EXECUTIVE SUMMARY

INTER-AGENCY HUMANITARIAN EVALUATION OF THE RESPONSE TO THE HUMANITARIAN CRISIS IN SOMALIA

March 2025

Executive Summary

Context

1. Somalia has received humanitarian assistance for over 30 years due to conflict, regular droughts and floods and other shocks such as the COVID-19 pandemic and locust infestations. Famine was declared twice during this period.

2. Over the last few years, the Somali government significantly reduced its external debt by completing the Heavily Indebted Poor Countries Initiative. Nevertheless, poverty levels remain extremely high: an estimated 73 per cent of the population lives in poverty. Somalia also continues to rank among the last countries on the Gender Equality Index.

3. The worst drought in 40 years hit East Africa between 2021 and 2023. The drought led to a rapid increase in the number of people needing humanitarian assistance in Somalia. The numbers rose from 5.2 million in 2020 to 8.3 million in 2023. The Famine Review Committee projected famine in some areas of Somalia in late 2022.

4. The Inter-Agency Standing Committee (IASC) activated its scale-up protocols in August 2022 that coincided with a significant but short-lived increase in humanitarian funding for Somalia, which more than doubled in 2022 compared to the previous year to over US$2.3 billion. The United States was the largest donor. The World Food Programme (WFP) received more than half of this total humanitarian funding. Its budget grew from $270 million in 2021 to almost $1.27 billion in 2022 before falling back to $292 million in 2023.

About the evaluation

5. The Emergency Relief Coordinator launched this Inter-Agency Humanitarian Evaluation (IAHE) in November 2023. The evaluation aims to provide an independent assessment of the collective famine prevention response of IASC member agencies between 2021 and 2024 and provide feedback on implementing the Humanitarian Country Team's (HCT's) ongoing reforms. It explores five main questions:

    • To what extent was the collective humanitarian response adapted to the needs of affected people and, particularly the needs of the most vulnerable?
    • To what extent did the collective response of IASC members achieve its objectives and what unintended effects did the response have?
    • To what extent did the IASC members' collective response reach the most vulnerable people?
    • How well-coordinated and led was the response and what other factors influenced its quality and scale?
    • How did the HCT reforms on aid diversion affect the IASC members' collective response?

6. An inter-agency management group chaired by OCHA oversaw the evaluation. It was implemented by a joint, independent team comprised of the Global Public Policy Institute (GPPi) and Raagsan. The evaluation draws on 153 interviews with aid actors at global and country levels, consultations with 381 affected community members and a review of key documents and data. Evaluation findings, conclusions and recommendations were validated and refined in workshops with stakeholders in Mogadishu and globally.
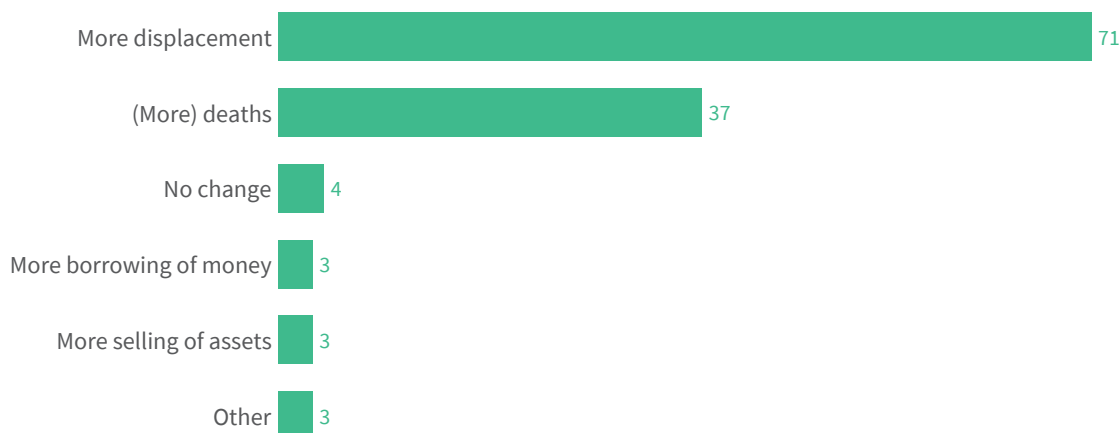
Findings

> Humanitarian assistance helped prevent famine and saved many lives.

7. **Preventing Loss of Life**: Somalia provides clear evidence that humanitarian assistance is a matter of life and death. While an estimated 74,700 people (mainly children under five years old) died in 2022 and 2023 due to the extended drought, the death toll would have been tens of thousands, if not hundreds of thousands higher, if not for the massive injection of humanitarian assistance.

   - The Famine Review Committee[1] had projected famine for parts of Somalia and identified scaled-up assistance as one of the key reasons why famine thresholds were not reached.[2]

8. Out of the estimated 7.1 million people facing acute food insecurity, including 2.1 million in Integrated Phase Classification (IPC) 4 and 213,000 in IPC 5,[3] several million people received food assistance (predominantly through cash transfers). However, due to inconsistencies in the data, the precise number is unknown.[4] Food consumption among beneficiaries improved as a result.[5]

   - An estimated 1.5 million children in Somalia were facing acute malnutrition, including 386,400 with severe acute malnutrition.[6] In 2022, it was reported that nearly 500,000 children under the age of five received treatment for severe acute malnutrition and more than a million for moderate acute malnutrition. Over 96 per cent of children treated were reported to have recovered.[7]
   - Affected people consulted for this evaluation overwhelmingly believed that many more people would have been displaced or would have died without aid (Figure 1).

Figure 1: What Would Have Happened in Your Community Without Aid? (mentions, n=104)

Category	Value
More displacement	71
(More) deaths	37
No change	4
More borrowing of money	3
More selling of assets	3
Other	3

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1. The Famine Review Committee (FRC) is a group of independent, international experts in food security, nutrition, and health who review analyses conducted by the Integrated Food Security Phase Classification (IPC) system to verify the accuracy of potential famine classifications.
2. Famine Review Committee (2022). Somalia: Famine Review of the IPC Analysis Conclusions and Recommendations for Baidoa and Burhakaba Rural Districts, and Baidoa and Mogadishu IDP Sites, Somalia. 2 December 2022.
3. UN OCHA (2022). Drought Response and Famine Prevention Plan Somalia, May-December 2022.
4. 6.2 million in 2022 according to the HRP dashboard and 4.2 million according to food security cluster data from UN OCHA.
5. WFP (2023). Outcome Monitoring Report, Somalia, May 2023.
6. UN OCHA (2022). Drought Response and Famine Prevention Plan Somalia, May-December 2022.
7. See https://www.nutritioncluster.net/country/somalia. According to the Sphere standards, a death rate of less than 10 per cent for SAM and less than 3 per cent for MAM is considered acceptable.

The assistance did not prevent the erosion of resilience and had significant unintended effects.

9. **Sustaining Lives and Building Resilience**: As famine loomed, the HCT understandably prioritised a narrow set of life-saving interventions, allocating additional resources to these activities and scaling back or reprogramming livelihood and resilience activities. However, this shift, combined with the extended nature of the drought, contributed to an erosion of the resilience of affected communities. In addition, some methods used to target individuals for short-term aid undermined longer-term resilience. For example, they incentivised displaced people to abandon sites offering durable solutions and re-register as newly displaced persons elsewhere so they could qualify for assistance.

10. **Upholding the Centrality of Protection:** Progress regarding the Centrality of Protection strategy was made. Marginalised clans were excluded less from assistance. However, challenges remained, including access to areas of origin and addressing the risk of indiscriminate attacks on civilians. The delivery of protection services to internally displaced people was also well below target. Affected people generally saw little effect of the humanitarian response on their protection situation, though members of minority and marginalised clans had more positive perceptions.

11. **Unintended Effects:** The additional humanitarian funding injected into the Somali economy can be assumed to have led to some positive spillover effects.[8] There were also some unintended negative outcomes. These included increasing the existing and well-documented risk of aid diversion in Somalia; with insufficient attention being paid to mitigating this effect.[9] The response also shaped displacement dynamics. When it reached people in their places of origin, it prevented displacement. Many people, however, still left their places of origin to find aid and services elsewhere. The response served as a pull factor to informal IDP camps in urban and peri-urban locations, leaving many in precarious conditions and with little access to livelihoods and essential infrastructure.

The response understandably focused on prioritised life-saving sectors but had critical gaps in Water, Sanitation and Hygiene (WASH).

12. **Prioritisation:** The HCT defined clear sectoral priorities for the response: it identified food security, health, nutrition and WASH as central to famine prevention. While some criticised the prioritised package of assistance for being overly narrow, a large majority of affected people saw the aid they received as highly relevant. Since a lot of food assistance (which dominated the response) was provided using cash, affected people could also use the assistance for other pressing needs.

13. However, the response had critical gaps within the prioritised sectors. Data from the clusters on how many people they reached with assistance each month shows that different sectors expanded their coverage at different speeds. The effort to deliver assistance in a more integrated way was thus only partially successful. The WASH cluster lagged behind the other priority sectors throughout 2022. It showed almost no growth in reach in the first half of the year and was only scaled up significantly in the last quarter. The WASH cluster lagging was particularly visible in districts that were consistently classified as a priority in 2022 and 2023 (Figure 2).[10] Seeking to address this imbalance, the Somalia Humanitarian Fund (SHF) made the highest annual allocations to the WASH sector in 2021, 2022 and 2023.

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8. Idris, I. (2016). "Economic impacts of humanitarian aid (GSDRC Helpdesk Research Report 1327)." Birmingham, UK: GSDRC, University of Birmingham.
9. UN (2023). Report to the Secretary-General on Post-Delivery Aid Diversion in Somalia.
10. This analysis focuses on the districts that were classified as Operational Priority Area 1 in the 2022 Drought Response and Famine Prevention Plan, the 2023 HRP, and the cluster reporting for 2023. These were: Jariiban, Dhusamareeb, Banadir, Buur Hakaba, Baidoa, Diinsoor, Qanax Dheere, Xudur, and Waajid.

Figure 2: Reported Reach of Priority Clusters in Priority Districts in 2022 (mean %)
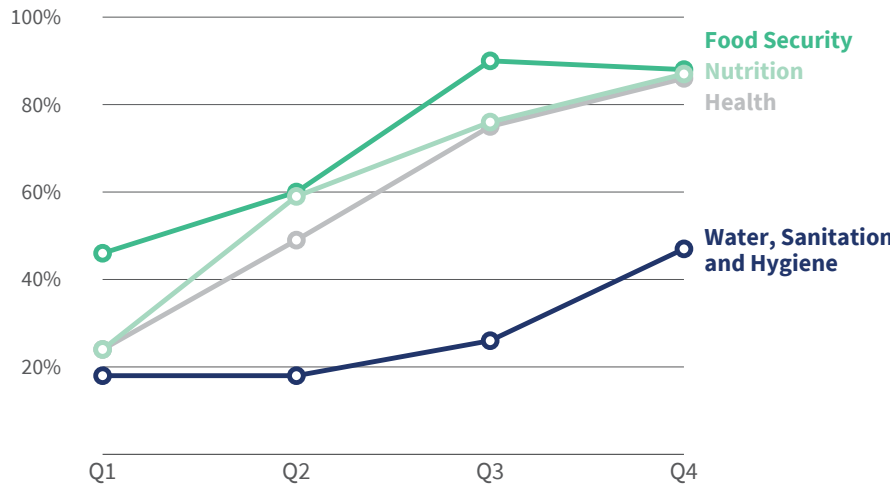
Source: Evaluation team, based on data shared by UN OCHA

14. These gaps had demonstrable impacts on affected people. Mortality surveillance among vulnerable populations of internally displaced persons (IDP) in Banadir from 2022-2023 shows that among children under five, diarrheal diseases were the leading cause of death, followed by pneumonia and measles.[11] While children were likely vulnerable due to displacement and malnutrition, this finding points to a lack of water and sanitation services.

> High-quality early warning information was available, but additional funding took too long to come in.

15. **Early Action/Timeliness:** Humanitarian leadership and key humanitarian organisations used the available, high-quality early warning information early on to advocate for a scaled-up response. It then took too long for significant additional funding to come in – though pooled funds provided early injections, and internal advance financing did speed up parts of the response. Perceptions of timeliness differed: the majority of aid workers interviewed felt that the expansion came too late, while affected people commented that the assistance took a long time to arrive but still found it came at the right time.

> The response lacked accountability.

16. **Accountability to Affected People:** Like other inter-agency humanitarian evaluations, the Somalia evaluation highlights a lack of accountability mechanisms in the humanitarian system for addressing identified recurrent shortcomings. One of the key issues is the inadequate accountability to affected people:

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11. Simad University (unpublished), Community-based mortality surveillance among internally displaced vulnerable populations in Banadir region, Somalia, 2022-2023.

- Efforts to strengthen accountability to affected people in Somalia have focused on creating feedback mechanisms. A 2023 mapping identified 72 hotlines across 58 organisations alongside other communication channels. These systems, however, are not very effective. Among the people consulted for this evaluation, 65 per cent of those who provided feedback or filed a complaint said they did not receive a response. In addition, little progress was made toward establishing a collective feedback mechanism during the scale-up.[12]
- Other key aspects of accountability to affected people have received much less attention. Affected people were not involved in decisions regarding the priorities or modalities of the life-saving response. They have also shown a limited understanding of how decisions are made about starting and ending programs and why certain people are included or excluded from receiving aid. Feedback received through the aggregator model was almost exclusively (97 per cent) related to requests for assistance or information, as opposed to, e.g., complaints about aid received.[13]

> The response made some progress in reaching minorities and people in hard-to-reach areas.

17. **Inclusion**: Clan membership is a defining feature of Somali society, affecting people's access to humanitarian aid. Humanitarian organisations made significant progress in strengthening the access of minority and marginalised clans to humanitarian assistance, including by working with minority rights groups to identify the locations of such clans and to verify needs assessments. Minority clan members rated the usefulness of the assistance in their communities more positively than informants from majority clans.

18. However, some aid workers interviewed reported that specific clans dominated certain organisations. An initiative encouraging aid organisations to analyse their staff's clan affiliations has not seen any progress.

19. Other axes of exclusion, primarily gender and disability, received much less attention during the response. The response has been described as "gender blind" for two main reasons: the lack of analysis (and data) on gender and disability and the weakness of the coordination mechanisms for these issues.

20. **Access to hard-to-reach areas**: The evaluation found that the progress made in delivering assistance in hard-to-reach areas was difficult to quantify. The access expansion initiative emerged as the most significant effort. The number of people reached in districts included in the access expansion initiative grew almost on par with the country-wide trend (Figure 3).

21. Fundamental obstacles to improved access remain. First and foremost are overly restrictive security management practices. Most humanitarian actors in Somalia rely on hard security measures like armed escorts and international aid workers have little field presence, even in areas of relative safety. Security measures make operations and field visits very expensive and limit the extent to which humanitarian organisations are perceived as neutral. In addition, collective access analysis has remained weak and there is no engagement between the UN and Al-Shabaab, the non-state armed group controlling many rural areas in Somalia.

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12. The latest effort involved setting up and Interoperable Aggregated CFM Model for Somalia.
13. Interoperable Aggregated CFM Model in Somalia, "Humanitarian Country Team Dashboard" (Apr-June 2024).

Figure 3: Inter-Cluster Reach in Districts Included in the Access Expansion Initiative Versus Other Areas, Showing People Reached per Quarter (2022)
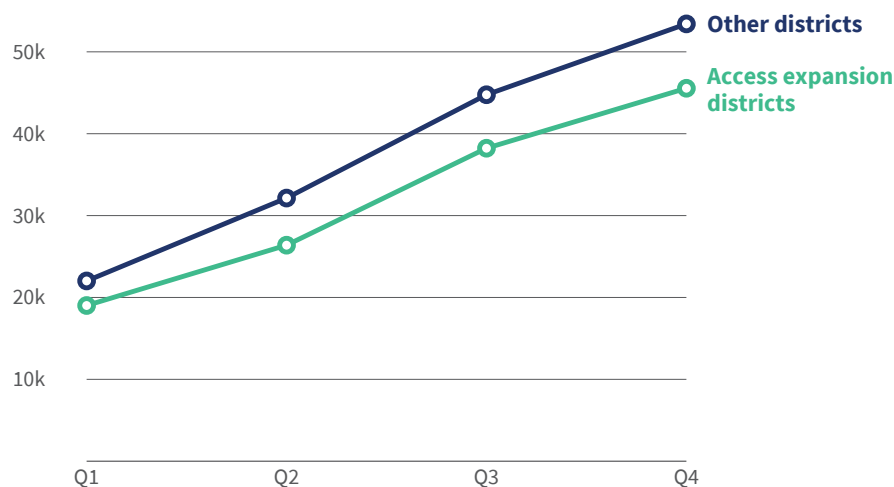
Source: Evaluation team based on data provided by UN OCHA

> Coordination and leadership have led to innovation, but coordination structures are overly complex and fall short of some basic practices.

22. **Coordination and Leadership:** In response to the challenges involved in working in Somalia, important new approaches were developed or piloted here serving as good practices for other countries. These included new approaches in risk management, third-party monitoring, feedback mechanisms, piloting of the global protection policy benchmarks and reforms to limit aid diversion. In many cases, these result from effective leadership and good coordination. However, humanitarian coordination structures are very complex and involve challenges and gaps that raise questions about the cost-effectiveness of the current setup:

- The coordination setup in Somalia is extraordinarily complex and involves some parallel and duplicative structures resulting in limited participation by aid organisations in some forums, reducing the setup's overall effectiveness. For example, there are a large number of task forces, working groups and new area-based coordination meetings set up outside the existing cluster-based structure.
- Too many coordination meetings have low attendance and no systematic documentation or follow-up. Many strategy and guidance documents are developed, but the level of implementation and follow-up to them is often unclear.
- The system also remains largely reactive. Strategic, forward-looking issues did not receive enough attention across the response.

23. **Data**: Data on humanitarian needs is based on weak foundations since basic information such as total population size or the number of displaced people is disputed. Essential humanitarian response data in Somalia was difficult to come by and/or was questionable in its reliability. For example, there were critical inconsistencies in the information about the number of people reached per cluster. The available information did not add up to a plausible picture at the inter-cluster level.

24. **Integrated Response:** Clusters and the HCT developed guidance for delivering an integrated response to the 2021-2023 drought. Many NGOs, partly incentivised by the funding criteria used by the Somalia Humanitarian Fund, reported that they prioritised an integrated response. However, available evidence suggests that while there were efforts to deliver an integrated first-line response, the Integrated Response Framework was only partially implemented.

25. **Nexus**: The structural integration and coordination between humanitarian and development actors in Somalia has shown some positive effects: Rights-based analysis influences humanitarian planning and implementation. Previously created adaptive social safety nets and resilience programs made a significant contribution, even though they could not stop the erosion of affected people's resilience. Beyond that, development interventions have been unable to address the central drivers of emergencies in Somalia, and the humanitarian response did little to contribute to the livelihoods and resilience of affected people. All stakeholders agree that the priority, moving forward, should be longer-term investments in public services and infrastructure.

26. **Localisation**: In recent years, national and local organisations have strengthened their roles in key coordination and decision-making bodies. However, they still face significant challenges in securing direct funding, except through the Somalia Humanitarian Fund, which allocated between 60 per cent and 70 per cent of its budget to local and national NGOs in 2022 and 2023. National and local organisations played a key role, particularly in delivering assistance to people in hard-to-reach areas, although affected people generally trust international actors more.

> The HCT's reforms on aid diversion hold important lessons.

27. Aid diversion is a longstanding challenge in Somalia. In 2023, the UN Secretary-General ordered an investigation of post-delivery aid diversion in Somalia. The Humanitarian Coordinator and the HCT adopted a series of reform measures in response to this request. In June 2024, the Humanitarian Coordinator submitted a progress report on these reforms to the UN Secretary-General.

28. A review of these reform efforts, conducted as part of this evaluation, shows that this process offers important lessons for future reform efforts in Somalia, as well as for other contexts where aid diversion is an issue:

   - The system-wide scale-up did not pay enough attention to mitigating the increased risk of aid diversion. The scale-up happened when existing risk mitigation measures, like the capacity of the Risk Management Unit, were weakened. Nevertheless, the scale-up did not include additional risk mitigation capacities or measures. Moreover, the "no regrets approach" adopted because of the looming famine was misunderstood by many and led to a general acceptance of increased risks.
   - The HCT reform process played a vital role in rebuilding trust and creating a spirit of transparency and cooperation between UN agencies, NGOs and donors. Using a multi-stakeholder task force proved to be an effective approach. However, other actors would have appreciated more transparency, specifically local NGOs and clusters that felt excluded from the reform process.
   - While progress was made on almost all the ten prioritised action points, much of it is related to processes rather than results. More progress is needed, particularly in the core reform areas relating to beneficiary identification, targeting, registration and data sharing.
   - Significant challenges remain to implementing a joint approach to the reforms. Efforts to develop a common humanitarian beneficiary registration system, for example, saw parallel investments by several UN agencies and were not linked to the ongoing efforts to create a Unified Social Registry (led by the Government of Somalia, the World Bank and WFP) or the efforts to create a national ID system.

Recommendations

RECOMMENDATION 1

Strengthen awareness and understanding of how humanitarian aid influences the behaviour of individuals and institutions. Seek to avoid unintended negative consequences and instead create incentives for affected people that support long-term development.

Actions – country level

- Ensure strong vulnerability, political economy, aid economy and conflict sensitivity analyses underpin the response.
- Articulate in humanitarian strategies and response plans what the expected positive and negative effects of short-term, life-saving assistance are. This explanation should include how the response can contribute to the longer-term visions (as detailed, for instance, in national development plans, urbanisation strategies and durable solutions plans, where these are in line with humanitarian principles) as well as potential negative effects and how to mitigate them.
- Where possible, consider delivering aid in locations suitable for longer-term solutions (e.g., on either public or private land with secured land rights) and link site management approaches to urbanisation strategies, for example, relating to infrastructure investments in arrival areas.

Actions – global level

- Collect and disseminate examples of humanitarian interventions that create incentives for positive, longer-term developments.
- Strengthen awareness about incentives and behavioural effects created by humanitarian assistance in policy and strategy discussions.
- Expand internal advance financing mechanisms.
- Advocate with donors to expand support for anticipatory action (especially for implementation), to increase the share of funding for global and country-based pooled funds and provide resources along the humanitarian, development, peace and climate nexus, including for resilience, durable solutions and infrastructure interventions.

RATIONALE

Humanitarian assistance helped prevent famine and saved many lives:

- An estimated 74,700 people died due to the extended drought, but it would have been tens of thousands, if not hundreds of thousands more, without the scaled-up assistance.

However, the humanitarian response also had significant unintended effects:

- Assistance influenced where people were displaced to – often precarious sites in urban or peri-urban locations with little access to livelihoods or essential infrastructure.
- The resilience of affected people was eroded due to the drought, the shift away from livelihoods and resilience activities, and the negative incentives created by the ways some of the aid was targeted.
- The rapid, large-scale influx of additional resources increased the risk of aid diversion.

RECOMMENDATION 2

Conduct a fundamental review of humanitarian security management approaches in Somalia.

Actions – country level

- The Humanitarian Coordinator and a reinvigorated Access Working Group should develop and implement strategies for expanding the humanitarian presence in hard-to-reach areas, including through engagement with relevant parties.
- UN security actors should continue developing more differentiated and agile security management practices to adapt to different and changing context conditions.

Actions – global level

- Increase support to the country operation in Somalia with access and negotiation capacities.
- Ensure that the issues with the security management approach in Somalia outlined in this report are addressed in the High-Level Committee on Management's planned review of the UN's Security Management System.
- Create a more flexible HR structure for UNDSS that enables the re-deployment of key staff and focuses more on staff members with mixed security and operational backgrounds.
- Advocate with donors to support the development of a more flexible HR structure for UNDSS.
- Ensure that future IAHEs integrate security expertise throughout the evaluation.

RATIONALE

Security management – and the related lack of international field presence – emerged as recurrent obstacles for an improved humanitarian response in Somalia:

- Current security management makes operations and field visits very expensive and undermines humanitarian principles.
- Progress on extending assistance in hard-to-reach areas was limited.
- The lack of international field presence has inhibited efforts to reduce aid diversion and strengthen accountability to affected people.

RECOMMENDATION 3

Streamline the humanitarian coordination structure in Somalia, reducing the number of coordination forums and meetings by at least half.

Actions – country level

- The HCT should jointly prioritise coordination forums, task forces and meetings, reducing them by at least half.
- Re-integrate area-based coordination mechanisms into the cluster-based structures. Area-based coordination mechanisms should report to clusters and inter-cluster meetings at the next higher geographic level and simultaneously provide information to all interested humanitarian parties. Inter-Cluster Coordination Groups and the HCT should ensure that clusters act on the information provided, for example, by addressing response gaps.

- Ensure that humanitarian organisations in a given location convene either in an area-based meeting or cluster and inter-cluster meetings (but not both).
- Where clusters are activated at the sub-national level, they should simultaneously provide relevant information to UN OCHA and the Inter-Cluster Coordination Group operating at the same level, as well as to clusters at the national level.

Actions – global level

- Provide guidance and good practice examples on how area-based and cluster-based coordination structures can link to each other.
- Slim down the coordination architecture and process requirements.
- Hold OCHA and clusters accountable for delivering "coordination basics" (strategic planning, information products, sector strategies and standards, provider of last resort).
- Advocate with donors not to fund duplicative or overly heavy coordination mechanisms and to support cluster led agencies in exercising their provider of last resort role.

RATIONALE

Coordination and leadership have led to innovation, but coordination structures are overly complex and fall short of some basic practices:

- Important new approaches developed in Somalia served as good practice examples for other countries and are mostly a result of effective leadership and good coordination.
- However, the coordination set-up is complex and involves some duplicative structures and gaps.
- Too many meetings have low attendance and no systematic documentation and follow-up.
- Essential data about the response was difficult to come by and/or lacked plausibility.

RECOMMENDATION 4

Make the humanitarian response more accountable by ensuring systematic follow-up to recurring recommendations at country and global levels, increasing transparency and strengthening the engagement of affected people.

Actions – country level

- Increase general transparency around the response. Clusters should ensure that information management capacity is in place to enable a transparent and evidence-based response, including adequately disaggregated data.
- Invest in a more balanced approach between engagement, participation, information provision and feedback opportunities.
- Improve the provision of information to affected people.
- Streamline community feedback mechanisms.
- Advocate with donors to support collective community feedback mechanisms in contexts where agencies are prepared to reduce individual feedback mechanisms or design them as complementary.

Actions – global level

- Clarify the role of global bodies (ERC, IASC Principals, EDG, OPAG) in ensuring systematic follow-up to recurring IAHE and OPR recommendations at the global level.
- Identify recurring IAHE and OPR recommendations and report regularly and publicly on follow-up to the Emergency Relief Coordinator.
- Request that Humanitarian Coordinators/HCTs report on progress in implementing IAHE and OPR recommendations.
- Allow more flexibility to work through a common or coordinated feedback mechanism instead of organisation-specific ones.

RATIONALE

The response lacked accountability:

- Like other inter-agency humanitarian evaluations, the Somalia evaluation highlights a lack of accountability mechanisms in the humanitarian system for addressing identified recurrent shortcomings.
- A key issue is the inadequate Accountability to Affected People (AAP). Efforts to strengthen AAP have focused on creating feedback mechanisms; these systems proved ineffective.
- Affected people were not involved in key decisions and have shown limited understanding of how these decisions were made.

RECOMMENDATION 5

Continue and expand efforts to provide an integrated response to urgent needs and to reach all population groups.

Actions – country level

- Expand the Somalia Humanitarian Fund's (SHF) practice to support integrated responses and to address gaps in prioritised response sectors strategically.
- Continue the SHF's practice of supporting local organisations and increase that of other donors and operational agencies.
- Improve the understanding of staff members' clan affiliations to continue to broaden minority and marginalised clans' access to humanitarian assistance.
- Increase attention to gender and disability, for example, through more substantial analysis and engagement of respective groups, as outlined in the 2024 IASC Gender Policy.
- Advocate with donors for funding allocations to reflect the strategic priorities adopted by the HCT.

Actions – global level

- Expand and replicate the good practice of using country-based pooled funds to support integrated, localised responses, fill strategic sectoral gaps and advocate with donors to strengthen country-based pooled funds.

RATIONALE

The response understandably prioritised life-saving sectors but had critical gaps in Water, Sanitation and Hygiene (WASH):

- Different sectors expanded their coverage at different speeds, hindering the provision of integrated assistance.
- The WASH cluster lagged behind other priority sectors throughout 2022, with demonstrable impacts on affected people.

The response made some progress in reaching minorities and people in hard-to-reach areas:

- Important progress was made in strengthening the access of marginalised clans to assistance.
- Other axes of exclusion, primarily gender and disability, received less attention.
- National and local organisations played a key role in expanding reach in hard-to-reach areas.

RECOMMENDATION 6

Adopt the lessons from the HCT reforms on aid diversion

Actions – country level

- Continue and replicate the practice of using a multi-stakeholder task force to drive key reforms cooperatively and transparently.
- In cooperation with the government, conditions for regularising the role of gatekeepers and private landowners must be defined.
- Expand the Cash Consortium's good practice of concluding comprehensive data-sharing agreements among its members.
- Link efforts to improve humanitarian registration to efforts to create a Unified Social Registry and a national ID system, while considering data protection.

Actions – global level

- Ensure that future scale-ups include risk management as a core capacity to be enhanced and advocate for donor support.
- Clarify that a system-wide scale-up does not mean general acceptance of risks (and that this is not what the concept of "no regrets" entails).
- Facilitate data-sharing at the country level, for example, by concluding more global data-sharing framework agreements.
- Agree on common parameters for beneficiary registration.

RATIONALE

The HCT's reforms on aid diversion hold important lessons:

- The scale-up did not pay enough attention to mitigating the increased risk of aid diversion.
- The reform process played an essential role in rebuilding trust and creating a spirit of transparency and cooperation between UN agencies, NGOs and donors.
- More progress is needed on beneficiary identification, targeting, registration and data sharing.
- Significant challenges remain in implementing a joint approach to the reforms.