered in the plan, and for which activities. While the source of this miscommunication is not fully clear, it points to the challenge of structuring engagement with a large number of partners to ensure that information reaches all individuals, beyond the representative interlocutors.

The OCHA team has been responsive to this feedback from partners, and is now implementing more structured planning, coordination and communication processes. This includes sending HQ partners a list of focal points for each country, holding regular calls and meetings, and developing an overview of the process with indicative milestones. In-country colleagues also recommended sharing all action sheets with everyone, both to promote transparency and as a way of promoting cross-fertilisation and complementarity in activities.

Focus on problems, not mandates and architecture.

Proof of concept is key to illustrating the power of an idea—but it is not enough to make large-scale impact and foster systems change. Partnership and collaboration with humanitarian, development and government actors are critical to OCHA's success in all areas, including in promoting AA. The AA frameworks are collective by design, intended to crowd in analytical, financial, and operational depth and expertise to get ahead of shocks and mitigate the impact of crises. As AA is a new field, bringing conversations back to the core problems can help overcome hurdles to moving forward. OCHA can use its convening power to build on existing and well-developed planning frameworks and coordination architecture for assessment of—and response to—humanitarian risks with AA. Introducing models and risk-assessment into decision-making processes can improve on and complement existing systems, facilitating buy-in among those engaged in existing coordination efforts.

Selection of Somalia as the first pilot country posed challenges with partners.

Multiple interviewees spoke to the benefits of choosing to pilot larger-scale AA in countries with strong multisectoral capacity where partners are already working on AA, and where OCHA can build on existing efforts. This was not seen as being the case in Somalia, and, according to one partner interviewee, the country was low on the list of potential pilot countries identified in consultation with partners in February 2019. Some partner interviewees expressed questions about how and why Somalia was chosen. In particular, there was a sense

it was primarily due to the pressure to trigger a payout and the promise of partnership with the World Bank (as Somalia is a FAM country).

One partner also expressed concern that it was a real challenge to have a strong multisectoral approach in Somalia, given a lack of capacity among key agencies. This is partly due to frequent turnover in Somalia (an issue mentioned by multiple interviewees), where it can be difficult to keep seasoned staff. Another interviewee expressed the challenge of piloting AA in Somalia, where there are few complementary initiatives. This meant that in-country staff had to take on significant additional work on top of their full-time roles, which had an impact on engagement. The same interviewee commented that it would be easier to engage country teams in places where work on an AA framework aligns with an existing focus on forecast-based action.

The reasons OCHA selected Somalia included the fact that it is a data-rich environment with a strong international presence, operational capacity and leadership. This includes detailed historical data and trusted early warning frameworks, a well-established humanitarian coordination structure and long-standing agency experience, as well as the existence of Somalia's Food Security and Nutrition Analysis Unit (FSNAU).[6] Somalia is consistently one of the largest CERF recipients overall. With close to half of all CERF funding to the country allocated towards drought crises there is a case for improving the timeliness and effectiveness of assistance that will continue to be required—through an anticipatory approach.

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6   FSNAU is a multi-donor funded agency. Donors have included the European Commission, Norway, Sweden (SIDA), US (OFDA/USAID), UK (DFID/UK Aid), the European Union (EU) and the common humanitarian fund (CHF). The overall objective is to ensure that Somali food, nutrition, and livelihood security is strengthened at the household and community level, ensuring greater resilience to future shocks.

● DEVELOPING THE TRIGGER

Process

Development of the food insecurity-based trigger was based on historical analysis of Integrated Food Security Phase Classification (IPC) data in Somalia, indicating that most food insecurity crises had correlated with major droughts.[7] However, it was not specifically linked to the actions being taken for drought, in that the trigger captured the impact of other shocks. OCHA notes how strategic considerations also played into the selection of the indicator and trigger, particularly due to partnership with the World Bank. In working on FAM, the World Bank wanted to leverage new technology and big data to predict increasing food insecurity. The model, Artemis, represented a major investment but was not as successful as hoped. Upon realising that Artemis would not work, the World Bank did a retroactive analysis of FEWS NET projections in Somalia to determine if it would have released funding from the crisis response window sooner. They found that, had they acted on those projections, funding could have been released faster. The World Bank therefore decided to use FEWS NET food insecurity projections for the FAM in Somalia using a population weighted average of the districts in IPC phase 3 and above.

In deciding on the indicators and triggers to use in Somalia for the AA framework, OCHA decided to align with the World Bank in using FEWS NET food insecurity projections for two reasons:

● to support the World Bank, which had invested in prior analysis, and to recognise its efforts in understanding forecasting data, and the data challenge

● OCHA wanted World Bank partners to successfully get approval for early action in IDA19, because it would unlock a significant amount of additional resources for AA.

In OCHA's view, this allowed it to move past what it saw as political disagreements between partners about which indicator to use for the trigger. One OCHA staff member noted that while it did provide an opportunity to influence the choices World Bank made regarding early action, it also put OCHA at the mercy of its choices.

Humanitarian partners expressed concerns that the trigger was primarily selected due to the World Bank's preference, with little consultation or consideration of how it might impact the AA plan. The trigger and thresholds had primarily been developed based on remote analysis. A half-day workshop was held in Somalia to present the selected trigger to representatives from donor agencies, non-governmental organisations (NGOs) and government agencies. However, partners expressed in subsequent workshops the need to explore other options, including local systems and data, as well as cascading triggers.

OCHA has taken these recommendations on board, with subnational and complementary triggers now under development. At the time of being triggered, financing was set to be released if the projected food insecurity level and projected increase exceeded the following pre-identified thresholds:

● The projected population in phase 3 and above exceed 20% (or 5 million people).

AND EITHER

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7   For further details on IPC and its phases see: http://www.ipcinfo.org/

- The projected population in phase 3 is projected to increase by a further 5%.

  OR

- The projected population in phase 4 or above is 2.5%.[8]

Such thresholds establish a minimum level of projected food insecurity as well as account for risk of worsening trends, serving as a reference for events that may qualify for anticipatory financing. The triggering rule is based on the proportion of the population projected to be in IPC3 (crisis) or higher (IPC3+) conditions. Those experiencing IPC 3 conditions either have food consumption gaps reflected by high or above usual acute malnutrition or are only able to meet minimum food needs by depleting livelihood assets or through crisis-coping strategies.

Lessons learned

Develop Anticipatory actions and the trigger mechanism in parallel, ensuring their mutual coherence.

A key learning from the experience in Somalia was that the trigger should not be developed in isolation from the rest of the framework, and that it needs to be closely linked to feasible actions and timeframes. In order to be effective, the trigger would need to be based on an indicator that would offer information at the time when operationally feasible and impactful AA interventions would need to start for a given shock. The trigger would need to give enough advance notice to meaningfully prepare and implement those activities. For example, if action were needed in September, funds may be needed in July, requiring an early enough trigger for disbursement by that time. OCHA has now adjusted the process to identify impactful mitigating activities while concurrently developing triggers that aim to balance accuracy and timely funding.

Projected food insecurity was seen as a proxy indicator of humanitarian need, but was not an ideal indicator to trigger drought-responsive anticipatory action.

OCHA's rationale for choosing the trigger was to build on available systems and analytical capacity. Additionally, projected food insecurity was seen by OCHA as a strong leading indicator to intervene ahead of the impact of a forecasted out-of-the-ordinary drought event. However, partners raised questions about the timeliness of FEWS NET projections given they only come out periodically. There was also concern that food security

indicators offer information about the scale and scope of a disaster too late to trigger meaningful AA for drought. Either way, there seems to have been consensus that focusing only on food security posed a risk for the following reasons.

- **Appropriateness**: The food security-based trigger did not include an anticipatory indicator specific to drought. This led to the possible dilemma of the framework being triggered for shocks other than drought, which it ultimately was. The trigger was thus not adapted to the shock and causal relationships the plan was designed for.
- **Timing**: The frequency and timing of food security projections was a limiting factor, making it difficult to specifically catalyse actions that would need to occur within a specific window of opportunity for the agricultural seasons (new food security data is published three times a year and only updated in between).
- **Focus on already well-funded needs**: There was a concern that a focus on a food insecurity trigger could lead to further underfunding of other clusters, such as health, nutrition, or water, sanitation and hygiene (WASH) relative to the food security cluster.

Trigger monitoring and communication steps need clear and explicit protocols.

The pilot framework did not initially include a clear process and accountability for monitoring the trigger over time (including past the initial timeframe for anticipated drought—during which time, it did not trigger), or for the exact protocols once reached. This meant that when OCHA saw the threshold had been met, though due to shocks other than drought, there was initial doubt about how to respond. According to one in-country colleague, this led to a lack of clarity in communication between CERF and the Somalia humanitarian country team (HCT) about whether funding was being requested or offered, and what that meant for implementation timelines. One significant lesson learned is to assign responsibilities and develop explicit protocols for who monitors the trigger (including warning in advance if thresholds are getting close) and what are the exact communication steps taken by OCHA HQ and by the HCT in the event it is reached. In addition to developing monitoring and activation protocols, OCHA's pilot design team needs to ensure that all entities involved in the governance of the trigger mechanism understand and confirm their roles and responsibilities, and that a plan is in place specific to staff turnover and shifting responsibilities.

8   The last criterion is included as a failsafe to capture movements into more extreme stages of severe food insecurity.

Cultural and risk appetite differences between partners led to preferences for different triggers.

There may be consensus around the basic parameters of AA—that is, that action takes place prior to a crisis based on scientific risk assessments and is aimed at mitigating impact. However, reaching agreement on thresholds for funding and action can be difficult. Given different levels of comfort with ambiguity, OCHA worked with the World Bank to agree on a trigger that both would be comfortable with. This process, along with feedback from partners on the indicator and trigger selected, led to greater recognition of important considerations in selecting indicators. To select the ideal indicator(s), it is important to keep in mind desirable properties, which include: accuracy, legitimacy, frequency, timeliness, granularity, interpretability, and how far into the future a forecast projects.

Because of different appetites for risk in taking a 'no-regrets' approach, it was important for OCHA to manage expectations for this first pilot. Some partners argued for a more thoroughly designed framework and expressed discomfort with making quick decisions. However, one partner noted OCHA's effective communication on needing to accept some risk in the trigger being imperfect for this first pilot (and having the possibility of a false positive or false negative), in order to learn and hopefully demonstrate the benefits of AA. Some interventions, such as scaling up cash transfers to the poorest, will never be 'money wasted'. Thus, clearly communicating to partners and stakeholders the risk tolerance inherent in AA can help establish a common understanding from the start.

Triggers, robust as they may be, must be seen as legitimate by in-country stakeholders and include a failsafe mechanism.

Predictions are probabilities and therefore bound to sometimes be wrong. The primary function of the trigger is to provide timely and accurate automaticity in releasing funds for early action. However, there can be a disconnect between early warning systems and what is available and apparent on the ground. Interviews suggested some disconnect between understanding of the indicator and data used for the trigger and its relationship to information from people on the ground about the unfolding of a crisis.

OCHA has worked to develop a failsafe mechanism and associated rules to address some of the inherent limitations of triggers, with country teams able to present additional data to make the case for funding AA. However, some scepticism may remain about the validity of FEWS NET projections as a basis for action. To counteract the risk of scepticism leading to inaction, OCHA is considering including rules/incentives in the decision-making protocol—such as making the activation of the failsafe mandatory if triggers are not met but come very close (as happened in Somalia in 2019).

SECTION 4

● INTERVENTION SELECTION AND DESIGN

Process

During workshops held in Nairobi on 19 August and in Mogadishu on 21 August, the OCHA HQ pilot team facilitated a step-by-step process with OCHA country office colleagues, partner HQ colleagues and in-country partners to identify activities they would want to implement for AA against drought, what was needed for readiness, the gaps they saw, and how to address those gaps. Participants included the government, donors, UN agencies, international and local NGOs, the World Bank and technical partners from HQ (Start Network, IFRC, FAO and WFP). OCHA HQ had prepared the mission using what had been learned from global partners about the types of interventions they had prepared and were implementing for AA, as well as referencing potential interventions from the ODI working paper, *Anticipatory Humanitarian Action: What role for the CERF?* (Pichon, 2019).

Participants were broken into smaller groups to facilitate conversations for each of the different clusters, determining which interventions should be prioritised. The OCHA HQ team provided a format that would allow the clusters to fill in their intervention submissions. The first submissions were received in late August/early September, with revised submissions received in late November/early December.

Lessons learned

The fact that the trigger was not linked to interventions during the design phase represented a significant technical shortcoming.

The disconnect between a food security-based trigger and interventions designed to respond to and mitigate the impact of drought led to significant challenges. While the indicator had been identified as a proxy for humanitarian need, it did not offer information on when interventions mitigating the specific impacts of drought would need to be implemented. Had interventions all been designed to reduce a worsening food insecurity crisis (e.g. nutrition and WASH support), the pilot could have successfully included actions appropriate for the eventual pilot activation for covid-19, locusts and flood. However, because interventions were designed specifically to mitigate the impact of drought, several were not appropriate or feasible at the time the pilot was activated (the consequences of this are further discussed in the section on implementation).[9] Thus, a crucial lesson in the design of the framework is to link the trigger mechanism specifically to timing and nature of AA interventions that meaningfully mitigate the impact of the shock being addressed.

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9   17 of the 29 activities listed in the AA framework were funded. Four education activities aiming to mitigate school dropout were not funded for covid-19-related reasons, as was a food insecurity activity (cash for work/food for assets was suspended country-wide). Two WASH activities were not funded because of unfeasible lead times (borehole construction and water extraction in riverbeds). Three food activities were discarded because they were drought-specific and not appropriate for the triple threat (fall armyworm control—there was no risk of it; drought-tolerant seeds; livestock feed—pasture was fine).

Crisis timelines help chart the dynamic process as a shock unfolds and should be used to inform trigger design.

The AA plan for Somalia includes a crisis timeline that charts how an out-of-the-ordinary drought might unfold so that neither the shock itself nor the consequences are a surprise. This creates the opportunity to better understand the dynamic processes and causal relationships that cause poor food insecurity outcomes. OCHA used the idea of a crisis timeline to support shifts in mindset from a linear and static understanding of need to a dynamic understanding of how the impacts of a shock unfold. The crisis timeline for Somalia supports action ahead of a forecasted out-of-the-ordinary drought but also ahead of the ensuing predicted impacts (e.g. cattle health deteriorating, water points drying up, food prices rising, and cholera and measles outbreaks).[10]

In-country colleagues from the food security cluster noted the importance of being able to understand these cascading impacts in relation to the agricultural calendar, and to align funding windows and activities with that calendar. While they were useful in thinking about interventions, the crisis timelines were not used to identify appropriate triggers, which could have addressed the design issue identified above.

Clarify and offer examples/best practices for how protection activities and protection mainstreaming align with anticipatory action.

There appeared to be limited understanding during the early stages of the pilot as to how protection activities could be included, and what activities would be considered prevention, mitigation or response to anticipated protection risks. In-country interviewees partly attributed this to not having the depth of understanding themselves, or policy-level support to develop strong AA proposals. Area of responsibility leads (AoRs) for gender-based violence (GBV) and child protection within the protection cluster were not initially involved in the workshops, which interviewees familiar with the cluster now advocate for. At the time, the protection cluster coordinator proposed one project for protection monitoring and one for anticipating and mitigating conflict. Following discussions with OCHA during another mission to Mogadishu in November 2019, UNHCR submitted revised proposals for these. The conflict mitigation project was finally excluded from the plan in early 2020 as UNHCR did not have the capacity to implement the project within the required timeframe. Protection cluster AoRs were encouraged to submit additional activities in early 2020, though this did not happen. When the pilot was activated in June for pre-identified activities, there was a sense among colleagues from the protection cluster that they should have been included in the AA plan. They expressed a sense of not having been duly heard during the framework development process.

The intervention design process could have benefited from more technical input and expertise.

Given the short lead time for workshops, partner interviewees expressed concerns that not all the right people were in the room working on intervention design, with significant areas of expertise lacking. For example, one partner facilitated conversations with a small group on protection issues, though no one in the room had that expertise. Another HQ-level partner expressed the feeling that there was way too little time allocated for intervention planning, and that partners with critical expertise (such as nutrition) were missing from the room. This was echoed by one in-country colleague who expressed that they were rushed into proposing activities, though they needed time to digest what was being asked, and to come back with more thoughtful proposals.

One in-country interviewee advocated for a more streamlined technical approach to the intervention design process via bilateral conversations prior to the mission from HQ, and less time in consultations. This highlights the challenge of balancing consultations that help build broad understanding and buy-in among partners, with more detailed technical deliberations. Relatedly, some HQ-level partners felt their technical country teams were well consulted, whereas others felt their country teams were not consulted enough. This led to questions about how certain interventions had been identified and selected. One in-country colleague expressed a need for greater awareness and guidance from the global cluster leads, who could have provided support to the clusters in-country in developing appropriate interventions.

The focus in designing interventions should be on operational readiness and potential for impact.

One of the challenges in Somalia was determining cluster readiness to implement AA activities, which takes time. Starting the process by assessing their ability to implement

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10   A useful resource for this exercise on crisis timelines is: Hill, R., Skoufias, E., and Maher, B. (2019) 'The Chronology of a Disaster'. Available from: https://documents1.worldbank.org/curated/en/796341557483493173/pdf/The-Chronology-of-a-Disaster-A-Review-and-Assessment-of-the-Value-of-Acting-Early-on-Household-Welfare.pdf

AA activities should funding be in place, and then working to see which activities are feasible and appropriate, can help ensure a minimum implementing capacity.

The focus should thus be rooted in identifying the right interventions (that are both impactful and operationally possible) and then working to develop a framework from that: that is, determine the actions that are impactful, feasible, and operationally ready to implement, and then look for the best and most timely signal. OCHA did not use an approach for weighing the relative impact of different interventions, which may be useful. However, in encouraging colleagues to have a relatively short set of impactful and operationally feasible activities, cash transfers (conditional and unconditional) were identified across several clusters as the preferred action.

Using basic operational questions as a starting place for identifying and selecting feasible activities worked well.

It took time to determine how to formulate questions about timing and appropriateness of AA that resonated with in-country colleagues. Ultimately, OCHA was successful in breaking down the intervention selection and design process to basic operational questions. These included, 'How do needs first develop?' and 'What would be needed to mitigate those needs in advance, if you had funds earlier?' This helped people recognise that certain traditional activities did not make sense for AA. Over a number of months, OCHA worked with the clusters to address additional operational components of the plan, assessing feasibility and what would be needed operationally to scale activities in a short amount of time. For example, a lot of work went into defining procurement timelines and timelines for securing partners on the ground to implement.

Eventually, it was also important to generate agreement around the need for a phased approach, as funding was anticipated to be released at different times by CERF and the World Bank. This required further detailing as to which activities would be appropriate and feasible when, and where funding would come from for each.

Early planning can increase intervention quality and relevance to broader resilience efforts.

There is a hope that designing interventions ahead of time will allow for higher quality programming. For example, OCHA encouraged partners to think about how intervention designs could, where possible, generate development co-benefits (for example, so that the quality of repair of boreholes ensures water supply beyond the crisis). In this respect, the importance of integrating the AA plan into the overall humanitarian/development

architecture in Somalia and ensuring alignment with other relevant planning frameworks, was broadly agreed upon and emphasised.

In particular, one HQ-level partner highlighted the importance (and challenge) of linking interventions with resilience strategies, particularly in a place like Somalia with recurrent drought and shocks. Otherwise, programming could be quite disjointed and neglect accounting for other multisector approaches. In his view, using a commonly recognised approach for identifying, designing, implementing and monitoring activities could be useful in this regard (such as integrated context analysis).

Pre-arranged financing requires pre-budgeting and unit costing.

Pre-budgeting and unit costing (i.e. cost per activity per person) are important exercises in arranging forecast-based financing, both to ensure clarity in the amount of funding needing to be reserved, and to give agencies predictability in their financing.

As part of their submissions, clusters were asked to provide unit costing per activity. This differs from ordinary CERF rapid response allocations, where priorities are typically identified and agreed in real time as crises unfold. In addition, the exercise provides valuable new information that supports OCHA Somalia's efforts in exploring a transition from project costing to activity costing. In practice, some clusters provided unit costing, whereas others only provided activity costing (without reference to the number of targeted people).

The default among field-level colleagues was early response, so clarifying how and why anticipatory action activities would be different was important.

In-country interviewees noted that they initially struggled to distinguish between preparedness, early response, and AA as defined by OCHA. However, through discussions, they came to understand anticipatory activities as those that would mitigate the impact of drought. This suggests the value of OCHA's clearly articulating how AA relates to, and is distinct from, other aspects of humanitarian response, even when there may be overlap in activities.

There was also a temptation to rebrand everything as AA, making it important for OCHA to maintain the integrity of the concept. Initially, many understood AA as earlier, easier access to funding. In a context with limited funding and major gaps in meeting lifesaving needs, agencies may understandably push towards adapting interventions to the most immediate needs. It therefore took ongoing

clarification to build understanding around the mitigative nature of AA, and the wider range of activities it could include. For example, addressing malnutrition via AA may be about supporting access to feed, water and veterinary services for livestock, not setting up therapeutic feeding centres. Activities may also differ in terms of timing, purpose and targeting to mitigate impact. This took ongoing clarification and could have been articulated early with examples of proven, concrete activities that build resilience ahead of a disaster.

SECTION 5

● IMPLEMENTATION

Process

In late May 2020, OCHA found that the AA framework trigger had been reached, though not due to drought. The Emergency Relief Coordinator decided to trigger the plan, though there was a lag between when it was first discovered and when the decision was made. On 22 June 2020, OCHA briefed the ICCG on the AA framework being activated. The rationale included the fact that 22% of the population was projected to be in IPC3+ between July and September (FSNAU) due to the compounding humanitarian impacts of locusts, covid-19 and flooding, and that the trigger was designed expressly to reduce uncertainty about when to act.

Extensive work was done at the country level and with the support of OCHA HQ to align actions with the prevailing situation, while staying true to the anticipatory nature of the pilot. This included consultations with clusters, ICCG, HCT, and bilateral conversations with agencies. Activity prioritisation criteria included:

● demonstration of **anticipatory character** of the proposed action

● effectiveness in **mitigating the impact of the triple threat**

● **feasibility-timing** of the intervention ahead of the projected impact

● **feasibility-capacity of agencies** to deliver within the AA window of opportunity (with core interventions and impact focused on July to September).

In July 2020, US$15 million was disbursed, targeting 1.3 million people covering health, nutrition, WASH, food security and protection interventions with the aim of mitigating loss of livelihoods, deterioration of nutrition and outbreak of diseases. Appendix 2 includes a full list of funded activities. The pre-agreed AA framework led to significant time gains in the approvals process, with funds disbursed within six to ten working days of receipt of the application by CERF.

Lessons learned

The pilot's implementation represented an important learning step for the future of humanitarian response.

Despite the challenges with the Somalia AA activation, almost all in-country interviewees expressed high levels of motivation about having taken part in the pilot, and recognition of its importance. They recognised AA as the future of humanitarian response, if 'we can get it right'. There is a sense that the traditional modes of humanitarian response are outdated, given the predictable and recurrent nature of so many shocks, and the greater efficiency (in financial terms) and human dignity of responding in anticipatory ways. One interviewee described the challenges in Somalia as 'teething issues'. All seemed to agree that there is a lot to learn, and a need for more iterations to integrate lessons and refine the approach over time.

Triggering the anticipatory action framework for a triple threat while maintaining activities in the original plan led to a mixture of appreciation, consternation and frustration.

In-country interviewees expressed a wide range of strong reactions to OCHA triggering the AA plan in response to the triple threat. Many expressed appreciation and approval, given the level of need and the prerogative to demonstrate the benefits of AA. However, many also expressed a sense of shock and surprise that the plan would be triggered for shocks other than drought, following the very narrow focus during the on

understanding the cascading impacts of drought, and identifying appropriate activities to mitigate its impact during the design phase.

Additionally, interviewees expressed frustration that OCHA would demonstrate the flexibility of triggering the plan for something other than drought, while not allowing for any changes in interventions to respond more appropriately to the actual disasters being faced. This frustration was expressed both among agencies and clusters who received funding and those who did not. Among those who did not, the camp coordination and camp management (CCCM) and shelter clusters felt there were critical anticipatory activities that could have been carried out to mitigate the impact of flooding on highly vulnerable populations, but that these were not considered. Protection AoRs again advocated for the inclusion of protection activities, which had not been included in the initial plan.

There was also a sense of discouragement among some in-country interviewees who saw a clear need for certain types of interventions to respond to the actual situation, but who could only be funded for less pertinent activities. This highlights the major challenge of remaining consistent with the plan for drought, even with a highly structured prioritisation process to ensure the relevance and anticipatory nature of funded activities. Some interviewees questioned the point of all the planning in 2019, only for the plan to be triggered for a different disaster.

The allocation process was a strong example of collective work.

Several interviewees described how the allocation process itself worked quite well once a prioritisation method had been established. It was seen as an example of strong collective work between OCHA (HQ and country office), the ICCG and the clusters. The team went through proposed activities, looked at where the gaps were in what was needed on the ground, and did a ranking and final allocation according to the anticipated impact and capacity to deliver. While some who did not receive funds were unhappy with the outcome (and questioned the premise underlying the process, as noted above), there was confidence in the integrity of the process.

There is an important polarity to manage in reasonably adjusting pre-identified activities to the current scenario without losing time.

The purpose of the AA plan is to have financing and a roadmap to mitigate the impact of an anticipated disaster in a timely and effective way. The experience in Somalia, while offering an extreme example of a plan being triggered for a scenario quite different than anticipated, opened questions about the possibility of having built-in mechanisms for adjusting activities to respond to the context at hand for slow-onset events. One in-country interviewee expressed a desire to explore ways of offering some flexibility to adjust activities without putting the whole plan into question or delaying the approval and allocation process. There is a fear that, if the possibility were opened, it may dramatically delay the process. But could there be a reasonable pre-agreed timeframe for making adjustments that would maintain the purpose of having a clear timeline and roadmap while improving the relevance of activities?

Working with differing timescales for each of the crises (when the crisis timeline had been designed for drought) and attempting to map anticipatory action activities to these was very difficult.

Interviewees noted significant challenges in mapping their activities to the different timescales of the three unfolding disasters, which included a mix of sudden and slow-onset shocks, within the allocation window. This was especially true given that the clusters had originally mapped out a crisis timeline for drought. For example, from a food security point of view, there was a window within which activities had to be implemented, even if the most appropriate time to implement them would have been outside that window. One interviewee noted that the plan was not activated within a timescale aligned to the agricultural calendar, with a risk of actually excluding very vulnerable populations from activities simply because their planting season was not within the window. The funds were injected simultaneously into the entire country for interventions within multiple sectors addressing three different shocks with three different timescales and impacting different regions in different ways. This again highlights the importance of having the trigger mechanism tied explicitly to the shock the AA plan is developed for.

This said, in some cases the activities were seen to be timely considering the threats. For example, it was possible to use growth regulators for the locusts before they matured.

Partners need to develop coherent and coordinated targeting strategies in advance, both to achieve real mitigative impact and to focus on shock-specific risks for the most vulnerable.

Given the complexity of using AA to mitigate the impact of a triple shock in a protracted humanitarian situation, interviewees described targeting as a major challenge. There were initial efforts across the clusters to see which areas of the country had been hit by all three disasters and to focus activities there. However, one interviewee noted that clusters were resistant to this because of a desire to fund where gaps in response had already been identified. Additionally, decisions needed to be made quickly. The experience developing the AA plan contributed to thinking on how to do risk analysis differently in collectively targeting vulnerable populations. However, in this case, it ended up being more hotspot targeting by each of the clusters.

Interviewees acknowledged that more coordinated targeting needs attention generally, beyond AA. However, they noted that in a protracted and underfunded context like Somalia, distinguishing vulnerable people in need from those who are already in a humanitarian crisis is extremely difficult. Maintaining the integrity of the concept of AA during the intervention design process is one thing but managing to do so during the targeting process takes another level of thoughtfulness and intentionality around extremely difficult decisions. Again, this is where having the trigger tied specifically to a given shock can clarify the targeting approach.

With staff and leadership turnover, many were unfamiliar with the anticipatory action plan when triggered, signalling a need for integration with existing systems.

There was significant staff turnover within the cluster system in the time between the AA framework being finalised and when it was triggered. Since the draft plan was finalised in late 2019, there had been little ongoing engagement with OCHA HQ about the plan. This meant that when the email went out about the plan being triggered in June 2020, many people in-country were unfamiliar with it and caught off-guard by the opportunity to submit project proposals based on the agreed activity sheets. OCHA HQ played a significant role in the allocation process, noting that activation of the AA framework was new for everyone, and that in-country colleagues were already facing a heavy workload. Some in-country interviewees attributed OCHA HQ's support to the desire to ensure a successful implementation, gaps in in-country institutional memory from when the plan had been developed, and limited in-country ownership of the plan.

There is a need for better monitoring of activities.

One interviewee noted a need for the stronger monitoring of activities and having continuity of engagement with partner agencies, without overburdening the clusters. Particularly for a pilot project, this is critical not so much to ensure compliance, but in order to understand and address the types of issues that arise during implementation. This would allow OCHA to also have greater visibility as to how 'anticipatory' the activities that were implemented really were, and areas where the AA framework development process may need adjusting.

Some activities were not necessarily anticipatory in nature, though still relevant and important.

Interviewees had mixed opinions on whether the activities implemented were truly anticipatory in nature, though there was recognition of the unique speed with which they were rolled out once the framework was triggered. The food security cluster was able to be more flexible in responding to desert locusts (activities that had been included in the draft framework, but at a smaller scale), using growth regulators and widening the area of coverage to mitigate impact before they became adult swarms. AA funds also allowed for early procurement of animal vaccines, though the rollout of the animal vaccination campaigns actually happened much later than planned.

Other interviewees felt that, while implemented quickly, the WASH and nutrition clusters implemented standard response activities. Additionally, interviewees spoke about how Somalia was already in the midst of a food security crisis, so interventions may have slowed further deterioration, but would be difficult to label as anticipatory. One interviewee spoke candidly about the extent to which their activities are chronically underfunded and how the AA allocation allowed for a continuation of what would otherwise have been considered resilience or development programming. In their view, the activities would have been more meaningful and impactful if they were responding within the original timeframes to a drought context, though the implemented activities were still very much needed.

Supporting and ensuring operational readiness is crucial.

Beyond the analytical challenge of predicting and forecasting a shock, operational readiness to implement AA appears to remain the most significant barrier to scaling. Ultimately, the fact the decision to act is made based on imperfect information is secondary to knowing what ought to be done and ensuring it can be done at the right speed and time to mitigate the impact of an extreme drought event.

Part of this consideration is recognition that some clusters in Somalia, such as food security and agriculture, demonstrated stronger operational readiness for AA, as they have long worked to mitigate food security crises. However, other clusters were approaching AA from a different level of capacity. Given that AA requires concerted multisectoral interventions, this was noted as a concern by an HQ-level partner.

Operational readiness to scale up emergency response (ex post) and to implement anticipatory action (ex ante) are not the same.

Humanitarian organisations have a strong capacity and experience of scaling up emergency response in Somalia. However, this does not mean that they necessarily have the capacity and experience to implement AA. The workshops held in-country helped clusters shift from proposing regular response programming to formulating the type of interventions most likely to mitigate the impact of extreme drought. However, there is a risk that in overestimating their capacity to respond to an escalating crisis at speed, plus the demands of responding to ongoing humanitarian needs, partners do not do the necessary work to be operationally ready to implement identified interventions.

● RECOMMENDATIONS

The lessons outlined above could be converted into a long list of possible recommendations and OCHA will be best placed to identify how to operationalise the learning in future AA pilots. However, this report identifies several overarching recommendations and associated conceptual tools that may be supportive for integrating multiple lessons into future pilots.

Establish a peer review process of the anticipatory action plan

Project teams are frequently called to manage a multitude of priorities (sometimes competing) and can get pulled in many different directions by internal and external counterparts. A peer review process of the draft AA plan by technical counterparts from partners and international NGOs well versed in forecast-based action can help a project team step back and get external confirmation that the results of the collective plan development process remain technically coherent. Including a peer review process can also strengthen the hand of those pushing for technically correct approaches when political forces are at play.

Establish clear and detailed protocols for monitoring the trigger, and the process to be followed once it is reached.
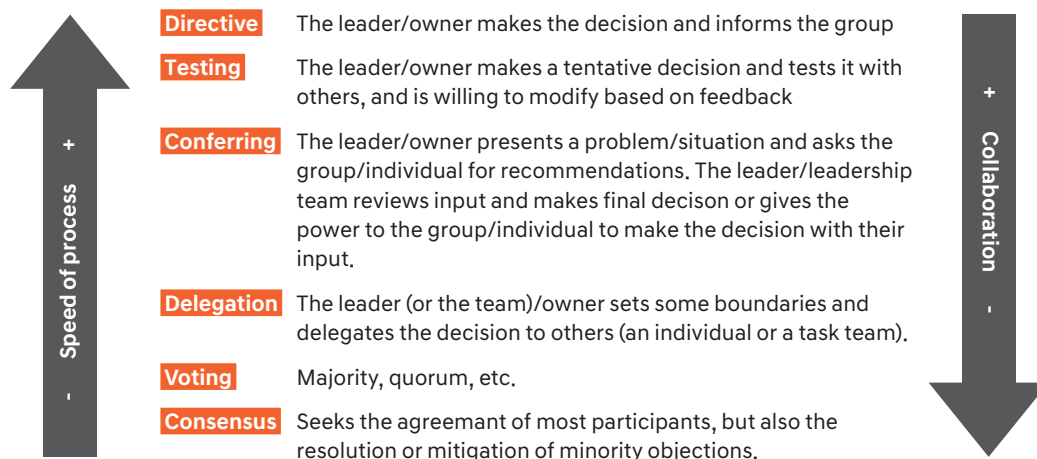
As automatic funding and implementation of anticipatory activities based on a trigger are fundamental to AA, clear and detailed protocols need to be outlined for who will monitor the trigger, and the communication process for keeping partners apprised of the likelihood of the threshold being reached. This should be discussed and agreed upon early in the plan development process, along with specific protocols for what is communicated, and who by, once it is reached.

Clarify decision-making processes, both internally and externally.

It may be a useful exercise to determine the ideal decision-making process for each of the components of the AA plan. This allows for both internal clarity, and greater external transparency and expectation setting about how decisions will be made. As can be seen in Figure 1 below, there are no inherently 'right' or 'wrong' ways to make decisions, only pros and cons of using different types of decision-making in different contexts. However, it is easy to get in trouble when there are unchecked assumptions about how a decision will be made, especially if stakeholders feel less involved than they had anticipated. Additionally, in Western culture there can be an unspoken bias for more democratic or consensus-oriented decision-making processes, even when these may not be appropriate or feasible given the situation at hand (and particularly in times of crisis). The following model may offer insight into the pros and cons of different types of decision-making, in terms of both speed and collaboration.

Figure 1: Types of decision-making

Directive	The leader/owner makes the decision and informs the group	
Testing	The leader/owner makes a tentative decision and tests it with others, and is willing to modify based on feedback	
Conferring	The leader/owner presents a problem/situation and asks the group/individual for recommendations. The leader/leadership team reviews input and makes final decison or gives the power to the group/individual to make the decision with their input.	
Delegation	The leader (or the team)/owner sets some boundaries and delegates the decision to others (an individual or a task team).	
Voting	Majority, quorum, etc.	
Consensus	Seeks the agreemant of most participants, but also the resolution or mitigation of minority objections.	

(Left axis: Speed of process, + to −; Right axis: Collaboration, + to −)

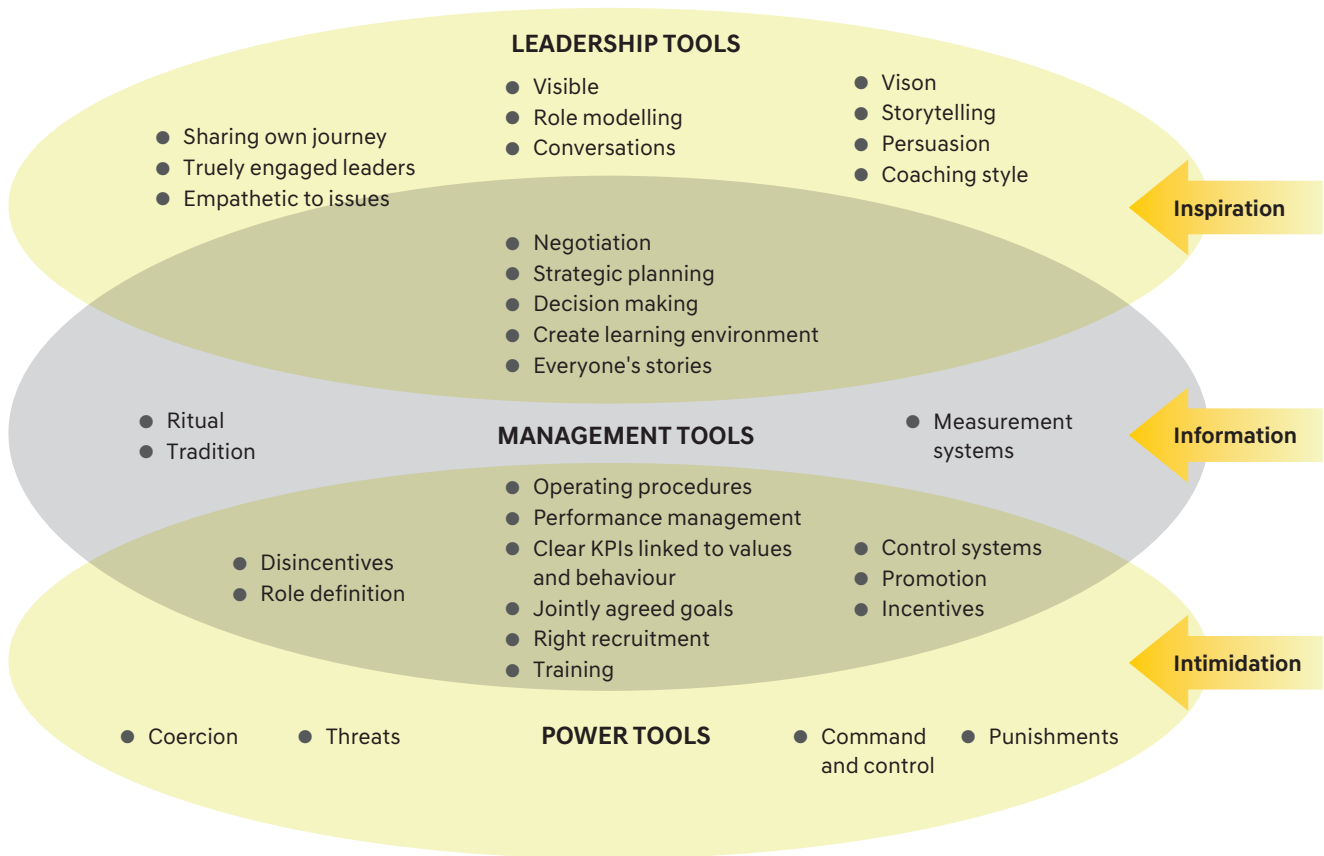Source: ExecuTAP and Align Leadership, based on Kierson, 2009

What would be the most appropriate type of decision-making for different components of AA frameworks, given the importance of collaboration and buy-in, concurrent with significant time and bandwidth constraints? Agreeing internally ahead of time on this, and communicating about it transparently with all involved in the decision-making processes, may increase alignment around both the process and outcome. For example, decisions about selecting the trigger may best be made by 'conferring' whereas in developing appropriate AA interventions, the AA framework will be best served by relevant clusters working toward 'consensus'.

Additionally, it may also be useful to consider and identify the stakeholders that must be part of any given decision-making process for it to be deemed legitimate in advance. This provides clarity on when and how timeframes will need to be adjusted in order to meaningfully include critical stakeholders in the process.

Establish an intentional and comprehensive approach to affect mindset and cultural change.

As noted by the OCHA/HFSA team, it is an extremely challenging and long-term proposition to shift mindsets and catalyse cultural change, eventually leading to systems change. This is certainly true within organisations, let alone efforts to shift thinking and systems across the humanitarian sector. Collaboratively developing and rolling out pilots to offer a proof of concept for large-scale and collaborative AA, along with meaningful stories about their impact, is a powerful strategy. In doing so, it may be worth also identifying how the process itself can intentionally influence changes in mindset and cultivate global and in-country champions and allies. Figure 2 below may offer an entry point into considering where OCHA is currently most focused, and how to leverage highly impactful leadership tools (including leveraging the experiences resulting from the pilots) while creating the space for allies and champions in country offices and partner agencies to employ both leadership and management tools to promote such shifts in mindset within their spheres of influence.

Figure 2: Organisational tools for changing minds

LEADERSHIP TOOLS

- Sharing own journey
- Truely engaged leaders
- Empathetic to issues

- Visible
- Role modelling
- Conversations

- Vison
- Storytelling
- Persuasion
- Coaching style

Inspiration

- Negotiation
- Strategic planning
- Decision making
- Create learning environment
- Everyone's stories

- Ritual
- Tradition

MANAGEMENT TOOLS

- Measurement systems

Information

- Operating procedures
- Performance management
- Clear KPIs linked to values and behaviour
- Jointly agreed goals
- Right recruitment
- Training

- Disincentives
- Role definition

- Control systems
- Promotion
- Incentives

Intimidation

- Coercion
- Threats

POWER TOOLS

- Command and control
- Punishments

Source: Adapted from Stephen Denning: The Leader's Guide to Radical Management. Reinventing the Workplace for the 21st Century (Jossey-Bass, 2010).

Bring awareness and responsiveness to how different individuals cope with transition, and where they may be in the process.

When faced with change and transition, people go through an inherently individual process of letting go of what was, exploring what might be, and then stepping into something new. The Bridges transition model for change has been used by leaders across industries to help facilitate change processes for over 30 years. It offers a simple framework for identifying where important stakeholders may be in this process, and the appropriate way to respond as leaders, in continuing to promote the transitions we see need to take place (ChangeQuest, 2018). The model offers three stages of transition (see Figure 3).

Figure 3: Stages of transition (Bridges transition model)

STAGE	CHARACTERISTICS	ROLE FOR LEADERSHIP
Endings	People progressively let go of old ways of doing things, as well as how that shaped their personal identity.	Leaders help people let go by recognising and honouring the emotions that arise, listen empathetically, clarify what will change and what will not, highlight values from the old way that remain intact, and communicate frequently about why the transition is needed.
Neutral zone	This is an ambiguous, disorientating and stressful 'in-between' stage, where the new way of doing things may not yet be clear.	Leaders help guide people on a journey toward the unknown. This includes providing opportunities for frequent and structured feedback loops, shared experimentation and learning, and frequent communication to help people see the positive vision ahead.
Early beginnings	People start demonstrating buy-in from both the head and heart, can see a clearer purpose and the role they play in that.	Leaders offer people a clear picture of what lies ahead, a credible plan for moving forward, and the roles they play. Leaders also provide consistency in messaging and decision-making and encourage people by demonstrating and celebrating early successes.

Source: Based on ChangeQuest, 2018

These models offer potential tools and reference points for bringing attention to aspects of the pilot rollout process that could support increased trust among stakeholders and allow for the process itself to be more impactful. However, it is also important to note that, as with any new endeavour, applying these models would take time, thought, and an incremental approach to determine where and how they are most useful for the context at hand.

Clearly, OCHA is undertaking a massive effort in rolling out AA pilots in several countries within short timeframes, while engaging meaningfully with stakeholders at the national and international levels. The ambition of these efforts should not be underestimated, as well as the admirable learning and adaptation that has occurred already over the course of the first pilot in Somalia.

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● APPENDIX 1 - TABLE OF LESSONS AND RECOMMENDATIONS

SECTION	LESSONS
Early engagement and buy-in	● CERF and OCHA's commitment to moving AA forward is important for mainstreaming it within the humanitarian sector. ● Integrate AA planning into existing processes. ● The pilot development and rollout need the buy-in and leadership of country-level colleagues. ● Bandwidth among country-level colleagues is limited, requiring clear and strategic support as they take on new activities. ● AA is consistent with humanitarian principles but requires patience to shift mindsets within institutions and the humanitarian field. ● Time pressures can lead to challenges with engagement and partnership. ● Setting expectations about funding is critical to the engagement process.
Partnership and collaboration	● Partnership with the World Bank presented opportunities and challenges. ● Develop a clear and deliberate approach to work with partners and draw on their expertise. ● Partners want to be engaged in the learning and reflection process. ● Communicating and keeping partners informed is key. ● Focus on problems, not mandates and architecture.
Forecasting technology and early warning system	● Develop AAs and the trigger mechanism in parallel, ensuring mutual coherence. ● Projected food insecurity was seen as a proxy indicator of humanitarian need, but was not an ideal indicator to trigger drought responsive AA. ● Trigger monitoring and communication steps need clear and explicit protocols. ● Cultural and risk appetites varied between partners, leading to preferences for different triggers. ● Triggers, robust as they may be, must be seen as legitimate by in-country stakeholders and include a failsafe mechanism.

SECTION	LESSONS
Intervention selection and design	● The fact that the trigger was not linked to interventions during the design phase represented a significant technical shortcoming for the pilot. ● Crisis timelines help chart the dynamic process by which a shock unfolds and mitigating activities, and should also be used to align with the trigger. ● Clarify and offer examples/best practices for how protection activities and protection mainstreaming align with AA. ● The intervention design process could have benefited from more technical input and expertise. ● The focus in designing interventions should be on operational readiness and potential for impact. ● Using basic operational questions as a starting place for identifying and selecting feasible activities worked well. ● Early planning can increase intervention quality and relevance to broader resilience efforts. ● Pre-arranged financing requires pre-budgeting and unit costing. ● The default among field-level colleagues was early response, so clarifying how and why AA activities would be different was important.
Implementation	● Implementation represented an important learning step in the future of humanitarian response. ● Triggering the AA framework for a triple threat while maintaining activities in the original plan led to appreciation, consternation and frustration. ● The allocation process was a strong example of collective work. ● There is an important polarity to manage in reasonably adjusting pre-identified activities to the current scenario without losing time. ● Working with differing timescales for each of the crises (when the crisis timeline had been designed for drought) and attempting to map AA activities to these was very difficult. ● Partners need to develop coherent and coordinated targeting strategies in advance, both to achieve real mitigative impact and to focus on shock specific risks for the most vulnerable. ● With staff and leadership turnover, many were unfamiliar with the AA plan when triggered, signalling a need for integration with existing systems. ● There is a need for better monitoring of activities. ● Some activities were not necessarily anticipatory in nature, though still relevant and important. ● Supporting and ensuring operational readiness is crucial. ● Operational readiness to scale up emergency response (ex post) and to implement AA (ex ante) are not the same.

RECOMMENDATIONS

- Establish a peer review process of the AA plan.

- Establish clear and detailed protocols for monitoring the trigger, and the process once the trigger is reached.

- Clarify decision-making processes, both internally and externally.

- Establish an intentional and comprehensive approach to affect mindset and cultural change.

- Bring awareness to how different individuals cope with transition, and where they may be in the process.

● APPENDIX 2 - TABLE OF INTERVENTIONS

Sector	Agency	Amount	Key activities
Food security US$4.6 m	FAO	US$2.3m	● Livestock supportive treatment (vaccination). ● Desert locust control.
	WFP	US$2.3m	● Unconditional cash in urban centres.
WASH US$4.1m	UNICEF	US$2.05m	● Rehabilitation or upgrade of 20 existing strategically located boreholes to reach 96,100 people. ● Rehabilitation, upgrading or construction of 35 shallow wells to reach 52,000 people. ● Procurement, transportation and distribution of 10,000 WASH hygiene kits that includes provision of household water treatment and safe storage products to reach 60,000 people. ● Acute watery diarrohea/covid-19 outbreak prevention; preventive treatment/disinfection of 250 unprotected water sources. ● Hygiene promotion through mass media and hygiene promoters to reach 200,000 people.
	IOM	US$2.05m	● Rehabilitation/upgrading of 10 strategic boreholes to serve 50,000 individuals. ● Rehabilitation/upgrading of 38 shallow wells (8 motorised, 30 non-motorised) to serve 24,979 individuals. ● Distribution of hygiene kits to vulnerable 6,000 households. ● Preventive hygiene promotion activities to 74,979 individuals.
Nutrition US$1m	UNICEF	US$0.5m	● Micronutrient supplementation.
	WFP	US$0.5m	● Blanket supplementary feeding programmes.
Health US$5m	WHO	US$2.8m	● Early warning, infection prevention, infection control and treatment. Through: procurement of medical supplies and equipment, training, strengthening of static health facilities, and deployment of mobile teams/rapid response teams.
	UNICEF	US$2.2m	● Infection prevention; infection control and treatment (focus on maternal, newborn and child health). Through: procurement of medical supplies and equipment, training, strengthening of static health facilities, and deployment of mobile/rapid response teams.
Protection US$300k	UNHCR	US$300k	● Monitor key protection concerns in areas targeted by anticipation actions through interviews with community members: (6 interviews per monitor per week, 3,000 people) ● Produce snapshot reports and alerts on protection trends and concerns: 12 (one per week, first report circulated by 31 July 2020) ● Provide information on/referral to relevant services and assistance to people requiring urgent life-saving support: (1 case per monitor per working day (from 19 July), pending project approval,30,000 people targeted with relevant messaging).

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