

Cluster Approach Evaluation Final Draft

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The opinions expressed in this report are those of the authors and do not necessarily represent those of the members/standing invitees of the Inter-Agency Standing Committee

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Contents

Acronyms	iii
Acknowledgements	v
Reference table: Summary of the cluster approach	vii
Executive summary	1
1. Introduction: goals of the study and methodological approach	3
1.1 Scope and objectives of the evaluation	3
1.2 Methods used	3
1.2.1 Document review	3
1.2.2 Interviews	3
1.2.3 Field visits	4
1.2.4 Survey	4
1.2.5 Note on terminology	4
1.3 Caveats	4
2. Background on humanitarian reform and the goals and expectations of the cluster approach	5
2.1 The cluster approach within broader humanitarian reform	5
2.2 Cluster approach conceptualisation and initiation	5
2.3 Past findings and early implementation	6
3. Effectiveness of the approach in identifying and filling gaps	7
3.1 Programming and coverage gaps	7
3.2 Larger operational and capacity gaps	7
3.3 Extending coordination capacity	8
4. Promoting predictable leadership and accountability	9
4.1 Capacity and credibility of lead agencies	9
4.2 Skills, seniority and time allocation of cluster coordination staff	10
4.3 Provider of Last Resort	10
4.4 Accountability: did the cluster approach clarify and improve leadership and management accountability for response?	10
4.5 Advocacy, awareness and external outreach	11
5. Enhancing preparedness and surge capacity	13
5.1 Global level preparedness and surge capacity	13
5.2 Field level preparedness and response capacity to emergent crises	13
5.3 Country-based (localised) preparedness and capacity-building	13
6. Improving partnerships	15
6.1 Evidence of changes in partnership and participation	15
6.2 NGO co-leads and designees	15
6.3 National NGOs and CBOs	16
6.4 Enhancing standards	16
7. Efficiency issues in coordination	17
7.1 Cluster coordination: what does it take?	17
7.2 Inter-cluster coordination and information management	17

8. The cluster approach as a strategic tool to meet priority needs	19
8.1 Needs assessment	19
8.2 Prioritisation, strategic planning, and M&E	19
8.3 Towards a beneficiary-level impact assessment of the cluster approach	20
9. The role of the host state	21
9.1 Relations between clusters and government counterparts	21
10. Financing issues	23
10.1 Approaches to internal cluster financing	24
10.2 Organisational mainstreaming issues	24
11. Profile and progress assessment of clusters	25
11.1 Agriculture	25
11.2 Camp coordination and camp management (CCCM)	26
11.3 Early recovery	27
11.4 Education	29
11.5 Emergency telecommunications (ETC)	30
11.6 Health	31
11.7 Logistics	33
11.8 Nutrition	34
11.9 Protection	35
11.10 Emergency shelter	37
11.11 Water, sanitation and hygiene promotion (WASH)	38
11.12 Cross-cutting issues	40
11.13 Food and refugees: the missing clusters?	41
12. Issues and actors affecting the cluster approach	43
12.1 The Humanitarian Coordinator system	43
12.2 The role of the ERC and OCHA	43
12.3 Cluster activation and closeout	44
13. Conclusions and recommendations	45
Annex 1: Inception report	49
Annex 2: Survey results	61
Annex 3: Interview list	71
Annex 4: Document sources	79
Annex 5: Terms of reference	85

Acronyms

ACF	Action Contre la Faim
CAP	Consolidated Appeals Process
CAR	Central African Republic
CBO	Community-based Organisation
CC	Camp Coordination
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CHF	Common Humanitarian Funds
CIC	Center on International Cooperation
CLA	Cluster Lead Agency
CWGER	Cluster Working Group on Early Recovery
CRD	Coordination and Response Division, OCHA
DAC	Development Assistance Committee
DfID	United Kingdom Department for International Development
DRC	Democratic Republic of Congo
EC	European Commission
ECHO	European Commission Humanitarian Aid Office
ECLAC	Economic Commission for Latin American and the Caribbean
ECOSOC	UN Economic and Social Council
ER	Early Recovery
ERC	Emergency Response Coordinator
ERF	Emergency Response Fund
ETC	Emergency Telecommunications
FAO	Food and Agriculture Organization of the UN
FSAU	Food Security Analysis Unit
FTS	Financial Tracking System
GA	General Assembly
GBV	Gender-based violence
GHD	Good Humanitarian Donorship initiative
GHP	Global Humanitarian Platform
HABITAT	UN Human Settlements Programme
HAC	Heath Action in Crises, WHO
HC	Humanitarian Coordinator
HIC	Humanitarian Information Centre
HNTS	Health and Nutrition Tracking Service
HPG	Humanitarian Policy Group
HRF	Humanitarian Response Fund
HQ	Headquarters
HRR	Humanitarian Response Review
HRSU	Humanitarian Reform Support Unit, OCHA
IASC	Inter-agency Standing Committee
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	Internally displaced person
IFRC	International Federation of Red Cross/Red Crescent Societies

INGO	International non-governmental organisation
INEE	Interagency Network for Education in Emergencies
IO	International organisation
IOM	International Organization for Migration
IPC	Integrated Food Security and Phase Classification
IRA	Immediate Rapid Assessment
IRC	International Rescue Committee
M&E	Monitoring and evaluation
MOU	Memorandum of Understanding
MSF	Médecins sans Frontières
NAF	Needs assessment framework
NFI	Non-food items
NGO	Non-governmental organisation
NRC	Norwegian Refugee Council
NYU	New York University
OCHA	UN Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
ODI	Overseas Development Institute
OHA	Official Humanitarian Assistance
PCA	Project Cooperation Agreement
POLR	Provider of Last Resort
ProCap	Protection Capacity project
RC	Resident Coordinator
RRF	Rapid Response Fund
RRR	Rapid Response Reserve
RTE	Real Time Evaluation
SCF	Save the Children
SGBV	Sexual and gender-based violence
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SO	Sudden Onset
SRSA	Swedish Rescue Services Agency
TOR	Terms of reference
TSF	Télécoms Sans Frontières
UN	United Nations
UNCT	United Nations Country Team
UNDG	United Nations Development Group
UNDP	United Nations Development Program
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UNJLC	United Nations Joint Logistics Center
UNOPS	United Nations Office for Project Services
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene Promotion
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International
3W	Who's doing What Where

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The draft of this evaluation was made available for comment for a number of weeks, and we are grateful for all the comments received. These raised many important and interesting issues. We have considered all the comments carefully and in detail, and adjusted the findings of the evaluation where appropriate.

Responsibility for any omissions or errors of fact or interpretation rests with the authors.



Reference table: summary of the cluster approach

September 2005–September 2007

	Cluster/ sector	Global lead/ convener	Requested and funded* 2006, 2007	Areas where activated	
				Ongoing emergencies	Sudden onsets
Technical areas	Emergency Shelter	UNHCR (conflict IDPs) IFRC ('convener' disaster situations)	\$1.1 million (100%) \$9 million (45%)	CAR: <i>shelter/NFIs</i> , <i>UNICEF</i> Chad DRC: <i>shelter/NFIs</i> , <i>UNICEF</i> Uganda: <i>shelter/NFIs</i> , <i>UNICEF</i> Somalia	Lebanon Mozambique: <i>UN- HABITAT (as of March 2007)</i> Pakistan: <i>IOM</i> Philippines: <i>UN- HABITAT</i> Yogyakarta
	Health	WHO	\$4.3 million (47%) \$4.4 million (44%)	CAR Chad DRC Liberia Somalia Uganda: <i>health/ nutrition/HIV/AIDS</i>	Lebanon Mozambique Pakistan Philippines Yogyakarta
	Nutrition	UNICEF	\$5.4 million (60%) \$4.1 million (52%)	CAR Chad DRC Liberia Somalia Uganda: <i>health/ nutrition/HIV/AIDS</i>	Lebanon Mozambique Pakistan: <i>nutrition/ food w/WFP</i> Philippines Yogyakarta: <i>food/ nutrition w/WFP</i>
	Water, Sanitation and Hygiene (WASH)	UNICEF	\$3.3 million (94%) \$4.7 million (56%)	CAR Chad DRC Somalia Liberia Uganda	Lebanon Mozambique Pakistan Philippines Yogyakarta
	Education	UNICEF Save the Children Alliance	\$3.4 million (27%)	CAR Chad DRC Somalia Uganda	Mozambique: <i>UNICEF/Save</i> Pakistan Philippines Yogyakarta
	Agriculture	FAO	\$3.3 million (6%)	CAR: <i>food security</i> Chad: <i>food security w/WFP</i> DRC: <i>food security w/ WFP</i> Ethiopia Liberia: <i>food security w/WFP</i> Somalia: <i>agriculture and livelihoods</i> Uganda: <i>food security w/WFP</i>	Pakistan: <i>food security w/WFP</i> Philippines: <i>agriculture and livelihoods</i> Yogyakarta Mozambique: <i>food security w/WFP</i>

	Cluster/ sector	Global lead/ convener	Requested and funded* 2006, 2007	Areas where activated	
				Ongoing emergencies	Sudden onsets
Cross-cutting areas	Early Recovery	UNDP	\$2.2 million (62%) \$5.5 million (38%)	Chad Colombia DRC: <i>return, reintegration and community recovery w/UNHCR</i> Liberia Somalia Uganda	Lebanon Mozambique Pakistan Philippines Yogyakarta
	Camp Coordination, Camp Management (CCCM)	UNHCR (IDPs from conflict) IOM (disaster situations)	\$3.5 million (101%) \$4.1 million (40%)	Chad: <i>site management</i> Ethiopia Somalia Uganda	Philippines: Camp coordination and IDP management, IOM Pakistan: UNHCR
	Protection	UNHCR (global cluster lead, field-level lead in conflict) UNHCR, OHCHR, UNICEF (decide on leadership for field level in natural disasters)	\$2.9 million (100%) \$10.6 million (50%)	CAR: <i>protection, human rights, rule of law</i> Chad Colombia Côte d'Ivoire DRC: <i>w/MONUC</i> Ethiopia Liberia Somalia <i>w/OCHA</i> Uganda	Lebanon: <i>UNHCR then OHCHR</i> Mozambique: <i>UNICEF/Save</i> Pakistan: <i>UNICEF</i> Philippines: <i>UNICEF</i> Yogyakarta: <i>UNICEF</i>
Common services	Emergency Telecoms	OCHA (process owner) WFP (security telecoms) UNICEF (data telecoms)	\$6.7 million (46%) \$4.3 million (72%)	CAR Chad: <i>UNHCR</i> DRC Guinea	Lebanon Mozambique Pakistan: <i>info/telecoms</i> Yogyakarta: <i>info/telecoms</i>
	Logistics	WFP	\$9.1 million (50%) \$8.1 million (72%)	CAR Chad DRC: <i>w/MONUC</i> Ethiopia Kenya Somalia	Lebanon Mozambique Pakistan Philippines Yogyakarta
Total financing from the appeals			2006: Appealed: \$38.6 million, received: \$25 million (65%) 2007 (to date): Appealed: \$62.5 million, received: \$22.1 million (33%) (49%) [N.B. adding uncommitted pledges brings 2007 total to 49%]		

Notes

This chart does not include sub-cluster leads or focal point agencies.

* Funding figures include only what was requested and funded under the Global Appeal. Separate, complementary fundraising, such as 15 million CHF requested in the IFRC Shelter Appeal, is not reflected.

Where food functioned as a stand-alone cluster (e.g. Philippines, Somalia), it is not listed here.

Sudden onsets are Pakistan earthquake (October 2005); Yogyakarta, Indonesia, earthquake (May 2006); Lebanon conflict (July 2006); Philippines typhoons/mudslides (December 2006); and Mozambique floods (February 2007). Some recent sudden onsets, such as the Pakistan and Uganda floods (2007), are not included.

Madagascar was not included because the cluster approach was never formally activated during the period of the crisis. The government and UNCT have subsequently introduced the cluster approach in contingency planning and preparedness work given that this is a disaster-prone context..

2007 figures are estimated pledges and contributions as of 17 October 2007.

Agriculture and Education applied for 2007 appeal funding only.

2007 total appeal figures include funding for gender as a cross-cutting issue, as well as the costs of this evaluation.

Executive summary

1. The cluster approach was introduced as a means to strengthen predictability, response capacity, coordination and accountability by strengthening partnerships in key sectors of humanitarian response, and by formalising the lead role of particular agencies/organisations in each of these sectors. At the time of writing, the approach has been applied in eight chronic humanitarian crises and six sudden-onset emergencies.¹ The IASC, which initiated the cluster approach in December 2005, commissioned this evaluation to determine whether, two years later, the approach has led to any measurable improvements in the capacity, coverage and predictability of humanitarian response.
2. The evaluation encompassed field research for four of the cluster rollout countries (Chad, the Democratic Republic of Congo (DRC), Somalia and Uganda), as well as desk research on the sudden-onset emergencies. In all, over 400 stakeholders were interviewed, and an online survey yielded an additional 334 responses. These methods were used to seek evidence of specific contributions made by the cluster approach in the following areas:
 - identifying and filling gaps in programme areas and coverage;
 - strengthening overall capacity to respond and cutting response time;
 - improving partnerships for humanitarian action, including with the host state;
 - improving standards;
 - integrating cross-cutting issues;
 - improving needs assessment, prioritisation and strategic planning; and, above all,
 - fostering predictable and accountable leadership in the field.
3. The evaluation found that, despite a troubled early rollout process that caused significant confusion and some lingering ill-will, there is evidence that the cluster approach has resulted in some systemic improvement in coordinated humanitarian response. Progress was uneven across country cases, and some clusters have performed better than others. In most cases improvements were driven solely by the clusters in the field, with little or no support from the global clusters, which had not yet completed or implemented the bulk of their capacity projects, due in part to late receipt of funding. There are weaknesses within the approach as it is currently defined,

particularly in the crucial Provider of Last Resort (POLR) stipulation, and there is no disputing the additional workload it has generated. Overall, however, the weight of evidence points to the conclusion that the costs and drawbacks of the new approach are exceeded by its benefits for sector-wide programming, and the new approach has begun, slowly, to add value. The approach thus merits continuation and expansion.

Summary findings:

4. **The cluster approach has improved efforts to identify and address gaps within sectoral programming in humanitarian response in the field.** In chronic emergencies in particular, the clusterised sectors have shown themselves better able to gather the necessary information on response capacities and gaps in services, and cluster lead agencies have been successful in directing or redirecting partners to fill those gaps. The responsibilities of cluster leadership have also helped to drive capacity increases within these agencies, and the extension of coordination to deeper field levels.
5. **The approach has helped to foster stronger and more predictable leadership over sectors. However, there has been no observable increase in ultimate accountability, and serious questions persist concerning how POLR will work in practice.** Although lead agencies have embraced their responsibility to the extent that they are more attentive to the needs of the entire sector, there is acknowledgement that large gaps continue to go unfilled, and as a result most fail to see the practical relevance of the concept of Provider of Last Resort (POLR) to their work. Accountability of agencies to the HC (in the form of poor performers relinquishing their lead responsibilities at the HC's behest) has not yet been positively demonstrated in any field setting examined. This is not likely to change until agencies more formally accept and incorporate their cluster commitments.
6. **Preparedness and surge capacity have improved at the field level. Results of the global cluster capacity-building effort have not fed through to field operations as work remains in progress, and the system has yet to face the litmus test of concurrent, large-scale emergencies.**
7. **Partnerships with international NGOs have marginally improved (mainly by greater openness and facilitation by lead agencies towards NGOs), and no significant gains were seen for local NGO participants.** Overall this is an area of significant weakness, as there is evidence that INGOs are already receiving greater proportions of their

¹ Long-term emergencies: CAR, Chad, Colombia, the DRC, Ethiopia, Liberia (transition), Somalia and Uganda. Sudden-onset emergencies: Pakistan (2005 and 2007), Indonesia (Yogyakarta), Lebanon, the Philippines and Mozambique.

funding through cluster lead agencies, which continue to follow slow and burdensome grant-making procedures. Even more troubling, local NGOs did not see significant levels of increased participation or enhanced opportunities for funding and partnerships via the cluster approach. Clusters have allowed for progress in developing standards and guidelines among partners.

8. **Efficiency can be enhanced and transaction costs reduced by learning lessons from past cluster experience, as well as agency investment in improved recruitment and coordination skills training.** The cluster approach can be labour-intensive and can impose additional burdens on staff and stakeholders, especially when introduced in a way that duplicates rather than supplants or strengthens existing coordination mechanisms. Lessons learned in the past two years can minimise the coordination burden, and OCHA has a key role to play in promoting efficiencies and sharing lessons learned in new rollout countries.
9. **Prioritisation of response and strategic planning at the level of CAPs/CHAPs has improved under the cluster approach, particularly when the approach has been underpinned by a common funds mechanism.** Prioritisation of response often faltered in the sudden-onset cases, when a large number of clusters (e.g. 11) were activated without due consideration of the need for each of them. This weakened the overall ability to prioritise interventions and allocate resources. Joint needs assessments have increased in

number, but their quality and usefulness remain less than optimal, while debates continue on how to harmonise tools. Monitoring and evaluation continue to represent a glaring deficiency in humanitarian response, and were not seen to improve under clusters.

10. **Engagement of host states has been mixed, and overall has suffered from insufficient emphasis and strategic focus.** The interface with national authorities overall lacks strong strategic guidance. It should be considered more thoughtfully and a clear differentiation made between approaches to natural disasters and conflict-related emergencies, and cases where there are strong national authorities and disaster management structures.
11. **Individual cluster performance at the global and field levels has varied.** Where a cluster performed poorly or failed to add value this was generally attributed to weak leadership – a low level of operational capacity of the lead agency and/or weak coordination skills among personnel placed in coordinating roles.
12. The report concludes with a series of recommendations for IASC members, cluster lead agencies, donors, OCHA senior management and individual agencies aimed at addressing the identified points of weakness. It urges that these action steps be prioritised in the months to come as the cluster rollout process continues.

1. Introduction: goals of the study and methodological approach

1.1 Scope and objectives of the evaluation

13. When it accepted the introduction of the cluster approach in pilot countries in 2005, the Inter-Agency Standing Committee (IASC) called for an external evaluation to be performed after two years, to assess the mechanism's progress and effectiveness. In 2007 the IASC designed the terms of reference for the evaluation (see annex 5), to be undertaken by an independent research team. The government of Sweden and OCHA provided funding for the study, which was administered by OCHA and overseen by a steering group consisting of IASC members and observers, and later a representative of government humanitarian donors. The evaluation commission was awarded to a joint team of researchers, experienced in evaluations and humanitarian coordination and reform issues. Team members represented the Center on International Coordination of New York University, the Humanitarian Policy Group of the Overseas Development Institute and the Praxis Group, Ltd.

14. The TOR structured the evaluation process in two phases, of which this study represents the first. Phase 1 was tasked to provide 'evidence of major achievements and shortcomings of the approach', and to 'assess concrete changes in operational response' resulting from its application. The team was also asked to provide recommendations and a roadmap for Phase 2 of the evaluation, which is envisioned as an evaluation of the outcome and impact of the cluster approach at the beneficiary level. A discussion and proposal for such an exercise was submitted separately to OCHA and the IASC Steering Group along with this report.

15. The purpose of this Phase 1 report is to assess the overall performance to date of the cluster approach against its functional objectives, defined as follows:

16. Global objectives of the cluster approach:

- Predictable sectoral leadership and accountability at the global level.
- Strengthened mechanisms for system-wide preparedness and enhanced technical capacity (human and material) for response in the key humanitarian sectors.
- Enhanced partnerships and agreed common standards, tools and guidelines at the global level, leading to streamlined and more effective response.

17. Country and field level objectives of the cluster approach:

- Increased predictability (of geographic coverage and sectoral responsibility).

- Demonstrated accountability (for sector-wide performance).
- Increased field-level capacities to address gaps.
- Maximised partnership and buy-in from the major humanitarian actors to ensure a more strategic and coherent response in support of national-led efforts.
- Enhanced ability of the HC to lead a more strategic and coherent response, and increased influence over how available resources are prioritised.

18. The steering group and the evaluators agreed that it was important to devise a method of assessment that was based as far as possible on tangible evidence of impact. While evaluations of this sort are by necessity highly qualitative, the evaluators nonetheless sought to measure progress against specific concrete indicators and to avoid more abstract notions of changes in 'mindsets' or 'organisational cultures'. The team devised a series of questions and indicators for measuring progress in an inception report that was augmented and accepted by the steering group (see Inception Report, attached as annex 1). Participants were interviewed on a not-for-attribution basis, and the report does not cite any statements as connected to any individual. When not qualified as having been drawn from another source, such as the survey, financial analysis or documents, the qualitative findings should be read as reflecting the stated opinions of interviewees.

1.2 Methods used

1.2.1 Document review

19. The team received a large body of primary documentation from steering group members, cluster leads and participants and other contacts. This was supplemented by materials gathered during the field visits. The research also encompassed a large number of secondary sources, including past evaluations and reviews. A web-based library was established to compile and archive this information. In addition to the general literature review, one team member undertook a separate, focused desk review on the experience of the cluster approach in sudden-onset emergencies. A full bibliography is included as annex 4.

1.2.2 Interviews

20. Including field, headquarters and desk-based (telephone) interviews, the team consulted over 400 individuals, selected for their knowledge and experience of the cluster approach. They included representatives of all IASC members, with an emphasis on the cluster lead agencies (CLAs); international NGOs; IOs; local NGOs and CBOs; recipient state representatives; and donor governments. (It should be noted that, due to the methodology's focus

on process as opposed to outcomes, interviewees did not include beneficiaries of assistance, which would be crucial to a longer-term evaluation of impacts.) Steering group members and the OCHA management team provided lists and contact information of the relevant agency personnel in HQs and Country Offices not included in the field visits. A full list of interviews is attached as annex 3.

1.2.3 Field visits

21. Team members undertook field visits for research on the four countries selected for the evaluation: Chad, the DRC, Uganda and Somalia (from Nairobi). In each country interviews were conducted in the capital, and in one or more field locations.

1.2.4 Survey

22. To reach additional informants not covered by the interview process, the team designed a web-based survey in both English and French. This was widely disseminated with the assistance of the steering group. The total number of completed surveys (334) exceeded the team's target for response (200). The report refers to specific survey findings throughout, and a full analysis of findings is attached as annex 2.

1.2.5 Note on terminology

23. In this report, 'agency' and 'organisation' are used interchangeably to refer to UN as well as non-UN agencies and organisations involved in humanitarian response. References to 'non-UN' actors generally concern NGOs and the International Red Cross and Red Crescent Movement, unless otherwise specified. The specific roles in the cluster approach of IOM (an inter-governmental, non-UN agency) and the IFRC are discussed in the context of particular clusters as relevant.

1.3 Caveats

24. Due to staff turnover, the reviewers found that a significant proportion of interviewees in the field were relatively new to the setting and so did not have a first-hand comparative perspective of how past modes of coordination had changed after the cluster approach was implemented. As a result, the reviewers tended to give more weight to the opinions of those interviewees who had been present since before the rollout.

25. In interviews, the team endeavoured to cover key informants from the major humanitarian organisations, with an emphasis on agencies leading and participating in the clusters. The fact that certain organisations are represented more than others is a function of the number of clusters led, co-led or participated in by the given agency; the number of its personnel in countries working on the cluster approach; and in general the willingness and availability of informants to provide input.

26. In the DRC, the clusters were examined at the capital level and in the region of South Kivu, where most acknowledged the system worked well. This could be seen to bias findings to suggest a better-functioning system than is in fact the case. A planned visit to Katanga, originally part of the research programme, was dropped from the itinerary due to time constraints.

27. The review team undertaking the Somalia case study limited interviews to Nairobi and did not travel inside Somalia to conduct interviews at the field level. The reviewers had assumed that access problems in Somalia would make such a trip impossible, but on arrival were informed that in fact such a trip would have been possible, and that the omission of these interviews made for a missed opportunity. The team attempted to mitigate this by conducting follow-up telephone interviews with staff inside Somalia, acknowledging, however, that these are no substitute for on-site, in-person interviews.

28. The sudden-onset emergencies desk-based study was given limited support by contacts in the field. This led to a less comprehensive interview base than might have otherwise been possible. In addition, there were significant delays in allowing the team to interview individuals with experience of the Pakistan earthquake in 2005 and the flood response in 2007, which the team viewed as a critical area for investigation on how emergency response changed over time.

29. Finally, in its scope the evaluation covered a wide range of issues and cases, and the research yielded massive amounts of information. In order for those findings to be synthesised and summarised in a page-limited report, a large amount of specific and corroborating details had to be omitted.

2. Background on humanitarian reform and the goals and expectations of the cluster approach

2.1 The cluster approach within broader humanitarian reform

30. The cluster approach comprises one key component of a wider humanitarian reform agenda. The two other pillars of the IASC-led reform package concern predictable and timely financing and strategic leadership (strengthening the Humanitarian Coordinator function). A complementary initiative, the Global Humanitarian Platform, aims to improve partnerships between the three main families of the humanitarian community: NGOs, the International Red Cross and Red Crescent Movement and the UN and related international organisations.

31. The cluster approach and financing reforms are practically and conceptually linked, and intended to be mutually reinforcing, but financing reform has received the most attention and emphasis in the past few years. Two significant mechanisms have been established to enhance humanitarian financing – the CERF and the country-level common funds – but concerns are growing that their benefits accrue primarily to UN agencies and not to the vast majority of humanitarian providers. Until there is an efficient means of transferring funds to NGOs, these mechanisms will remain limited in their overall impact, and may negatively affect progress in, and support for, other areas of humanitarian reform. Linked to the progress on financing reform is the investment in the UN's capacity to identify and promote capable HCs. With the devolution of responsibility to HCs to determine priority needs and funding allocations for an emergency response, this is an increasingly critical area of focus. The Global Humanitarian Platform has established principles of partnership, covering equality, diversity and mutual respect between UN and non-UN operational agencies.² While participation and investment by non-UN humanitarian actors in GHP has been promising, clear ideas for changed operational modalities, particularly at field level, have yet to emerge. In terms of broader UN reform, moreover, it is not yet clear how the cluster approach will link to the evolving One UN system and to Integrated Missions, an area which will no doubt have to be pursued as these agendas move forward.

2.2 Cluster approach conceptualisation and initiation

32. The cluster approach was conceived amid concerns about coordination and capacity arising from the weak operational response to the crisis in Darfur in 2004 and

2005, and the critical findings of the Humanitarian Response Review (HRR) commissioned by the then ERC, Jan Egeland. It was driven in particular by frustrations over the weaknesses of the 'collaborative approach' to IDPs. The HRR found significant capacity gaps and unpredictable responses in certain sectors and areas of response, in particular protection, water and sanitation, shelter, camp management and food aid, nutrition and livelihoods support. In its recommendations it called for strengthening leadership of the sectors, and introduced the concept of "clusters" at different levels (headquarters, regional, country and operational).³

33. Underlying the issues identified by the HRR were familiar and longstanding challenges to humanitarian coordination. A system comprised of multiple autonomous agents, each dependent on voluntary contributions, inevitably suffers from a lack of strategic leadership, gaps in services and chronically low levels of preparedness. The leadership deficit has meant that humanitarian needs that fell outside of agencies' particular mandates and programming – IDPs being the classic example – received unpredictable and often lower levels of response. The voluntary and collaborative nature of humanitarian response leaves no locus of accountability for presence or performance.

34. The recommendations of the HRR were taken up by the ERC and parts of OCHA, and it was under their steerage that the cluster approach was conceived. The approach sought to address the gaps within the current humanitarian system in three ways:

- By vesting overall sector responsibility in lead agencies, and by creating new and stronger lines of accountability between these agencies and the Humanitarian Coordinator in a given country.
- By prompting increases in field-level capacities concomitant with these sector-wide responsibilities.
- By building capacity at the headquarters level to allow for increased levels of preparedness within the system.

35. A series of IASC WG and UN meetings were held in the latter half of 2005 to identify nine clusters and cluster lead agencies (many more than the original 'gap' sectors identified by the HRR). Draft guidance and strategies for the approach and for specific clusters were also developed. The DRC, Uganda, Liberia and Somalia were selected in consultation with HCs, and the cluster approach was in the meantime applied in Pakistan in October 2005, although with no codified guidance to support it. Four sectors or areas

² The IOM (a non-UN inter-governmental agency) as well as the World Bank participated in the July 2006 dialogue that led to the establishment of the GHP.

³ United Nations, 'Humanitarian Response Review', August 2005, p. 49.

of response – refugees, food, agriculture and education – were not established as clusters, although the latter two pursued cluster status at a later stage.

36. Disagreement remains over whether the conceptualisation and initiation of the clusters was a consultative process. The non-UN IASC members assert that it was pushed through by the ERC and OCHA without adequate time for consultation, pointing out that assignment of lead responsibility for clusters was predetermined in advance of a discussion with the full IASC membership. Nonetheless, the IASC Principals formally agreed on 12 September 2005 that the cluster approach would be used in ‘major new emergencies’ and in ongoing emergencies according to a rollout plan. Despite their collective commitment to the approach, embodied in this decision, most IASC members or standing invitees⁴ have yet to formalise the cluster approach within their own corporate governance and policies, suggesting that a further decision may be required to renew and strengthen the commitment. Donors also were outside of the original planning on the clusters, and were only gradually brought in when funding requirements became apparent. Member states were inadequately briefed, resulting in more resistance than might otherwise have been the case.

⁴ In practice, no distinction is made between ‘members’ and ‘standing invitees’.

2.3 Past findings and early implementation

37. Cluster approach participants and donors have already undertaken a number of reviews and self-assessments.⁵ While these studies focused on specific issues and cases, their overall preliminary findings were largely consistent. Positive aspects included widespread support for the concept and general direction, observable gains in predictability and perceived potential for improving effectiveness in the future. On the negative side, they cited serious problems caused by the pace of implementation, which outstripped understanding, readiness and support for the new approach. Late guidance from the central level caused confusion and misunderstanding.⁶ Finally, there was a general consensus that introducing the approach as a newly named mechanism, and the use of the word ‘cluster’ itself, confused people and distracted from what is in fact a simple idea: a strengthened sector group under an accountable lead agency.

⁵ These include but are not limited to the ‘IASC Interim Self-Assessment of Implementation of Cluster Approach in the Field’, the UNHCR Real Time Evaluations of Chad, the DRC, Liberia, Somalia and Uganda, an internal UNICEF report ‘How well are each of the clusters doing? Some proposed benchmarks’, as well as reports or position papers by international NGOs such as Mercy Corps, ACF, Oxfam GB (on the DRC), NRC (on Uganda, the DRC and Somalia) and ActionAid (on Pakistan). OCHA or inter-agency real-time evaluations or lessons-learned exercises have also taken place in Pakistan (2005 and 2007), Indonesia, Lebanon and Mozambique.

⁶ IASC, 66th Working Group Meeting, 15–17 November 2006.

3. Effectiveness of the approach in identifying and filling gaps

38. The November 2006 IASC Guidance Note describes the intention of the cluster approach as being ‘to strengthen overall levels of accountability for humanitarian response and to ensure that gaps in response do not remain un-addressed because there are no clearly assigned responsibilities’.⁷ The ability of the cluster approach to engender a holistic approach to the sectors, in which participants jointly determine where gaps exist and how to fill them, is a critical component of its overall effectiveness. The evaluation placed special emphasis on identifying any tangible evidence of improvement in this area, as compared to pre-cluster coordination efforts. This section discusses the findings in two main aspects: programmatic and coverage gaps within sectors, and larger gaps in operational presence and capacity.⁸

3.1 Programming and coverage gaps

39. A majority of interviewees and survey respondents⁹ saw the new approach as bringing real improvements in identifying and addressing gaps in services, relative to previous methods of sectoral coordination. The lack of basic information was seen as a gap in itself in many cases, and many field clusters took as their first order of business a mapping of capacities and programming in the sector, and either produced or updated some form of sector profile, along the lines of ‘Who’s doing What Where?’ (3W).¹⁰ Such capacity mapping was not an innovation of the cluster approach, of course, but some clusters have begun to develop systems that are more concrete and specific than the 3W tool, overlaying a mapping of response efforts onto a mapping of needs and available services, so that gaps can be more readily identified. These efforts are driven by the cluster lead agencies, which confirmed that they were acting as a direct result of their new responsibilities as leaders of the sector. Additionally, some participants spoke of the cluster leadership encouraging increased ‘peer pressure’ on organisations to perform better and actively seek to fill gaps.

40. Most lead agencies in rollout countries were able to cite examples of specific programming and coverage gaps being

⁷ IASC, ‘Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response’, 24 November 2006.

⁸ Many people commented that the largest gaps in the field concerned leadership and coordination, but not in the sense we discuss in this section. Leadership and coordination capacity issues are examined in depth in section 5.

⁹ 68% of survey respondents reported an improvement in gap-filling relative to non-cluster settings (see annex 2).

¹⁰ OCHA, through the Inter-Agency Information Management Working Group, is currently working with all Sector/Cluster Leads to develop a standardised 3W tool for use in the field.

filled. As one example, in northern Uganda the protection cluster found organisations duplicating programmes in the same region, and after consultation agreed that one of the organisations would move its programme to an area where coverage was lacking. In Somalia, UNICEF recognised gaps in its WASH coverage during the droughts, and became more active in recruiting new local NGO partners. In Chad, formerly underserved areas such as site management were being given increased attention, and greater efforts were being made to bring in new NGOs to add expertise and operational capacity.

41. Many cluster lead agencies maintained that the cluster system had been useful in steering new entrants into underserved or priority areas. In cases where the cluster had developed a specific strategic framework, moreover, newly arriving organisations or new programmes by existing partners could be quickly integrated into the established structure.

42. Gap-filling was not a strong feature of the early sudden-onset emergency responses. In the Pakistan earthquake the notion was ‘not well explained’,¹¹ primarily reflecting the lack of guidance available in the first application of the approach globally. Yet specific policy decisions also confronted the approach from the outset. For example, the camp management strategy, agreed by the CCCM cluster and endorsed by the government, stated that camp management responsibilities were applicable only to areas with 50 tents or more and accessible by road. This excluded disaster-affected people living in smaller, less accessible settlements. In the 2007 floods, CCCM attempted to identify gaps as part of a more comprehensive inter-sectoral approach, but this has been limited by funding constraints. In emergencies in the Philippines and Mozambique, improved coordination in certain clusters did assist in filling gaps. In the Philippines, for example, all areas of the response were covered by an agency (at national and provincial levels), and specialists were deployed from other contexts to augment capacity.

3.2 Larger operational and capacity gaps

43. At a macro level, several cluster lead agencies have considerably increased their capacities in key sectors. UNICEF, for example, has rededicated itself institutionally to prioritising emergency water, sanitation and hygiene promotion (WASH), which has translated into tangible increases in coverage in the field (see section 11.11). Perhaps

¹¹ IASC, ‘Real Time Evaluation of the Cluster Approach, Pakistan Earthquake’, February 2006, p. 7.

the most dramatic example is UNHCR's assumption of responsibility for IDP protection under its cluster responsibilities. To meet this responsibility, UNHCR has increased its field presence and operations in Uganda and Somalia and reoriented its programmes in the DRC. In south and central Somalia, for instance, where UNHCR had no presence before, it now has a network of over 30 national partners, monitoring protection issues and tracking IDP movements. In northern Uganda there were complaints that UNHCR arrived late, but once present it made a significant difference – scaling up from what was once a refugee-only operation to include additional programming and coordination in protection and camp management. Even if, as UNHCR noted in its own RTE, initially these staffing inputs were too junior and too short term,¹² the agency and its partners confirm that, without the cluster approach, UNHCR would not have anything approaching the same level of presence and operational capacity.

3.3 Extending coordination capacity

44. Repeatedly, the evaluators were informed that the cluster approach had helped to devolve coordination to field levels more proximate to the response. In countries where coordination was previously occurring primarily at the

¹² UNHCR, 'Real Time Evaluation of UNHCR's IDP Operation in Uganda', August 2007, p. 14.

national and regional levels, active coordination had begun at the sub-regional levels as well. Devolving coordination to the field was seen by the majority as a positive development, conducive to better, more field-driven needs identification and response planning. The fact remains, however, that coordination capacity inevitably gets weaker the further one goes into the field, with fewer, more junior and more overworked staff responsible for coordination. In addition, there is a vital need for strong inter-cluster coordination (see section 7.2).

45. Overall, we found observable improvement in addressing gaps thanks to the cluster approach. Most notably, as mentioned, UNHCR increased capacity in IDP protection, and UNICEF renewed capacity in WASH, helping to address some major gaps in Uganda, Somalia and the DRC. This is not to say that gaps were 'filled', however. Most of the gap-filling that has occurred under clusters has been on a small scale, within sectors and in particular areas. A new means of coordination cannot bridge the broader gaps between needs on the ground (especially in a context like Somalia or the DRC) and what is provided by the international response. Nonetheless, cluster coordinators agree that clusters can help actors in determining which gaps to fill. This issue relates to questions of leadership and the Provider of Last Resort function, discussed in section 4.

4. Promoting predictable leadership and accountability

46. The leadership aspect most crucially differentiates the cluster approach from earlier modes of coordination. Having a designated lead agency, with responsibility not only for the performance of its own programme but for the entire sectoral response, stands to be the most important benefit of the approach – if it can be realised in practice. Although the cluster approach may not dramatically change the day-to-day work of sectoral coordination, having this locus of responsibility represents a radical departure for what has long been a patchwork system.
47. The evaluation set out to determine if the cluster approach has been successful in producing predictable, responsible and accountable leadership in humanitarian response. To do so it asked specific questions regarding how the leadership role was implemented in the field: whether the lead agency sufficiently increased its in-country capacity relative to coordination needs; if it facilitated the establishment of clear terms of reference for the cluster and its members; if it provided essential templates and toolkits; if it set up effective communications and information systems and presided over productive, strategically-oriented meetings; and if it actively encouraged the participation of all relevant actors – local and international. Most importantly, the evaluation sought evidence of accountability for the overall needs and performance of the sector, and whether the agency in question had acted, or was prepared to act, as the Provider of Last Resort.¹³
48. In general, the evaluation found improvement in the predictability and effectiveness of leadership for sectoral coordination and coverage, but very little evidence of ultimate accountability (in that HCs have not yet proven capable of replacing a poorly performing lead), and no indication that the Provider of Last Resort commitment had yet been enacted in the field.

4.1 Capacity and credibility of lead agencies

49. It goes without saying that agencies with the best funding, the best-quality and largest number of staff, the best in-depth field presence and the best NGO network are also the best cluster leads. In past evaluations of humanitarian coordination, including real-time evaluations of the cluster approach,¹⁴ it was found that an agency must have some depth of field presence and programming capacity in order to be an effective coordinator. A persistent fallacy holds that an agency can still serve as an effective coordinator in locations where it is not operational and has only minimal presence. In the field this has repeatedly proven unrealistic. Such agencies lack the credibility, influence and contextual knowledge to effectively lead implementing actors, to mediate and resolve their disagreements and add value to their efforts. Accordingly, this evaluation found that, where agencies were able to bring increased capacity and resources, for instance in health and WASH in Chad and protection in Uganda and Somalia, leadership was welcome and participants were more likely to see the cluster as having added value.
50. The cluster approach was seen to have driven capacity improvements within cluster lead agencies' country programmes. Not only did agencies boost their global capacity with funding from the global cluster appeal and separate institutional grants, but participants also reported that lead agencies were often compelled by their field staff to direct additional resources to fulfil the agency's cluster commitments in that field setting. Even lead agencies with clear comparative advantages in certain sectors have admitted to insufficient organisational capacity, and decreases in technical operational capacity over the past several years. These agencies' representatives in the field explained how their organisations were compelled to pay attention to their technical capacities in these sectors because of cluster responsibilities. Many realised only after implementation of the approach how much capacity-building and institutional work (e.g. internal guidance, revamped surge capacity, faster partner funding mechanisms) was needed.
51. In the rollout countries examined, the majority of cluster lead agencies have added staff to sectors, within and outside cluster duties, and these increases for the most part represented tangible improvements in the eyes of other stakeholders. Although unable to quantify the extent of growth, most lead agency representatives confirmed that a significant portion of these capacity inputs were in direct connection with their new cluster functions and responsibilities.
52. One drawback seen to the capacity increases, at least in the beginning, was that they were often in the form of short-term personnel, as in the case of protection staff brought in via ProCap (which predated the cluster approach) or UNHCR's surge programme in the DRC and Uganda. Additionally, it was found that agencies' internal procedures create obstacles: human resource systems slow the creation of rosters or prevent the quick identification and placement

¹³ This section focuses on leadership issues in the field as opposed to at the global level. Global cluster leadership is taken up in the individual cluster profiles (section 11).

¹⁴ See for example UNHCR's Real Time Evaluations of the cluster approach; and Stoddard and Harmer, 'Coordination in Humanitarian Response: Lessons Learned for UNICEF's Role' (unpublished report, 2006).

of qualified candidates outside the regular systems, and procurement and funding mechanisms have been painfully slow – not befitting an agency charged with providing leadership and liquidity to an emergency sector. This issue has caused a great deal of friction in some cases between the lead agencies and their non-UN partners.

53. Evidence of tasks completed in the leadership function, for instance the establishment of clear terms of reference and information systems for the cluster, correlated with the length of time the cluster coordinator position had been staffed continuously by the cluster lead agency. It was also connected to the workload of the coordinator and whether he or she was dedicated to the role, or was also tasked with programme responsibilities – as discussed below.

4.2 Skills, seniority and time allocation of cluster coordination staff

54. IASC guidance calls for lead agencies to identify individuals with ‘the necessary seniority, facilitation skills and expertise to be the sector/cluster coordinator’. ‘In some cases’, it continues, ‘there may be a need for sector/cluster lead agencies to appoint dedicated, full-time sector/cluster coordinators with no other programme responsibilities.’¹⁵ The evaluation’s findings would suggest that this last line should be strengthened. The overwhelming majority of interviewees in both chronic and sudden-onset emergencies stated that having a full-time dedicated staffer as cluster coordinator was crucial. This was also supported by Interim Self Assessment.¹⁶ The Uganda self-assessment asserted that ‘full-time cluster coordinators are essential’.¹⁷

55. In cases where cluster coordinators were designated from among existing staff, there were deficiencies in important coordination skills, such as how to efficiently and productively chair a meeting. The training led by OCHA for coordinators (the second version) was seen as useful, but not fully effective without a major expansion, as it has so far reached only one or two people in each cluster country. Alternatively, agencies could make a concerted effort to ensure existing training initiatives are complementary, cover the necessary skills and reach the appropriate individuals. The most effective coordinators, by all accounts, had adopted a ‘facilitating’ as opposed to a ‘directive’ approach in relation to partners, while also having the authority (for which read seniority in their organisations) to lead planning and prioritisation processes, to mediate and overcome disputes and move the body forward.

¹⁵ IASC, ‘Operational Guidance on Selecting Sector/Cluster Leads in Ongoing Emergencies’ (Final Draft, 6/5/07), p. 1.

¹⁶ IASC, ‘Interim Self-Assessment of the Cluster Approach in the Field’, November 2006.

¹⁷ ‘Uganda In-Country Self-Assessment’, October 2006, p. 4.

4.3 Provider of Last Resort

56. To some, the Provider of Last Resort function (POLR) embodies the crux of the cluster leadership approach: without it, cluster coordination is simply sector coordination by another name. Donors and others have raised concerns that this concept is ambiguous across the lead agencies, which view the commitment with diminishing seriousness.

57. While the evaluation found evidence of the cluster approach helping to fill gaps within existing programming, there has yet to be an example of a lead agency fulfilling, or country team invoking, POLR. Cluster lead agencies expressed uncertainty as to what POLR meant to their work in practical terms. Many gaps at the local level are going unfilled in each country case (huge ones in the case of Somalia), and the lead agencies are not arranging for coverage or reaching into their own budgets to address them. Rather, they are pressing donors to contribute more money, and pushing for more implementing partners to step in – with mixed success.¹⁸ A few cluster coordinators maintained that it was not in their agency’s power to fill the bigger gaps; rather, this ‘depends on individual partners and donors’. One suggestion made was to establish a ‘POLR fund’, either within the agency or linked to CERF or to a common fund, to help the lead agency meet these responsibilities when the need arose.

58. Despite the latest improved guidance from the IASC, it would appear that more elucidation on POLR is necessary. No consensus was seen among lead agencies and HCs as to when POLR would be called for. No criteria for severity of need or size of affected population have been set, and no process has been established by which the decision to invoke POLR would be taken. The fact that agencies agree that the cluster system and leadership function can help them prioritise among needs could be an important first step in such a process.

4.4 Accountability: did the cluster approach clarify and improve leadership and management accountability for response?

59. Because cluster leadership resides with an agency, not an individual, the senior official of that agency is held directly accountable to the HC for his or her cluster’s performance. The HC is then accountable to the ERC for the overall performance of all the sectors in the country. To determine whether the cluster approach has infused accountability into the system, the review asked these specific questions:

- Do country directors/representatives have official

¹⁸ In Somalia, for example, NGOs have been frustrated with what they perceive as the UN’s deflecting of POLR responsibilities onto NGOs in a difficult operating environment, without providing the necessary support, such as start-up costs for new operations or long-term capacity-building for local NGOs. See various NGOs, ‘Letter to Mr Eric Laroche Re: Humanitarian Reform/the Cluster Approach’, 1 September 2006.

accountabilities to the HC as part of their job descriptions and performance assessments?

- Does the HC have a mechanism for evaluating sector performance?
- Do HCs have the demonstrated ability to replace poorly performing cluster leads and appoint more suitable replacements?
- Is the HC held formally accountable to the ERC for the clusters' overall performance as per a country humanitarian strategy decided with the ERC?
- Does the ERC have a means to hold agencies accountable for their preparedness and effectiveness as global cluster leads?

It is important to note that the cluster approach and this evaluation consider accountability in the limited, 'upward' sense described above. A more comprehensive sense of the term, which includes the accountability of the humanitarian system to people living in crisis, was outside the scope of this evaluation, but could be included in Phase 2. Some non-UN participants also made the point that, while cluster lead agencies and cluster coordinators are responsible to a wider set of actors than their own organisations, performance appraisals have not been reformed to reflect these broader accountabilities, and incentives may not have changed accordingly.

60. Viewed as a whole, the evaluation found the answer to each of the questions it posed to be no. Accountability is being formalised slowly, and on a small scale: for instance, WFP's logistics cluster responsibilities are now being written into each logistics officer's terms of reference. However, agencies' headquarters have not yet formally incorporated their cluster responsibilities into their internal policies and systems, a step which will require revising senior field staff job descriptions and adding and

redrawing reporting lines. This was found to be in process in some of the lead agencies – UNICEF, for example, is drafting internal guidelines for its country and regional offices – but had not yet been completed. Accountability thus far has remained a function of the individual in those roles, rather than an institutional responsibility, which is why the evaluators heard so often that leadership comes down to 'personalities'.

4.5 Advocacy, awareness and external outreach

61. The majority of interviewees and survey respondents believed that the cluster approach had added some value in terms of external awareness-raising and resource mobilisation. To see if this could be tangibly demonstrated, the evaluation looked at whether there was an increase in global financial allocations and agency presence in 'forgotten emergencies', a label which has often been applied to three of the rollout country cases: the DRC, northern Uganda and Somalia. It emerged that an increase in funding and agency presence did indeed coincide with the introduction of the cluster approach, though other factors were also at play (see section 10 for details).

62. In terms of advocacy with political actors, most stakeholders again cited benefits with the cluster approach, giving examples of where the cluster had put its collective weight behind an issue to good effect. They note that, to the extent that political actors understand what the cluster is, cluster advocacy can have far greater influence than individual appeals. It can also help shield individual actors (e.g. NGOs) who may be the source of a sensitive report or complaint, and prevent them from being singled out for harassment. Even MSF, which stands apart from the cluster approach, benefited from this in one district of northern Uganda, when it was threatened with expulsion.



5. Enhancing preparedness and surge capacity

5.1 Global level preparedness and surge capacity

63. In late 2005, the IASC WG set parameters for clusters to prepare for three ‘major new emergencies’ (involving 500,000 beneficiaries each) per year, two of them happening simultaneously.¹⁹ WFP has stated that the logistics cluster can already meet the target in full (although this has not been tested through any simulation exercise). UNHCR has stockpiles to respond to a shelter emergency involving 250,000 beneficiaries and, with the assistance of standby rosters, claims that it should be able to meet the personnel requirements of an emergency of up to 500,000. Thanks to funds from the 2006/2007 appeal, as well as agency resources, the ETC cluster can provide technical material and expertise to respond to one major new emergency. No other cluster lead agency has sufficiently quantified progress towards these preparedness goals, but given the completion status of their current workplans it would be fair to conclude that the global clusters on the whole have not yet met the target.

64. In terms of efforts to harmonise materials lists and stockpiles, the ETC and logistics clusters have made concrete progress, while efforts are still underway in shelter, nutrition and WASH.²⁰ In terms of standby staff capacity, efforts to launch rosters or identify deployable staff have been made in health and early recovery (albeit on a limited scale), CCCM, ETC and logistics (where rosters are ready but have not yet been used), nutrition, shelter and WASH (where efforts are underway but rosters are not yet fully operational). Surge capacity in protection has strengthened in various ways, with some elements of this strengthening due to cluster efforts (see section 11.9). In addition, in the cross-cutting area of gender, a new surge capacity roster was established to provide gender expertise to the HCs.

65. In the six sudden-onset cases, in part due to lack of a baseline, it is not possible to conclude whether the clusters have reduced deployment time for staff or equipment. The shelter cluster, for example, deployed staff in Yogyakarta quickly, but in Lebanon only managed to get a coordinator to the field three weeks after the ceasefire. Logistics and emergency telecommunications were noted as quick in all the sudden-onsets, but in Lebanon the ETC was activated too late.²¹ In Mozambique, one of the factors

contributing to a speedy overall response was the clusters’ investment in surge capacity, which allowed agencies to build up their teams quickly, but overall rapidity was mostly attributed to a high level of government preparedness.²² In the Yogyakarta earthquake, the clusters were activated and staff deployed to the region within 72 hours. Many noted that this was a considerably more efficient and coordinated deployment than in Aceh two years before. In the recent Pakistan floods, significant delays in response have been experienced by the clusters due to the government’s approach, issues of access and a poor response to the flash appeal, which the cluster approach has not been able to overcome. OCHA’s low overall staff capacity and high turnover in sudden-onset emergencies has contributed to these response problems.

5.2 Field level preparedness and response capacity to emergent crises

66. The cluster approach has demonstrated some improvements and significant potential in enabling international agencies to prepare for and respond to new crises in countries where they are operating. In the Philippines and Mozambique, the clusters have continued as a coordination mechanism beyond the emergency phase, and have undertaken contingency planning for future rapid response. This could mean more effective and predictable humanitarian responses in the future in these settings, although participants acknowledge that it will take up to three years to fully institutionalise the approach in government and international systems.

67. In ongoing complex emergencies, the clusters are beginning to be used to prepare for and respond to new crises as they arise. In Uganda, knowing the cluster focal points made it easier to respond quickly to the recent floods. In the DRC, the fact that UNICEF co-manages two rapid-response mechanisms as well as five clusters has helped to synchronise rapid responses; the WASH cluster in particular has coordinated the establishment of five regional depots with supplies and stocks available to all agencies in the sector.

5.3 Country-based (localised) preparedness and capacity-building

68. International humanitarian action has never prioritised the building up of country-based response capacity, and the cluster system has so far proven no different. Given that, in sudden-onset disasters, local and national responders do

¹⁹ UN, ‘Appeal for Building Global Humanitarian Response Capacity 1 April 2007–31 March 2008’, 2007, p. 8.

²⁰ Materials provision is considered less relevant for the protection, CCCM and early recovery sectors, and health has not made it a priority area of work. Agriculture and education only recently became clusters.

²¹ It should be noted that the Lebanon emergency occurred prior to receipt of capacity-building funds to build up the ETC essential materials stockpile.

²² John Cosgrove et al., ‘Inter-agency real-time evaluation of the response to the February 2007 floods and cyclone in Mozambique’, May 2007, p. 3.

the majority of life-saving work, the lack of investment by the clusters raises a familiar question as to how to ensure national responses are assisted by international efforts, rather than the other way round. The evaluation observed only a few nascent efforts by the clusters in this area, and these are deserving of more attention and further development. At the global level, local/national contingency planning or capacity-building does not feature prominently in most cluster workplans. There are some exceptions, such as the early recovery cluster, which has initiated pre-disaster preparedness planning in Latin America and the Caribbean,²³ but most of these initiatives are still in development. For example, the protection cluster is currently developing training modules targeting national and military authorities, among others; the health cluster has made the capacity-building of national stakeholders a component within its workplan and is now developing a strategy for this; the nutrition cluster is producing a comprehensive set of training modules aimed at national stakeholders; and the WASH cluster has a capacity-building project whose target audience has yet to be determined. All of these efforts are still getting underway, so no impact has yet been seen in this area.

69. At the field level, cluster lead agencies have encouraged partners to include capacity-building as part of their projects (UNICEF in Uganda) and have ensured that capacity-building is a component of cluster strategic plans (UNICEF in Somalia). The fact that many cluster-related meetings are chaired or co-chaired by government

²³ In collaboration with the World Bank's Global Facility for Disaster Risk Reduction.

representatives in Uganda, and have very active and prominent participation by government representatives in the DRC, has led to an element of capacity-building in these two countries, but this would probably have happened under sectoral working groups as well. The logistics cluster recently supported a \$1 million capacity-building programme in the Horn of Africa with the Ethiopian government to develop a commodity tracking system. In Mozambique the Save the Children Alliance, UNICEF and UNFPA are conducting training in the area of SGBV and child protection to enhance readiness on the part of government and cluster partners for future natural disaster response. Additionally, the emergency shelter cluster carried out extensive training of local NGOs and government officials in Somalia.

70. In disaster-prone countries where clusters have not yet been used, limited efforts have been made to introduce the approach to governments and international agencies beforehand, as part of contingency planning or disaster-risk reduction efforts, including determining which agency would take on which clusters. This has occurred in Bangladesh, Cameroon and in most countries in Southern Africa.²⁴ Such initiatives have the potential to improve government capacity, facilitate speedier response and enhance working relations between the government and international humanitarian actors. However, due to the priority placed on rollout to HC countries, countries primarily led by RCs are not yet clear on whether to 'officialise' the cluster approach or not.

²⁴ In Zambia, Malawi, South Africa, Lesotho and Zimbabwe.

6. Improving partnerships²⁵

71. As a whole, non-UN informants (NGOs, officials from the International Red Cross and Red Crescent Movement in Geneva and the case study countries, and others) were a good deal less positive than UN personnel when assessing the cluster approach. Despite high levels of engagement by non-UN actors in both global and field clusters, the clusters are still largely perceived as a UN-centric initiative. Accordingly, much of the negativity that persists stems from perennial frustrations with the UN system, rather than a specific critique of the cluster approach per se. When asked to assess particular aspects of the clusters, even the harshest critics saw some additional benefits, and would not like to return to past modes of coordination. This is not to diminish the validity of their criticisms, which tend to underscore the points at which the cluster approach is weakest, and where most improvement is needed.

6.1 Evidence of changes in partnership and participation

72. In terms of quantifiable markers of broadened participation, the evidence was unclear. Many field-level clusters reported that increased numbers of organisations were now participating in sectoral coordination compared to the pre-cluster period, but it is not possible to conclude whether this was due to the cluster coordinators actively seeking out new participants, or simply because more participants were coming into the country and plugging into the existing structure.

73. On the qualitative side, the evaluators heard many reports of some UN agencies 'getting better' in terms of their interface with NGOs. Certain agencies that in the past took a very directive 'implementing partnership' approach, treating NGOs basically as subcontractors, were seen as becoming more facilitative and consultative as cluster leads in the field. Serious problems remain, however, in terms of internal UN agency policies and procedures. The clusters, particularly where they have been underpinned by country-level common funding mechanisms, have coincided with a declining share of direct funding to NGOs (see section 10). This means that more and more funding for NGO programmes is being channelled through UN agencies, which tend to have restrictive overhead allowances and procurement policies and slow disbursement mechanisms. Several examples were cited of funds for emergency programmes taking six months or more to reach the NGO from the UN agency – an unconscionable delay.

74. Despite complaints about the additional burden of meetings, most non-UN humanitarian actors confirmed that they found it useful to their own programming to participate. The most telling example of this is the informal participation of MSF and ICRC in cluster coordination meetings in almost all field settings examined. Although independent from the coordination system according to their mandate and principles, these organisations nevertheless participate regularly, sharing information and resolving coordination issues.

6.2 NGO co-leads and designees

75. The IASC guidance states that 'any IASC member can be a sector/cluster lead; it does not have to be a UN agency'.²⁶ In reality, however, UN agencies and IOM lead all clusters at the global and national levels (with the partial exception of education, for which Save the Children is co-lead, and shelter in natural disasters, where IFRC is a 'convener'), and only in a few cases have NGOs officially assumed a lead role in the field.

76. Although the cluster approach has helped to extend coordination capacity further into the field in some contexts, only in rare instances is there a sitting presence at the actual point of service delivery. This would seem to suggest the need for greater engagement by NGOs in coordination roles. In some cases (e.g. the protection cluster in northern Uganda, the nutrition, emergency shelter, education and WASH clusters in the DRC, and the agriculture and livelihoods cluster in Somalia), NGO focal points have been designated as leads at lower administrative levels, which has helped greatly with information flow and needs assessment, but this remains the exception, rather than the rule. Some cluster lead agencies, particularly those that work closely with government authorities, have been reluctant to designate NGO co-leads in areas where it seemed to be called for. The most frequently cited example of this was WHO in the DRC.

77. For their part, NGOs have been ambivalent about taking on cluster leadership: supporting the call for more NGO leads in principle, but in practice showing some reluctance to take on the additional responsibilities (with their attendant, considerable resource requirements). In the field, they are sometimes willing to take on leadership at a district or sub-field level, but most are either unwilling or unable to assume POLR responsibilities at the national or

²⁵ This section examines the impact of the cluster approach on partnerships across humanitarian actors. Engagement with host state governments is dealt with separately, in section 9.

²⁶ IASC, 'Operational Guidance on Selecting Sector/Cluster Leads in Ongoing Emergencies' (Final Draft, 2007), p. 2.

global level. Secondments of NGO staff members to a lead agency as national cluster coordinator have showed promise as a way to speed up deployment and promote inclusiveness, but not all NGOs are prepared to hand over their best staff for this purpose.

6.3 National NGOs and CBOs

78. This was among the most disappointing findings regarding the cluster approach. In rollout countries, national and local NGOs and community-based organisations were seen to participate at roughly the same rate and extent as previously, with the cluster approach showing no added value in terms of identifying and engaging more of these partners, or providing significant opportunities for mentoring, partnership and direct funding. In sudden-onset crises, cluster coordinators do not appear to have engaged sufficiently with local capacities, particularly local NGOs, nor did it appear that this was a priority in the process, with local NGOs hearing about meetings through word of mouth rather than official invitation, despite the presence of active and capable local NGO communities in a number of settings. In Yogyakarta, Mozambique and the Pakistan earthquake, the failure to translate cluster meetings and minutes into the local and/or national language was a source of huge frustration, and served to distance local actors from the response.

79. Although some cited the indirect benefits of heightened visibility and networking for local NGOs participating in clusters, the evaluation could find no evidence that this potential had translated into tangible benefits. This is an area where the international community still has much work to do, especially in cases where clusters will be maintained for long periods.

6.4 Enhancing standards

80. The development of common standards, tools and guidelines has been a significant achievement of the cluster approach. The clusters bring new power to endorse and promote sectoral standards that prior sectoral working groups lacked. They have fallen short, however, in operationalising these in the field. This is partly because many of the tools are still ‘works in progress’, the connection between global and field clusters remains weak and there is limited awareness in the field of the available tools.

81. Ten of the global clusters have developed and/or harmonised common standards and guidelines. Approximately half have been completed, and the rest are in progress. Of the few that have been finalised and made operational, most had the advantage of being built on previously agreed inter-agency standards, such as the INEE Minimum Standards for Education in Emergencies (established in 2004) and the IDP key resources manual for the three clusters that UNHCR leads. In the health cluster, participants were also able to generate a solid consensus around prior initiatives, including Sphere and SMART.

82. At the field level the impact has been modest thus far, and again the application of enhanced standards was dependent on well-defined technical guidance already being in place. This was evident in ETC and logistics. Some clusters in the field have chosen to create their own tools. The DRC cluster is developing national nutrition guidelines, and in Chad the nutrition cluster is working to reconcile differing nutritional standards between the government and international agencies. Also in Chad, an important discussion has begun on increasing the standards for IDP populations, and addressing the different standards applied to the host community, IDPs and refugees.

7. Efficiency issues in coordination

83. Meeting fatigue was a common complaint among cluster participants, particularly NGOs, whose operational stance and cross-sector programming made it difficult for them to service all the cluster groups and sub-groups that were created. However, the evaluators noted a pattern whereby the number of meetings tended to peak during the inception period of clusters, then level off as decisions were made to eliminate or merge subgroups and an information flow was established. Somalia was probably the most notable exception to this trend; here, merging clusters with pre-existing structures has been particularly contentious, and progress slow.

7.1 Cluster coordination: what does it take?

84. The overwhelming majority of interviewees observed that good coordination mostly depends on ‘personalities’. Undoubtedly, this reflects the fact that one of the most important factors in whether coordination is effective is the skills, attitude and disposition of the individuals doing the coordinating, rather than the actual coordination mechanism being employed. At the same time, attributing everything to ‘personality’ underplays the degree to which institutions can and do shape the behaviour, practices and skills of individuals. Humanitarian organisations, many of whom operate on lean budgets, have traditionally been weak on training, recruitment and management. Moreover, sectoral coordination has previously been informal and ad hoc, and dependent on the goodwill of agencies or individuals in the field. The cluster approach has institutionalised this responsibility, but the cluster lead agencies have not yet caught up.

85. Despite the importance of coordination skills, they are not yet prioritised by agencies’ recruitment, training or performance measurement processes. In some cases, sector coordination responsibilities are not included in the terms of reference of the designated cluster coordinators at the field level, many of whom have dual roles as programme managers. OCHA has instituted a programme of Cluster/Sector Lead Training, but so far this has been limited in terms of the total numbers of active coordinators reached.

86. The clusters have required UN agencies and IOM to adopt a new collaborative leadership style, which is especially difficult for agencies accustomed to a more directive approach. Collaborative leadership involves being inclusive, communicating with all key actors, building group identity, encouraging mutual accountability and focusing on the sector as a whole, as opposed to agency

priorities.²⁷ In practice, this can include ensuring that non-UN participants have access to funding sources and enjoy equal visibility. Efficient coordination skills and practices are also required, such as:

- rationalising meetings and limiting the proliferation of sub-groups, unless there is a clear need for them;
- using meetings to emphasise strategic issues and decision-making, rather than information-sharing;
- ensuring that documents are translated for local NGOs and government representatives;
- determining action points at the end of each meeting and identifying a responsible agency/officer, as well as a timeframe for reporting back;
- avoiding an overly procedural approach; and
- setting strict time limits.

87. The case studies found that good coordination practices played a decisive role in whether clusters provided added value, and in turn whether non-UN actors participated. In Uganda, all Kampala cluster meetings were scheduled for one week of the month, allowing time for travel to the field. In the sudden-onset cases, participation in the clusters was inconsistent partly due to the large number of meetings, an over-emphasis on procedures and the lack of a strategic approach to secure the support of otherwise independent and operationally capable NGOs. In Somalia, duplicative structures and a plethora of sub-groups (health, for example, has a total of nine meetings) reduced overall participation.

7.2 Inter-cluster coordination and information management²⁸

88. One early notion held that the cluster approach would devolve coordination to agencies and reduce the need for OCHA. In reality, by increasing and improving information flows, clusters have actually reinforced the need for strong inter-cluster information management and overall situation analysis, much of which it is OCHA’s responsibility to lead. These functions will also be particularly important for successfully addressing cross-cutting issues. In addition, actors’ lack of familiarity with the new roles and responsibilities mandated by the cluster approach has required additional on-site guidance from OCHA staff. A key challenge concerns linking information management to core management: the question ‘how will

²⁷ Charles Dufresne, ‘Workshop Report, Cluster/Sector Leadership Training’, 2–6 July 2007, p. 18.

²⁸ The term ‘information management’ refers here to the collection, storage, dissemination and presentation of data concerning humanitarian conditions and operations.

this information be used?' is often not readily answerable. The field cases have made clear that getting information management within the cluster approach to function will require a more hands-on approach to working with clusters in support of cross-cluster analysis.²⁹ It will also require agencies to invest in supporting strengthened information management systems across the humanitarian community as a high-level institutional priority.

89. Where strong OCHA inter-cluster coordinators were deployed – such as in the Pakistan earthquake response, the Philippines and Yogyakarta – they were highly valued. Problems were experienced where OCHA staffers arrived late, were less skilled or experienced and/or stayed for only a short while. Other problems related to the need for standardised information. In the Pakistan earthquake, for example, data from the field and Islamabad was not standardised or verifiable, and there were mixed views regarding an indicator matrix created by an HIC that lacked field presence. In the Philippines, the lack of a clear 'depot' for response data led to major difficulties during the first few weeks of the emergency.

90. In protracted crises, a more long-term approach can be taken to refining data collection and information-sharing tools, but the challenges here are still significant. In Uganda, Somalia, the DRC and Chad, OCHA's information

²⁹ This conclusion was reached by a mission to Uganda and Somalia, and the other case studies discussed here affirm it; UN OCHA and UNHCR, 'Mission Report: Information Management Mission to Nairobi and Ugandan', 5–22 June 2007, p. 2.

management capacity is appreciated but far from adequate, and steps are being taken to improve this. In the DRC, there was a need (also now being actively addressed) to systematise information management in order to handle the large and increasing amounts of information generated by the clusters. In Uganda, a particular concern was around better inter-cluster coordination and overall situational analysis, while OCHA's thus-far weak presence in Chad meant that even basic information was unavailable until recently. UNHCR's increased presence helped produce better data about population movements in Somalia, Chad and, via NGO mapping projects, Uganda. Somalia, one of the most difficult contexts in terms of information availability, also benefits from one of the most sophisticated needs analysis tools, the Integrated Food Security and Humanitarian Phase Classification (IPC) produced by the Food Security Analysis Unit (FSAU) of FAO (see section 8).

91. At the global level, both inter-agency and OCHA-specific efforts are underway to address a lack of standardised, predictable and well-understood information management systems across the humanitarian response. Global inter-agency initiatives, while necessary, are likely to be overly politicised and slow to produce meaningful results. OCHA is already well-positioned to drive tangible improvements in the quantity and quality of information available to support decision-making at the field level, working through the cluster system. It should not wait for headquarters-based processes.

8. The cluster approach as a strategic tool to meet priority needs

92. A coordination mechanism must be understood not only as a way to maximise the effectiveness of joint response, but also as a way of helping to determine the appropriate response to begin with. The evaluation thus sought to gauge whether the cluster approach had a beneficial effect on needs assessment, prioritisation and the overall strategic orientation of the humanitarian response.

8.1 Needs assessment and analysis

93. At the field level, respondents were generally positive regarding the ability of the cluster approach to facilitate joint needs assessments, and most agreed that greater numbers of such assessments were occurring compared to previous years. Although many participants did not see a significant difference between the cluster approach's capacity here as opposed to pre-cluster sectoral coordination, others insisted that assessments were being undertaken that would not have been done prior to the advent of the cluster system. The most common source of frustration concerned the lack of baseline data, which many field clusters are now beginning to address. The health management information system in Uganda, where the health cluster is providing technical and capacity assistance to the government for a health data reporting mechanism, stood out as one promising example. While several clusters had their own methodologies for needs assessment, these were not part of a single framework that would allow for a holistic analysis of humanitarian conditions and feed directly into a common strategic planning process to address priority needs. The first phase in the development of the post-disaster needs assessment (PDNA) framework is nearing completion. The PDNA was commissioned by UNDP on behalf of the IRP and the CWGER. The Needs Analysis Framework (NAF) had a mixed reception when it was tried in the DRC and Uganda, and in any event was regarded as a one-off exercise rather than a new system for common needs assessment. A new, lighter humanitarian and socio-economic questionnaire based on key sector data from the NAF was developed by the DRC clusters together with OCHA and is now in use. Somalia was perhaps the farthest along in this regard, where the FSAU IPC (see section 7.2 above) provides a common basis for response planning across several key sectors.

94. At the global level, OCHA is leading an IASC exercise to facilitate a common framework for needs assessment, addressing a recognised deficiency within the humanitarian system in defining and measuring need.³⁰ A consistent means of measurement across contexts could encourage

³⁰ OCHA-led process endorsed by the IASC 68th WG in June 2007.

more equitable allocation of humanitarian resources, including CERF funds, and could be used to trigger the Provider of Last Resort function. The process is scheduled to begin with an extensive mapping exercise of other global initiatives related to emergency assessment and analysis, such as the SMART methodology, the IPC, the Health and Nutrition Tracking Service (HNNTS), the PDNA and Post-Conflict Needs Assessment (PCNA) and the NAF, and a joint NGO initiative to pilot common assessment approaches under the Emergency Capacity Building project.³¹

95. Prior to OCHA's initiative, several clusters (nutrition, health, WASH, protection and early recovery) had already started developing their own sectoral assessment methodologies, including the initial rapid assessment (IRA), first developed by the nutrition cluster but expanded to include WASH and health. The OCHA-led inter-agency process seeks to harmonise all these tools, but this promises to be a lengthy exercise and is unlikely to produce results in the near future. In the meantime, the WASH and nutrition clusters have expressed frustration at what they see as OCHA's lack of support for their efforts to develop their multi-sectoral assessment tool. Although the global clusters' enthusiasm for the tools remains high, doubts persist as to whether and how they will actually be used within and between their organisations. The overlap between these methodology-development initiatives has also contributed to the confusion and delay.

8.2 Prioritisation, strategic planning and M&E

96. According to the majority of participants in complex emergency contexts, the cluster approach was seen to significantly improve intra-cluster prioritisation and overall strategic planning, reflected in better, more strategic CAPs and CHAPs. Prioritisation of projects was seen to be most effective when there was a compelling reason for it, for instance when deciding on allocations from a common funding source, such as the Pooled Funds in the DRC.³² Common funds in general have been a boon to coordination, and have provided a strong underpinning to the cluster approach. At the same time, some worried that this amounted to coordination 'artificially' induced, and speculated that, without the financial incentive to bring participants in, cohesion would dissipate. Nonetheless,

³¹ UN OCHA, 'Common Approach to Humanitarian Needs Assessment and Analysis', paper circulated to IASC WG 68th meeting, June 2007, pp. 3–5. According to OCHA, the NAF is the only comprehensive framework available, but is hampered by a lack of agreed indicators, definitions and denominators.

³² See also A. Stoddard, D. Salomons, K. Haver and A. Harmer (2006) *Evaluation of Common Funds for Humanitarian Action in the Sudan and the Democratic Republic of the Congo*, December.

even in some countries with small³³ or no common funding mechanisms, the appeals and country plans were considered by participants to have improved during cluster coordination years.

97. In the sudden-onset contexts inter-cluster prioritisation remains a significant challenge. In many contexts, the activation of 11 clusters meant that clusters were established for areas where gaps did not necessarily exist, and this may have decreased the overall strategic direction of the response by stretching resources, giving priority to areas that were not of critical concern and vice-versa and overburdening actors with meetings. In the case of the Pakistan floods, the CERF appeal did not respond positively to the top priorities of some clusters (agreed with partners and the government), and the prioritisation process for the Flash appeal was not transparent, resulting in a very different final document from the one negotiated at the intra-cluster level.

98. In terms of monitoring and evaluation, there is no evidence as yet that the cluster approach has been beneficial. At the global level, there have been efforts to establish sector-wide (or multi-sector) performance assessment frameworks. In the field, most participants attest that, before they can monitor and evaluate progress, they need to be clear on the baseline. The cluster approach has also assisted in efforts to gather and improve baseline data, but this is uneven across sectors and to date has not translated into ongoing monitoring and evaluation strategies. Of all the country cases examined for this evaluation, only in access-challenged Somalia had a sector produced a needs assessment and potential M&E framework that comes closest to an ideal model.³⁴ While not a cluster initiative, cluster participants found it extremely helpful for planning

and coordinating the response. Similarly, in the Pakistan earthquake response the Emergency Shelter cluster conducted an evaluation of its performance after the earthquake which provided an extensive and detailed framework for operational and conceptual improvements. This was followed by a 'Shelter Survey' providing detailed partner feedback.

8.3 Towards a beneficiary-level impact assessment of the cluster approach

99. As noted in the evaluation's Inception Report, the overriding goal of the cluster approach, and for that matter any other systemic measure, is not to strengthen coordination for its own sake, but rather to improve outcomes for individuals and communities receiving humanitarian assistance. Some have argued that the approach risks creating a structure that is too inwardly focused and overly concerned with serving its own internal requirements, potentially stifling programme innovations and losing focus on how to better meet the needs of beneficiaries. To prevent this, more emphasis is needed within and between clusters to develop indicators to measure real performance in the field.

100. This evaluation has focused on evidence of improvements in coordination, which are assumed to lead to improved humanitarian outcomes at the beneficiary level. Whether this can be shown with any certainty will require additional assessment, planned for Phase 2 of the evaluation. A separately submitted proposal and discussion paper outlines the requirements and challenges of such a beneficiary-level analysis, and provides a potential logical framework for approaching Phase 2. What is clear, however, is that rigorous monitoring and evaluation is still limited to the level of individual programmes; how to measure the performance and effectiveness of humanitarian response more broadly remains an unanswered question.

³³ For instance the Humanitarian Response Fund (HRF) in Somalia.


³⁴ The FSAU is unique to Somalia. It serves the entire country team but is managed by FAO. Importantly, the IPC is seen as an independent, neutral analysis of needs, which is not influenced by a political agenda or the interests of any implementing agency.

9. The role of the host state

101. Formal efforts by both global and field clusters to build national capacity and involve governments in contingency planning have been initiated in some contexts and clusters, but overall they remain limited. While the goal is to improve international response, the success of the clusters is closely interlinked with, and susceptible to, the political environment of the host state. As has been evident in a number of contexts, most recently in Peru, Pakistan (in relation to the floods) and Madagascar, the government can make or break a proposed cluster rollout. There have been few opportunities to formally brief and consult host states on the cluster approach. The past two ECOSOC forums have provided some opportunity, but this has been set amongst a range of other important issues. Despite vocal critiques from some members of the G77, a unanimous G77 position on the clusters has not been advanced. Some are concerned that the cluster approach may not adequately reflect the primary responsibility of governments for the provision of humanitarian relief to affected populations. While there is a sense that the construction being built under this reform has advantages for host states in enabling them to identify and work with a set of responsible actors, it is also seen as potentially threatening because of the more coherent and 'blueprint-like' international approach it advances. Dialogue with recipient states on these issues should be treated as a priority in advance of a future rollout. Thorough consultations have yet to begin with some of the regional disaster management bodies, such as the Pan American Health Organization (PAHO), the Intergovernmental Authority on Development (IGAD) and the Southern Africa Development Community (SADC) on how the cluster approach might relate to them. These discussions are still at the very early stages.
102. In the field, in most cases, governments were not closely consulted in advance of the decision to roll out the clusters. During the rollout phase, most case studies revealed a medium to high level of engagement with the government, with authorities acting as chairs or co-chairs of cluster meetings at the national level, albeit the regional and provincial levels saw far less interaction (except for Yogyakarta, where the reverse obtained). Capacity and language barriers were often cited as the main difficulties to developing more local engagement. However, the extent to which counterparts even at the national level were consulted on prioritisation and decision-making for interventions and were involved in needs assessments was variable. In some cases capacity was limited (the DRC, Chad), but in others there were differing approaches (Lebanon) or tensions between the government and the UNCT. In a particularly problematic case, the response to the Pakistan floods in 2007, the government requested only a limited number of clusters be activated based on its assessment of need; however, the IASC Country Team activated 12 clusters.³⁵ The tensions between the government and the RC's office and cluster lead agencies are particularly troublesome given the comparatively positive engagement of the Pakistan government in the cluster rollout in 2005.
103. In most cases, the government's sectoral 'pillars' did not align easily with components of the cluster system, particularly the more cross-cutting areas such as protection, early recovery and agriculture. This is not surprising given that the clusters were designed in response to deficits in the international agencies, not governments. This has led to the duplication of meetings and, on occasion, to structures running in parallel.³⁶ This proved frustrating for all parties. Government involvement in inter-cluster coordination was strongest in sudden-onset contexts, particularly Mozambique and the Philippines, where comparatively strong disaster management systems are already in place. In these contexts, engagement and ownership by the government in the recovery process and in contingency planning was more successful. In the case of the Pakistan earthquake, UNDP resources were used to develop the capacity of the Earthquake Reconstruction and Recovery Agency (ERRA), as well as supporting the development of a national policy on disaster risk reduction. The more limited inter-cluster engagement in other contexts was perhaps as much a reflection of the degree to which this was emphasised by the international community as it was a lack of participation on the part of the government.
104. The approach taken towards national authorities needs to be clearly differentiated between complex emergencies and sudden-onset disasters because of the distinct nature of humanitarian response in each type of crisis. This is an area of critical importance. In sudden-onsets, bilateral responses are often the most significant,

³⁵ IASC, 'Inter-agency Real Time Evaluation of the Pakistan Floods/Cyclone Yemyin', September 2007, p. 12.

³⁶ At the time of the Pakistan earthquake there was no designated National Disaster Agency, and the ad hoc structure created to deal with the aftermath (the Federal Relief Commission) decided to structure itself using the cluster approach as well. This was one of the few cases where national and international systems were truly aligned.



the UN is not at the forefront and, if the approach is new to the government, consultation and agreement are often harder to secure. In complex emergencies, particularly those falling under the ‘forgotten emergencies’ label, the UN is sometimes the only player; with a longer lead time to introduce the cluster approach, the UN can play a very close and supportive role with regard to the government,

at the national, regional and local levels. Here too there are challenges, however, particularly in engaging too closely with a government that is a party to a conflict. Flexibility at the country level is important, but so too is more detailed guidance than the IASC has heretofore provided. Likewise, there is a need for an efficient means of capturing lessons learned from other contexts.

10. Financing issues

105. Donors have approached the financing of clusters with some caution. Some have argued that additional resources are less important than behavioural and cultural change among UN agencies. Others have been prepared to support the initiative for two years, but hope to see considerable improvements at the end of this period, and a mainstreaming of future costs into agency budgets, noting that it has been an expensive exercise to support. A few donors have acknowledged that there will be ongoing requirements to maintain the system, but that this will not be supported via a global appeal, but bilaterally. The range of donors contributing to the appeals has not widened greatly, numbering ten in the first year and 12 in the second.³⁷ Given the importance many donors attach to achieving a more coordinated and coherent humanitarian response system, it would seem appropriate that this burden should be more equitably shared across the 22 DAC donors and, where possible, non-DAC donors as well.
106. Analysis of quantitative and qualitative evidence indicates continued endorsement of the cluster approach by the participating donors (a few of which actively encourage or require their grantees to coordinate within field clusters), but it does not suggest that confidence has increased, or that donor support has grown over the past two years. In 2006/07, 65% of the appeal was financed and, although pledges are still pending for 2007/08, it appears to have been financed at the same rate as the previous year (49% funded thus far), despite being launched earlier in 2007. That said, seven donors increased their total contributions in 2007/08.
107. Notably, there has not been a consistent trend in funding each of the global clusters. Some donors may withhold funds from one cluster deemed weak, so as not to reward poor performance, but another will fund a weak cluster in order to build capacity to improve performance.
108. The evaluation team also analysed official humanitarian flows to three complex emergency settings, the DRC, Uganda and Somalia, before and after cluster implementation,³⁸ to see whether there was any correlation between financing flows and the cluster approach at the country
- level.³⁹ The analysis sought to answer two main questions.
109. **Was there an increase in global financial allocations and agency presence in ‘forgotten emergencies’ after the cluster approach was introduced?** This question was designed to consider whether the cluster approach has helped to raise awareness and mobilise resources. It also may serve as an indication of the level of donor confidence in humanitarian coordination, and in the international response effort overall. For all three countries there were higher levels of funding and higher numbers of operational agencies receiving funding between 2004 and 2006, with a 56% increase in humanitarian funding and a 32% increase in provider organisations from 2005–2006, coinciding with the introduction of the cluster approach. However, this correlation does not necessarily imply that the cluster approach had a determining influence on funding levels. It is likely that increased public and donor attention due to political and humanitarian developments had more to do with increasing funding.
110. **Do non-UN actors (NGOs) show a stable or rising proportion of aid funding relative to UN actors?** Along with UN actors, NGOs saw their overall funding in these three cluster contexts increase over the time period. This analysis of FTS data measured funding going directly to NGOs (as opposed to funding channelled through UN agencies), to determine how overall funding changes have played out across UN and non-UN actors. Notably, as funding increased, the proportion going directly to NGOs has dropped significantly in two of the countries, in the DRC by 37% and in Uganda by 26%. In Somalia, the situation seemed to remain more or less stable (the analysis noted a 2% fall), perhaps accounting for the extreme difficulties in access, which only some NGOs and ICRC have been able to navigate to any significant degree. The decline in the NGO share of direct funding is not caused by the cluster approach per se, but rather can be attributed to two factors: 1) pooled funding mechanisms, which are allocated primarily to UN agencies (in the DRC case); and 2) additional resources directed by agencies to boost their capacity and meet their cluster commitments. There are nonetheless important questions regarding the future of financing for NGO activities. If, as NGOs report in interviews,

³⁷ The donors are Australia, Canada, Denmark, Finland, Ireland, the Netherlands, Norway, Sweden, the US and the UK, with the later additions of ECHO and Moldova.

³⁸ Data was drawn from the Financial Tracking Service, as of September 2007. As with any citation of FTS data (which relies on voluntary reporting by donors and agencies) the caveat applies that the figures may not be fully accurate or up to date. However, they are useful in illustrating broad trends, especially when figures are averaged across years, donors, or recipient sectors/countries, as the evaluators have done for this analysis.

³⁹ These cases were chosen for the following reasons: they have received the ‘forgotten emergency’ label, Chad and other cases ‘clusterised’ too recently for the data to yield results, Liberia was much further along in recovery than the other cases and data was missing for 2005. The evaluation team considered that the sudden-onset cases were too different in size and type of emergency to be comparable with each other, and amongst the complex emergency cases.

a greater percentage of their funding will be coming through UN (typically cluster lead) agencies, it is important that these agencies can exercise this function with the same or greater efficiency and timeliness as donor governments.

10.1 Approaches to internal cluster financing

111. For the cluster lead agencies themselves, funding delays in many of the global clusters and a slow approach to prioritising projects has resulted in significant delays in demonstrating the impact of the appeal funds, particularly in WASH, nutrition, health, early recovery, CCCM and protection. Agencies have had to carry over funds from 2006 into 2007 in part due to difficulties in absorbing large amounts of funding, and partly due to the fact that some funding did not arrive from donors until late in 2006.
112. The service/support sectors of logistics and ETC appear to have performed better in this regard, having requested over \$10 million and \$5 million respectively over the two appeals. Both clusters have efficiently allocated resources against workplan activities, and results include new materials, stockpiles, rosters and training.
113. At the global level, participating agencies have also highlighted concerns regarding returns from the time and resources they have contributed to the cluster process. When individual global capacity appeals are made by a number of cluster participants, tensions are bound to emerge when some receive funding and others do not. For example, the logistics cluster, having appealed for the highest total funding over the two appeals, has been criticised by its participants, who note that the lead agency was funded up to 117% of its requirements in 2007/08, whereas, of the remaining eight appealing agencies, only UNICEF was funded. In the protection cluster, of the 15 agencies that appealed only six were funded, with the bulk going to OCHA (ProCap) and UNHCR. Due to the late arrival of funds pledged for 2007, and pending the finalisation of an MOU with UNICEF, the co-lead for the education cluster, Save the Children, had still not received any funding by the end of September 2007. In the WASH and nutrition clusters, funding has been shared more equally, but the number of projects undertaken makes it difficult to maintain focus given the limited time most participants can devote to the cluster. In the early recovery cluster, a Joint Programme was set up by UNDP as cluster lead agency to receive funding in 2006 and 2007 for cluster participants, including a coordination mechanism to identify priorities and allocate funding accordingly.

10.2 Organisational mainstreaming issues

114. At this stage, no executive determination has been made on any of the proposals for mainstreaming cluster costs

into lead agency budgets. For the service sectors of logistics and ETC, WFP's executive has in principle committed to mainstreaming the financing requirements into the agency's core budget, but as yet the budgets have not been approved. It is also developing an innovative cost-recovery mechanism which it proposes to use for ETC, in which service receivers in the field will pay a sixth of the costs of a 'tool box' of technical personnel support and materials.⁴⁰ WHO's governing body, having endorsed the cluster approach, has supported increases in its emergency operational capacity and has signalled a high level of commitment to the future resourcing requirements of the cluster. However, even addressing the current shortfall in funding from the appeals (over \$3.5 million) would pose a major challenge to the organisation, let alone meeting future requirements. For UNHCR's cluster lead responsibilities (protection, CCCM and shelter), sustainability is questionable without continued supplementary budget support or reprioritisation of core activities within UNHCR and other agencies. UNHCR's Executive Committee is considering a proposal to separate budgets for its IDP, refugee, statelessness and reintegration operations. If approved, IDP programmes would be funded on a project basis. While this would be a positive step, support to the cluster more broadly, and to the CCCM and shelter clusters, remains unclear. For shelter, key elements of the cluster's strategy were not funded in the global appeal, in particular the improvement of shelter stockpiles worldwide, which it is argued will undermine the sustainability of the cluster in the long term. For early recovery, UNDP has carried some startup costs for the CWGER, and paid for the assignment of some ER advisers. For the future, UNDP is prepared to assume the costs for the two appeal-funded positions from 2009 onwards. Other non-staff costs not covered through the two appeals (approximately \$1 million) have been financed by UNDP, which has already met most of its staffing costs from its own resources (including \$2,200,000 for the deployment of early recovery advisors). The costs incurred to UNICEF for its cluster approach responsibilities (WASH, nutrition, education) are far bigger than the cluster appeal covers. It has drawn on other donor and core resources to boost capacity in WASH, nutrition and education as well as in health. UNICEF has recognised the need to mainstream and sustain these activities as a regular part of its budget and workplan, and is confident that they will continue through 2010 and beyond. No concrete plans have yet been made past 2009, however, as this will require prior approval from UNICEF's board. UNICEF is also concerned that it has seen its overall core funding decrease in recent years. One strategy is to include emergency preparedness as part of its Programme Department responsibilities, helping to meet funding needs for the cluster approach.

⁴⁰ NB: this mechanism has not yet been reviewed and endorsed by ETC.

11. Profile and progress assessment of clusters

This section reviews the clusters on an individual basis. Because the research, and the bulk of the other sections of the report, was focused primarily on concrete findings at the country/field level, this section takes the opportunity to look in more depth at the work of the global clusters, as well as assessing individual field performance.

In the profiles and progress assessments of the individual clusters, the narrative describes the various cluster workplans and their individual progress to date in the global cluster capacity-building initiative, funded by participating donors in 2006 and 2007. Originally the team intended to compile a comparative matrix that would show a side-by-side progress assessment of the clusters measured against the capacity-building goals. This proved to be impractical for the following reasons. First, cluster capacity-building planning and project identification did not proceed in line with a common set of standards or objectives. Except in one or two clusters, formal gap analysis did not take place as a first step in designing a workplan. Moreover, apart from the ‘three-emergency’ scenario (which arguably makes more sense for the service/support-oriented sectors with large materials/equipment components), no common framework was established for capacity targets. Clusters had only their internally-developed workplans for measuring progress, and in many cases these were continually changing. This makes objective comparative measurement exceedingly difficult, if not impossible, and any attempt to do so would be too subjective to be of value. Finally, at this point most global cluster projects are still ongoing or just beginning, so even if it were possible to compare progress across clusters the data would not be available to draw conclusions, save that the majority of work is still incomplete. If we are to view the objective of being able to respond to three major emergencies in a year as the sole objective, then of all of the clusters it is possible only to say that logistics, by their own assessment, has achieved this to date. ETC states that it has achieved it for one year, but that additional funding will be needed to replenish resources after that, so it is not yet a sustainable added capacity. The performance and extent of progress in each individual cluster are described in the following subsections.

11.1 Agriculture

Lead	Global partners
FAO	23 ‘sector partners’

115. It remains unclear whether agriculture is now a formal ‘cluster’. Agriculture is not normally considered a frontline component of humanitarian response, and was not identified as a significant gap sector. As understanding of the cluster approach has evolved from gap-filler to the

preferred coordination structure, however, additional sectors have sought cluster status as a way to avoid marginalisation and obtain access to capacity-building appeal funding. Whereas the education sector went through a formal process of seeking IASC acceptance as a cluster in November 2006, the agriculture sector has not been subject to the same discussions. In the discussion on applying the cluster approach to the education sector, FAO suggested that all sectors should be part of the cluster appeal process.⁴¹ It later asked OCHA to include agriculture in the 2007/08 appeal.⁴² FAO refers to agriculture as ‘a sector that is implementing cluster-like arrangements’.⁴³ At the field level, a variety of arrangements have been pursued, and these experiences have shown that, in most contexts, a *stand-alone* agriculture cluster is of less benefit to the goals of the cluster approach than the more flexible sectoral groupings that have emerged based on context and needs, some of which have included food security and livelihoods.

Leadership capacity and effectiveness to date

116. FAO sought \$3.3 million from the 2007/08 appeal, of which donors have committed \$200,000, to map global capacities, develop surge capacity and formalise operational arrangements and standby agreements. Donors and others have questioned whether FAO has the capacity to fulfil the responsibilities of the cluster approach, including serving as Provider of Last Resort.
117. FAO has increasingly emphasised partnerships, in particular with NGOs and especially local NGOs, promoting equality-based relationships and adjusting internal mechanisms to support this. FAO sees a cluster-like arrangement as helping to strengthen this work. It reports that it has ‘fully signed up to the responsibilities of cluster/sector leads as outlined in the *Guidance Note*’,⁴⁴ but it is not clear whether it is willing to commit to being Provider of Last Resort, or wishes to launch a global cluster.

Field cluster performance

118. On the whole, it is difficult to point to an example of a high-performing, stand-alone agriculture cluster (Yogyakarta), a ‘livelihoods’ sub-cluster (Pakistan earthquake) or an ‘agriculture and livelihoods’ cluster (Philippines, Somalia). Joint WFP and FAO food security clusters (the DRC, Chad)

⁴¹ IASC 66th Working Group Meeting, ‘Summary Record, Revised Action Points and Conclusions’, IASC, 15–17 November 2006.

⁴² IASC 67th Working Group Meeting, ‘Final Summary and Revised Action Points and Conclusions’, IASC, 19–21 March 2007, p. 2.

⁴³ FAO representative, Appeal for Building Global Humanitarian Response Capacity, Two Day Workshop, 22–23 May 2007.

⁴⁴ UN, ‘Appeal for Building Global Humanitarian Response Capacity, 1 April 2007–31 March 2008’, 2007, p. 10.

have suffered from low FAO staff capacity in terms of personnel available to perform cluster coordination roles. In Chad, the nascent food security cluster is dominated by WFP, with few other partners present. FAO has only three international staff, all based in the capital. In the DRC, FAO is seen to be similarly under-resourced, and tensions were reported between the lead and participants regarding allocations of pooled funds. In Uganda, however, a joint FAO and WFP food security cluster has had some success, and is regarded favorably by cluster participants and other interviewees, despite concern regarding the appropriateness of food aid in a very fertile country. With FAO playing a strong lead role, the cluster has produced a two-year Food Security Plan of Action, the first of its kind. This is intended to look beyond the timeframe of the CAP. Partner engagement is high and information flow and baseline data have improved.

- 119. In Somalia, the agriculture cluster has not merged well with the pre-existing sector group, splitting the participants across two groups. While it was not possible to carry out a detailed analysis of each cluster in each of the sudden-onset cases, interviews and evaluation reports made it clear that a stand-alone agriculture (or agriculture and livelihoods) cluster in the Pakistan earthquake, Yogyakarta and the Philippines, contributed to ‘over-clusterisation’⁴⁵ and reportedly diluted the impact of the approach.⁴⁶
- 120. The questionable added value of a stand-alone agriculture cluster does not detract from the value of food clusters (or in some cases food security clusters) where these have arisen naturally in the field. These have generally ensured that food has not been arbitrarily left out of the cluster coordination system.

11.2 Camp coordination and camp management (CCCM)

Co-leads	Global partners
UNHCR (conflict cases) IOM (natural disasters)	10

- 121. Efforts in the CCCM cluster have focused on developing and improving tools, standards and training packages, establishing CCCM experts on current rosters, and providing assistance based on requests from the field. A number of important initiatives have been undertaken in cooperation with some key agencies. However, overall the cluster suffers from low participation at the global level, and has had a variable impact in the field. The process of defining inter-cluster roles and responsibilities is ongoing, and there is a tension between those wanting a more

flexible policy approach to supporting IDPs, versus the more traditional camp management approach.

Background on the sector

- 122. CCCM is a relatively new concept within the humanitarian community, despite being a regular component of many emergency responses. In the past, coordination of CCCM was managed by camp or site managers drawn from the engineering and logistics professions. Significantly, until the formation of the cluster only one inter-agency network had been engaged in the design of a Camp Management Toolkit,⁴⁷ and there was limited understanding and agreement on common standards and policies. Few agencies invested in CCCM as a stand-alone activity; UNHCR had a team working on Operational Protection and Camp Settlement (for refugees), but little else by way of expertise.

Leadership capacity and effectiveness to date

- 123. The co-leaders have performed relatively well at the global level, with some significant support from the Norwegian Refugee Council and some other NGOs, particularly in identifying and prioritising gaps in knowledge and training. However, the cluster would benefit from a deeper level of commitment from a wider range of agencies, and from its few participating agencies.⁴⁸ One interviewee noted that the financial resources from the appeal have been a strong incentive to maintain partnership. In the field, the record of leadership has been mixed. UNHCR was seen as providing weak leadership in Chad and at the outset of the cluster rollout in Uganda, and there were implementation challenges in Pakistan in 2005 and 2007. Tensions between CCCM and protection priorities were apparent in the DRC and Uganda, highlighting the need for continual efforts by UNHCR to achieve a balance between these two clusters.

Global cluster performance

- 124. A capacity mapping exercise was undertaken in 2005 (and updated in 2007). The main gaps in the sector were identified as a lack of clarity on roles and responsibilities, limited to no training for operational work and a low level of general awareness of the role of CCCM. The workplan reflected these findings by calling for an increased number of staff sufficiently trained on CCCM, a common policy framework, tools to guide, rationalise and standardise CCCM responses and heightened awareness of roles and responsibilities.
- 125. The cluster has agreed on the scope of CCCM and developed basic concepts of effective coordination and

⁴⁵ IASC, ‘Real-time Evaluation of the Cluster Approach, Pakistan Earthquake’, February 2006, p. 7.

⁴⁶ Office of the UN Yogyakarta and Central Java, ‘Cluster Approach Lessons Learned: Yogyakarta and Central Java Earthquake Indonesia’, March 2007.

⁴⁷ The Inter-agency Camp Management Project was coordinated by the Norwegian Refugee Council (NRC).

⁴⁸ A number of agencies were persuaded to join by a direct request from UNHCR’s High Commissioner. As a result, for some agencies the cluster is not a core priority.

management. It has also agreed roles and responsibilities.⁴⁹ The cluster was 100% funded in the 2006/07 appeal, but the delay of approximately five months in receiving funding from donors affected planned activities. This means that the following tools are still being developed:

- a ‘best practice’ handbook in camp management/coordination;
- a guidance note for HCs/Country Teams on CCCM issues;
- a camp phase-out/closure guidance note; and
- an updated capacity mapping exercise.

126. An updated ‘Internally Displaced Persons (IDP) key resources’⁵⁰ CD-Rom, including CCCM definitions, a policy framework and operational tools, has been published, but evidence from field operations suggests that usage has been low, and much greater dissemination is required.

127. There was a deliberate decision not to have a separate CCCM roster, instead placing trained ‘CCCM people’ on UNHCR and IOM surge/emergency rosters. Approximately 285 individuals have been identified from participating agencies (50% of these are deployable within two weeks). NRC has developed and facilitated a Camp Management Training exercise globally for camp managers, and a Train the Trainers programme to expand the roster of qualified trainers. Sixty new CCCM trainers have been through this process, although not all are currently available to conduct training. NGOs have not benefited significantly from the training thus far, and many argue that UNHCR has prioritised its own and other UN staff over NGO partners. Training should also be offered at the inter-cluster level, given the cross-cutting nature of the cluster.

128. The initiatives to date reflect long-term planning to the extent that rosters and training are a priority, but there has been very little discussion on whether and how the cluster could meet the IASC benchmark.⁵¹ In addition, there has been little discussion of contingency planning. Despite a focus in the workplan on national capacity-building and local contingency planning, these have not been prioritised.

129. A performance framework for the cluster was planned for development in the 2007/08 workplan, but funding has

not yet been made available. There is acknowledgement that performance indicators should be inter-cluster ones because of the linkages between the performance of the camp manager and those operating in the camps. The WASH and CCCM matrix of roles and responsibilities is an excellent example of inter-cluster cooperation, and CCCM has worked effectively with the protection cluster at the global level, facilitating a multidisciplinary approach to IDP profiling and needs assessment.

Field cluster performance

130. Resistance to field implementation has been evident in a number of contexts, including from UNHCR field teams themselves, in particular in Chad, the DRC and the early phase of the Uganda rollout. In Chad, UNHCR has been very slow to take up coordination responsibilities for the IDP camps in the region, and despite efforts to carry out IDP profiling there remains no agreement as to the number of IDPs the relief effort is supporting (numbers vary by as much as 50%). Nor have the demographics of the sites been described. UNHCR staff stress that they would need additional resources and capacity to meet all their obligations as cluster lead. In the DRC, the cluster was not activated owing to concerns about the institutionalisation of camps at a time when the trend was towards return, and because most IDPs at the time of cluster activation were living in host communities. This situation has since changed, and there is a renewed attempt to activate the cluster.

131. While the cluster acknowledges that there has been some resistance to activating the cluster, the lead agencies have developed some innovative operational responses to these challenges. In Uganda, there was an emphasis on running and closing camps. In Lebanon, work was progressed on Collective Centres as an alternative to supporting IDPs in camps. In the Philippines, IOM facilitated an inter-cluster dialogue to ensure that centres were addressing all immediate and longer-term livelihoods needs.

11.3 Early recovery

Lead	Global partners
UNDP	20

132. The early recovery (ER) cluster is gradually establishing itself at the global level, while facing capacity gaps and conceptual challenges in the field, particularly in countries emerging from conflict. It is led by what is primarily a development agency, and its evolution demonstrates the complexity of blending elements of a long-range, government-oriented, capacity-building development focus with humanitarian objectives which emphasise the immediate needs of beneficiaries, working with as much autonomy as possible.

⁴⁹ The Camp Coordination (CC) function is a lead agency function, providing strategic oversight and planning and links to national authorities where there are multiple camps. Camp Management (CM) is envisaged as an NGO function and applies to the direct support and management of a camp or camp-like sites, including profiling and data collection. The CM function reports to the CC function. This model is reflected in the revised Camp Management Toolkit, and is also being promoted through the protection cluster.

⁵⁰ This set of tools was developed also for the emergency shelter and protection clusters.

⁵¹ That is, three emergencies of 500,000 people per year, two of them occurring simultaneously.

Background on the sector

133. In recent years knowledge and consensus have grown around the importance of transition and recovery. The sphere of 'early recovery', as it has come to be known, encompasses activities beyond meeting acute humanitarian needs, to encompass the restoration of livelihoods, preparation for return or resettlement, advocacy for gender equality and environmental sustainability and the building of local capacities. To do this well requires engaging development actors in areas of chronic vulnerability, and working more closely with government authorities and civil society. As ER is essentially a bridging activity, it has raised questions about where the lines are drawn. For instance, most sectors already cover activities that run the gamut from emergency response to early recovery, implemented by the same, multi-mandated organisations. The question then becomes whether it makes sense to establish a separate cluster body for ER in the field, or to treat it as a cross-cutting set of issues and approaches. In answer, in November 2006 the IASC WG endorsed 'the Early Recovery Network at the country level, as an alternative model for organising the work of this multi-sectoral/dimensional cluster'.⁵² At the same time, in contexts which are further along in transition (e.g. Liberia and Uganda), there is a perceived shortfall in coordination and capacity around important areas that are not included in the other humanitarian sectors. Such activities – perhaps better described as 'recovery' or 'transition' than 'early recovery' – include efforts to promote rule of law, governance and infrastructure rehabilitation. Here, connections need to be made to the Common Country Assessment and UN Development Assistance Framework process, often on the basis of a post-conflict needs assessment going beyond early recovery.

Leadership capacity and effectiveness to date

134. The current global Cluster Working Group on Early Recovery (CWGER) grew out of an earlier interagency Working Group on Return and Reintegration. It became operational in late 2005. It is supported by a secretariat based in Geneva, with six staff members dedicating half or more of their time to the cluster, including one full-time 'roving' ER Coordinator.

135. UNDP's light operational presence in humanitarian contexts and its slow pace of recruitment affect the credibility of its leadership in the eyes of many field staff interviewed. It is not seen as Provider of Last Resort in any meaningful way. The procedural apparatus in Geneva, complete with a

⁵² IASC 66th Working Group Meeting, 'Summary Record, Revised Action Points and Conclusions', New York, 15–17 November 2006. Further, the IASC operational guidance note stressed that 'early recovery planning should be integrated into the work of all sectoral groups'. It recommended that early recovery be mainstreamed into each cluster, with a designated focal point, rather than creating an early recover cluster as such at the country level. The focal points should then function as a 'network' (from IASC, 'Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies' and 'Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies', May 2007, pp. 2–3).

Cluster Crisis Room, appears top-heavy, and its focus on the development of doctrine appears to many field staff as an exercise remote from the practical needs of the front line. The absence of NGO partners at the global level means that most of the organisations actually implementing relief and recovery operations have had little say in the normative work of the cluster, and may not identify with its findings or methodologies. Finally, the CWGER's primary focus on natural disaster scenarios has contributed to a lack of clarity on the cluster's relationship with the work of ECHA's working group on transitions and the post-conflict development experts of UNDG, notwithstanding the establishment of several joint working groups.

Funding early recovery

136. As yet there is no agreement among donors over how early recovery programmes should be funded: from resources meant for relief (through OCHA flash appeals and consolidated appeals, either included along with 'life-saving' humanitarian operations or listed as a separate category); by way of a special donor conference (as was done for several countries emerging from conflict, such as Lebanon); through a yet-to-be-established global ER trust fund; through the new Peacebuilding fund; by expanding the terms of reference of the current CERF; or by opening a special early action window in development funding. Meanwhile, funds for early recovery are scarce. The failure to assist populations seeking to rebuild their lives cannot just be attributed to the UN system or its individual partners, but rather needs also to be addressed by donors – without adequate funding, even the best coordination mechanisms are a dead letter.

Global cluster performance

137. The CWGER has produced a Strategic Framework for 2007, based on workplans for 2006 and 2007. This sets three priorities: providing conceptual and practical guidance; implementing ER in rollout countries and new crises; and improving partnerships and coordination. A concept paper was launched through the IASC.⁵³ Initial guidance notes on early recovery have been distributed, and a toolkit for use at the local level is being finalised. A comprehensive Post-Disaster Needs Assessment Framework has been commissioned from ECLAC, integrating the sectoral tools developed earlier; this should be available by the end of 2007. There have been briefing sessions for several country teams, ER Coordinators have been sent to key crises and workshops have been organised. The cluster does not as yet have a sufficient number of seasoned ER experts within its network to be able to meet all needs, but it is expanding its roster and standby arrangements. Partnerships have been developed with the World Bank and the European Commission. A monitoring and evaluation capacity still needs to be developed.

⁵³ Cluster Working Group on Early Recovery, 'Implementing Early Recovery', IASC, July 2006.

Field cluster performance

138. In the field, and particularly in conflict-affected settings (such as Chad, northern Uganda and the DRC), UNDP's light operational presence (in terms of staff with a humanitarian profile and cluster responsibilities) makes a leadership role difficult vis-à-vis organisations that are present and operational. In the DRC, where UNHCR served as co-lead agency for the ER cluster, the emphasis was on return, reintegration and community-based recovery. This combination of institutional capacity and concentrated focus led to tangible results as well as partner support, including from NGOs. In Uganda, the early recovery network concept supported by the IASC was applied in a way that created some confusion and reluctance among the other clusters. The Strategic Framework for Early Recovery, while conceptually rich and based on sound principles, does not easily translate into a set of practical guidelines for field staff. The introduction of the 'network' model for early recovery at the country level appeared to field actors to be establishing another structural layer and set of meetings to be serviced, rather than offering a way to support and facilitate the early recovery work of each cluster. If employed in a supportive and facilitating way, UNDP early recovery advisers could prove useful in working with the individual clusters, but for the moment these posts are still few and are filled only slowly (e.g. two early recovery advisers in the DRC as of August 2007, both with other duties, and one post in Uganda, which was vacant for ten months), and gaps persist in much-needed 'recovery' activities.

139. Where early recovery components were introduced into the response after natural disasters (e.g. in the 2005 Pakistan earthquake, in the Somalia drought in early 2006, in the Philippines typhoon in late 2006 and in the Indonesia earthquake of May 2006), this was often done through flash appeals or the consolidated appeals process, based on existing needs assessments and supported by the surge capacity of the agencies in the country. Here, the CWGER's advisory and advocacy efforts clearly had some impact.⁵⁴

140. A 'surge capacity' partnership with the World Bank and the European Commission is underway. Many partner agencies in the cluster, however, feel that the basics of recovery, i.e. resettlement and livelihoods, have been short-changed in an effort to include the interests of all 20 partner agencies. Simplicity in programming and clear priorities could put the cluster back on track. NGO participation, particularly from those who have traditionally worked in both relief and development, would give the cluster a reality check. For current partners, there must be funding that allows them presence in a crisis – many, such as HABITAT, have no permanent field presence.

⁵⁴ CWGER Best Practices and Lessons Learned Series: Best Practices and Lessons Learned Using the Cluster Approach for Early Recovery, UNDP BCPR, 2007.

11.4 Education

Co-leads	Global partners
UNICEF Save the Children Alliance	Advisory Group of six; ten NGOs approached; INEE membership involved

141. The rationale for including education as an integral component of a relief operation is that it can provide stability and structure to communities in disarray, enhance child protection, reduce psychosocial damage and reinforce the work of other sectors' communication strategies. It is also a key priority for beneficiaries (when asked). Its acceptance as a humanitarian sector is by no means universal, however, either among donors or among agencies. The newly established global education cluster has yet to overcome this resistance or develop partnerships and alliances beyond its own specialisation. It has a strong set of standards and tools at its disposal, but it has had a late start in getting organised at the country level.

Background on the sector

142. This sector has been supported for many years by a tightly knit Inter-Agency Network for Education in Emergencies (INEE), representing over 2,000 individual members. It produced elaborate Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (compatible with the Sphere standards) in 2004, but was only brought into the cluster system well after all the other clusters were established. Both UNICEF and Save the Children are members of INEE's Steering Group.

143. In July 2006, the Emergency Relief Coordinator invited UNICEF and the Save the Children Alliance to explore the potential for shared leadership in an education cluster. In November 2006, the IASC Working Group endorsed a proposal submitted by UNICEF, and recommended that the cluster approach be applied to the education sector.⁵⁵ In December 2006, the IASC Principals invited UNICEF to explore joint lead arrangements with Save the Children as co-chair. An Advisory Group was established, which endorsed the co-lead concept, subject to legal review by both parties.

Leadership capacity and effectiveness to date

144. A Memorandum of Understanding between UNICEF and Save is currently in the hands of their respective legal departments, and UNICEF has just begun recruitment for a Senior Education Specialist, who will provide leadership to the global cluster. Some people close to the selection process observed that the announcement makes no mention of Save as co-chair, although a staff member selected by

⁵⁵ IASC 66th Working Group Meeting, 15–17 November 2006, Revised Action Points and Conclusions, WO/0611/1945/5. Note that the wording does not establish a cluster as such.

Save will be the other professional in the cluster support office. Such institutional difficulties are symptomatic of a process that is thorough but excessively slow. The individuals concerned are likeminded and motivated, but several respondents remarked that their respective administrations represent two cultures which are hard to merge.

Global cluster performance

145. Since the INEE Minimum Standards were released in 2004, they have been translated into nine languages, and INEE offered Training of Trainers workshops in both 2006 and 2007. It has also provided several guidance notes and created a website, as well as listserves for communication and networking. Thus, the INEE secretariat (consisting of virtually the same actors) fills the gaps while UNICEF and Save reflect on how best to support the cluster, sort out their legal challenges, develop joint leadership mechanisms and consider arrangements for jointly supporting the cluster at the country level. The Advisory Group is about to approve a detailed workplan, and the co-leads and some partner agencies are designing capacity-building projects aimed at creating surge rosters, information management tools, new training programmes, guidance notes and stockpiles of supplies. It is intended to launch the cluster formally as an operational unit in January 2008, to include a limited M&E capacity.
146. Lack of start-up funds clearly contributed to the delays in getting the cluster going. It did not participate in the first global appeal, and while the second appeal generated \$900,000 in pledges, UNICEF had not received this money by the end of September 2007. Once those pledges have materialised, UNICEF intends to pass these funds on to other actors in the cluster. Meanwhile, Save the Children has advanced all expenses from its own resources. The same goes for other partners in the cluster. It is not clear how the cluster will meet future common expenses once the 2007 allocation has been spent.

Field cluster performance

147. At the country level, UNICEF and its NGO partners have not waited for the global cluster to take shape. Armed with their INEE tools, they have initiated education programmes in numerous crises; a typical example is the manner in which UNICEF and Save worked together during the Mozambican floods to integrate education and protection measures for children, while reprogramming UNICEF funds and materials to be disbursed to NGO partners, pending reimbursements through CERF funding.⁵⁶ In Chad, UNICEF and Save mobilised NGOs to build schools and deliver summer programmes in most IDP camps. Here, Jesuit Refugee Services was the key partner. Programming and partnerships have also grown in

northern Uganda, where UNICEF has bolstered its coordination capacity and extended its coordination presence down to the district level in some areas.

11.5 Emergency telecommunications (ETC)

Co-leads	Global partners
OCHA (process owner) WFP (security communications) UNICEF (data communications)	16

148. As a service/support sector, ETC has a more straightforward set of coordination objectives than other clusters. The overall membership is relatively small but cohesive, with key partners outside the UN system including specialised NGOs and private sector actors. The cluster has built upon pre-existing coordination to effectively consolidate roles and mainstream functions in ways that stand to generate considerable savings of time and resources in emergencies, while providing this crucial service to an expanding number of humanitarian actors on the ground. Significant questions have arisen, however, regarding where responsibility for coordinating these services ultimately lies.

Background on the sector

149. Although a crucial function, telecommunications in emergencies has tended to be patchy at best. The larger humanitarian actors typically possessed independent capacity to meet their own needs, which led to duplication as multiple agencies established their own communications infrastructures. At the same time, many smaller actors were left out of coverage altogether, and there was no system-wide capacity for large emergency events. When approached by others for help in this area, agencies like UNHCR or WFP would often provide it, but this was done on an informal, best-effort basis. The introduction of Common Services in 2004 meant that large strides towards rationalising communications had been made by the time the cluster was established.

Leadership capacity and effectiveness to date

150. ETC's unique leadership structure was established in 2005, at the first cluster meeting. At that time no agency was willing to lead the entire field, but WFP and UNICEF agreed to cover their areas of expertise: security communications (e.g. radio networks) and data communications respectively. UNHCR, which also has capacities for service provision in telecommunications, is an active member and service provider in the cluster. Without a single lead agency, OCHA took on the role of convener or 'process owner', to facilitate coordination between the two service providers and the other partners. Tensions and confusion have arisen from this triumvirate arrangement, and the structure also calls into question the Provider of Last Resort function. For these reasons, a possible change in

⁵⁶ Communication from the Save Programme Director in Mozambique, relayed in an e-mail dated 28 September 2007, and from UNICEF Headquarters staff interviewed.

leadership is now under discussion, with WFP signalling its interest in taking over as lead agency for the entire sector and UNHCR signalling its interest in playing a more active leadership role. The majority of participants agree that the current leadership model constitutes a problem. Some argue that a single leader (WFP) would be preferable, while others prefer OCHA as a neutral lead entity and facilitator without vested agency priorities. However, respondents noted that WFP has so far served as primary operational lead in most places where the cluster has been used, and OCHA is not always able to get on the ground as quickly or with as much coverage. Notwithstanding the relatively good performance of the ETC cluster, the cluster approach principle of having a single accountable entity responsible for the sector, combined with participants' dissatisfaction with the current three-way leadership, would seem to lend weight to calls for a change.

Global cluster performance

151. ETC is considered to be among the most productive of the global clusters, and appears to have one of the most developed plans for sustaining and mainstreaming the costs of additional capacity. In its workplan, the cluster adhered closely to the parameters set by the IASC (and in fact originated by ETC) for three major emergencies of 500,000 beneficiaries each, two of them simultaneous. While the cluster did not undertake a formal gap analysis, its participants collaborated on an inventory exercise as a basis for forward planning on the three-emergency model. As material shortfalls became evident, the cluster purchased new materials through the global cluster appeal, and a revolving interagency stockpile has been created in Dubai, Copenhagen and Brindisi, and in regional offices.⁵⁷ Rosters of technicians were compiled from WFP, UNICEF, Ericsson, SRSA and TSF. WFP is developing a cost-recovery mechanism, in which service receivers in the field will pay one-sixth of the costs of a 'toolbox' of technical personnel support and materials. Finally, in a simple but highly effective action, the ETC provided the country-level clusters with a two-page primer explaining the benefits of the global cluster. This clearly lists the material resources and expertise available, the activation mechanism and the scope of services provided, with an attached timeline. Impressive efforts have also been made to measure cluster performance via an online survey tool.

Field cluster performance

152. It is harder to assess how the promising mechanisms established by the global cluster have worked in the field, as ETC has not yet faced a major new emergency, and some applications thus far have been of limited scale. These include deployments to the Pakistan floods, Lebanon, Indonesia, the DRC, Mozambique and a local project in

Guinea. Some have cited improvements in response times due to better preparedness and predictability (i.e. knowing beforehand what the stocks are and who can respond), but there has been little opportunity to prove this definitively.

153. In theory, certainly, the cluster can bring efficiencies for both humanitarian actors and the host government. When clusters are activated, ETC has a government counterpart and all requests for licences, clearances and frequencies are channelled through a single point. Yet problems persist concerning the participation of local NGOs, a widely agreed shortcoming of common telecoms services. In many countries, radio communication is tightly regulated, and some governments will only grant licences to international actors. As a result, local NGOs have largely been excluded from this cluster.

154. In Lebanon, activation of the ETC cluster was fumbled. The emergency response began in July, but ETC was only activated by the HC in mid-end August, which delayed the start of operations by UNICEF, whose funding for this activity can only be released once clusters are officially activated.⁵⁸ The problems caused by this delay would seem to be avoidable through better communication with the RC or HC and an adjustment in agencies' internal procedures. It is understood that the decision to activate ETC in an emergency is taken on a case-by-case basis. This would suggest the need for a formal set of criteria or triggers for activating the cluster in emergencies, as in the logistics cluster. These are under development at the time of writing.

11.6 Health

Lead	Total partners
WHO	29

155. Despite the fact that health was not identified as a 'gap sector' when the clusters were originally conceived, a large number of interviewees identified the health cluster as one of the more challenging experiences. A review of cases shows a mixed performance: distinctly positive progress and accomplishments in some instances, but significant problems in others. The main challenges stem from the still relatively light humanitarian operational presence of WHO as lead agency, as many believe a more operational footing is required to credibly lead in field operations. While there is no reason why the two roles cannot be combined once operational capacity is increased, and indeed WHO is in the process of increasing its operational capacity and developing its field staff profile for humanitarian programming, there is still much work to be done in this area.

⁵⁷ WFP has its main stockpile in Dubai, UNICEF has stockpiles for data communications in Copenhagen and regional offices and OCHA has a stockpile in Copenhagen (VSAT) and Brindisi (Mobile GSM system).

⁵⁸ The main operational partner for data communications, TSF, was activated by OCHA prior to the HC's official announcement.

Background on the sector

156. Experts in emergency public health programming interviewed both inside and outside of the cluster system have identified a lack of leadership during crises – whether acute or chronic – as historically the biggest challenge facing the sector. The sector contains a large diversity of actors and interventions, as well as a large body of expertise, but with few common approaches to assessing and prioritising needs or evaluating the quality of response. In addition, one of the most prominent actors in the health sector, MSF, is a highly independent NGO that eschews coordination mechanisms on principle (although it often participates in information exchange in the field). Such inherent coordination challenges bespeak the need for credible, active and capable leadership at the field level.

Leadership capacity and effectiveness to date

157. WHO has signalled a high level of commitment to the new role, has led the global cluster in a participatory fashion and has taken steps to increase its emergency operational capacity in many of the cluster countries. Turnover in its HAC⁵⁹ division has stabilised in the past few years, and this is expected to improve leadership. In some settings, such as Uganda and in some of the sudden-onset cases, WHO effectively leveraged its close working relationship with national authorities to the benefit of the cluster system. Nevertheless, the extent of change required by the organisation to sufficiently meet its cluster lead responsibilities is significant, and questions have arisen as to whether WHO is institutionally capable of fulfilling this role. Some cluster participants pointed to examples of field-level weaknesses in staff capacity, including in some cases a lack of basic coordination skills.

158. For those who would see past performance as a call for a change in cluster leadership, the alternatives are not clear. UNICEF has played a lead role in health in some settings in the past, but its senior management assert that the organisation is not prepared to take on another formal cluster leadership, and its health programming is fairly circumscribed within its mandate for children and women. Another option some cite is for WHO to lead at the global level, and delegate co-chairs in the field to run in-country coordination. Yet this model also faces difficulties in ensuring coherence and predictability. What is clear from the review is that the health cluster has functioned well when WHO has significantly increased its coordination capacity in the field, and/or strategically delegated responsibility to a capable partner. Both approaches are fully consistent with the principles of the cluster approach.

Global cluster performance

159. Like many of the global clusters, work in health was slow to start, and when it did begin it launched into a very

ambitious workplan. The health cluster, like many others, has not undertaken a formal process to prioritise the issues the global cluster needs to address. Merlin, an NGO partner, was subcontracted by the global cluster to produce gap analysis guidance materials for health cluster field coordinators, which stand to be helpful, but no gap analysis was performed across the sector.

160. A number of concrete products are near completion. Three sub-working groups were established, on training and rosters, coordination and management and assessments. In addition to the above-mentioned gap analysis materials, major products in development by the cluster are a global roster of and set of training for health cluster coordinators; a strategic planning process; actor mapping; and a framework for early recovery and health response. Some 25 candidates have been identified for the roster of cluster coordinators to deploy within 48 hours. As of this writing, no one from this roster has been successfully deployed to the field, so it is too early to assess its added value.

161. There is a shared understanding of priority interventions and key indicators for health in emergencies, and types of measures. The cluster has built a solid consensus on some prior initiatives, including Sphere and SMART.⁶⁰ Work has begun on a Health and Nutrition Tracking System, which is considered very promising but took 15 months to negotiate and has yet to reach the field. The multi-sectoral assessment tool being developed by the WASH, health and nutrition clusters is considered promising by participants and is currently being field tested, although concrete plans for its practical use still need to be developed. The cluster is also developing benchmarks for monitoring and evaluating cluster performance.

162. Overall, participants appreciate the networking and communication benefits of the cluster and its potential to strengthen surge capacity and make substantive contributions to field operations, but as yet these have not been realised. The global cluster has a working group tasked with developing guidance for the cluster on capacity-building – one of the few seen among the cluster system. This may be a productive and sustainable use of resources if it can be quickly translated into practical uses in the field.

Field cluster performance

163. Health cluster coordination in the field has varied widely. Where it was deemed to have made positive contributions (Uganda, Philippines, Mozambique, the Pakistan earthquake) or to be off to a good start (Chad), the common threads were WHO's investment in dedicated cluster coordinators, and contexts where WHO was able to capitalise on its relationship with a functional host government. In Uganda, a generally

⁵⁹ Health Action in Crises: the division WHO has designated to be in charge of cluster coordination.

⁶⁰ These have not been officially endorsed by the cluster.

welcomed decision was made that UNICEF would lead the health cluster for the first year, during which time WHO made necessary capacity increases and has now taken on the lead role. In the most problematic case, the DRC, the cluster lead agency combined a weak in-country capacity with a reluctance to designate the field coordination role to capable partners, or to accept secondments from outside WHO for the coordinator role. After a very rocky early experience with the health cluster in Somalia, WHO is continuing to increase and improve its coordination capacity, but has struggled to work effectively with pre-existing coordination structures.

11.7 Logistics

Lead	Global partners
WFP	20

164. The logistics cluster was built on established sectoral expertise and more recently a Common Service approach to the logistics function. This has given the cluster a clear advantage in drawing on existing capacities and a strong field presence. Some important initiatives are underway, and these have the potential to make for a more efficient, cost-effective and collaborative humanitarian logistics response capacity. However, interviewees cite some challenges relating to governance and the relationship of the UNJLC to the cluster.

Background on sector

165. The establishment of the UNJLC in 1996⁶¹ was a recognition of the need to pool logistical assets in complex emergencies. The UNJLC, however, was not utilised in all emergencies, and interagency coordination was not strong in some contexts. WFP has long been a clear leader in the sector, with long-standing operational agreements with other UN agencies and some NGOs to provide food logistics, pre-positioning and movement of stocks.⁶² Other agencies, such as IFRC, UNHCR, UNICEF and some large or niche NGOs, also have significant capacity and experience, particularly in the delivery of NFIs.

Leadership capacity and effectiveness to date

166. WFP's logistics expertise is well regarded by cluster participants. While it is unrivalled in food logistics, it did not have expertise in logistics services for the delivery of NFIs, including cold chain, medical supplies and shelter equipment. WFP has had to retrain and develop new Terms of Reference for its entire logistics staff. Experts from other UN agencies and NGOs have assisted in building up NFI capacity by seconding their staff to a newly established

Logistic Cluster Support Cell. The cell is designed to support the coordination of the cluster.⁶³

167. The global cluster has resulted in a more stable and regularised dialogue within the sector, and meetings are well attended. The Logistics Cluster Concept and Guidelines, which define and outline some of the key processes and TOR for the cluster, were approved by the cluster participants in January 2007.⁶⁴ However, many participants in the global-level cluster have raised concerns that WFP is not sufficiently consultative and lacks a participatory approach to strategic decision-making. This weakens the accountability of the cluster in the eyes of participants, and threatens to limit its value.

UN Joint Logistics Centre

The UNJLC is currently the only common service that requires the IASC WG at the global level to concur with its activation. As such, it has a unique governance arrangement. Many cluster participants see the UNJLC as a neutral entity in the sector; in particular, it has the confidence of NGOs. Despite the cluster's Concept Guidelines, which highlight the UNJLC's role in the context of the cluster approach, every logistics interviewee, including those from the UNJLC, highlighted a lack of clarity on how the cluster and the UNJLC should work together and noted that this should be resolved as an immediate priority. It is important that the UNJLC itself is part of this dialogue.

Global cluster performance

168. The logistics cluster identified major gaps in the availability, readiness and skills of logistics experts at the onset of large-scale emergencies, in particular the need for expanded and standardised training and an inter-agency response capacity.

169. WFP is confident that the cluster could adequately respond to the three-emergencies scenario. A cluster concept, guidelines and an inter-agency support cell have been established, and there has been some progress in refining inter-agency capacity assessments.⁶⁵ A highly regarded, simulation-based 'Logistics Response Training' (LRT) has been developed and implemented (with more planned).⁶⁶ As a result of the training, an inter-agency roster has been established,⁶⁷ and tracking and monitoring tools are being developed. In addition, WFP has five Humanitarian Response Depots, which are being utilised by agencies for pre-positioning stocks.⁶⁸ Like other clusters, one area that

63 The cell is housed in WFP and financed by the Appeal. Participants include UNICEF, WVI, ACF and CARE.

64 IASC Logistics Cluster (2007) 'Logistics Cluster Concept and Guidelines (Draft)', Rome, 2 January.

65 Fifteen Logistics Capacity Assessments were scheduled in the workplan for 2006/07, but they have yet to be undertaken.

66 The training is planned for October 2007 and January 2008.

67 Although no one has yet been deployed. It is designed for 'large-scale emergencies', and since the LRT training was complete none has occurred.

68 These were established before the clusters; four are currently operational.

61 The IASC institutionalised the UNJLC for humanitarian response under WFP custodianship in 2002.

62 WFP has 300 international and 2,500 national staff, and a vast network of contractors.

has not been emphasised is capacity-building of national stakeholders. This could be an essential component of strengthening local response in future emergencies.

170. An M&E framework or other method to measure performance of the cluster has not yet been developed. While cluster participants sometimes receive weekly updates from WFP, many interviewees noted that the information WFP provides is not sufficiently calibrated for the various end users, from HQ strategic decision-makers to more technical information at the field level.
171. Many participants interviewed made the point that they had not benefited directly from the global capacity-building appeals, but recognised their own responsibility in this, having not taken advantage of the services WFP made available to all cluster participants at the global and field levels. From WFP's perspective, logistics services in the field, the financing of agency staff secondments to the Global Cluster Support Cell and the LRT training have been of significant benefit to participating agencies, and to the cluster as a whole, given the additional skills and experience that these staff now bring to the sector.

Field cluster performance

172. The cluster was activated in the DRC, Ethiopia, Kenya, Lebanon, Mozambique, the Pakistan earthquake response, the Philippines, Somalia and Yogyakarta, and more recently in Chad and in the Uganda floods. Rollout experience has been varied. Generic TOR for field clusters, tailored to different contexts, have been useful, and in some contexts information-sharing has improved. Some participants noted, however, that they have not been involved in determining the activation of the cluster, which is critical given the impact it has on all cluster participants. The NGO participants also noted that, in some contexts, they have felt like spectators in a highly UN-centric process. In Lebanon, WFP's performance was criticised by many participants for a lack of consultation in developing the concept of operations, and WFP was accused of prioritising its own logistics needs over those of other agencies. However, some participants also noted that they benefited from the cluster's services in Lebanon.⁶⁹ A logistics cluster lessons learned exercise was undertaken to address the experience in Lebanon. Other concerns in field rollouts have included a failure to include local NGOs and a lack of transparency in how functions are allocated in areas of operation. There have also been some notable achievements, including in gap filling, joint advocacy strategies and in assisting agencies in the movement of supplies in contexts such as Pakistan, where assets were extremely limited.

⁶⁹ The OCHA lessons learned paper examining the response to the Lebanon crisis reflects this divergence in opinion over the performance of the cluster (OCHA, 'The UN Response to the Lebanon Crisis: An OCHA Lesson Learning Paper', 5 December 2006).

11.8 Nutrition

Lead	Global partners
UNICEF	35

173. The nutrition cluster, under strong leadership, has brought together the key actors in emergency nutrition. The cluster has spurred increases in UNICEF technical capacity at headquarters and in the field. Links between the global and field clusters remain under-developed, however. At the global level, the cluster is pursuing standard-setting and capacity-building projects, but these are not based on a rigorous identification of gaps and lack overall coherence. A long-term vision for the cluster is lacking, and more attention is needed to emergency preparedness, in particular surge capacity and field-based contingency planning.

Background on the sector

174. Prior to the establishment of the cluster, the sector benefited from well-functioning technical and networking fora, the Standing Committee on Nutrition (SCN) and the Emergency Nutrition Network (ENN). Although nutrition was not separately examined by the HRR, most agree that the main gaps in the sector were a lack of harmonisation in approaches and methodologies, leading to difficulties in prioritisation, as well as an overall shortage of technical staff capacity.

Leadership capacity and effectiveness to date

175. Although the distinction between the cluster and UNICEF's own programming has at times been confused at the country level, overall satisfaction with UNICEF's leadership is high.⁷⁰ While the agency has demonstrated institutional commitment, increasing staff and devoting core resources to the cluster, internal guidance is only now being developed, and mechanisms are needed to get funds to partners more quickly, and facilitate the deployment of cluster coordinators from agencies outside UNICEF.

Global cluster performance

176. The cluster was slow to begin work due to recruitment and funding delays, and a failure to prioritise a workplan prior to receiving funding. Cluster members began implementing projects in early 2007, and only one (a lessons-learned review) has been completed to date. Projects for the second funding appeal are only now being designed and selected. It is thus too early to judge the impact of most of the cluster's work. While many of the projects are likely to have merit, the overall approach was not strategic, but rather 'opportunistic and reactive',⁷¹ based

⁷⁰ This was not always the case when nutrition was not an independently led cluster, such as in the Yogyakarta emergency, where nutrition was first folded under health, and then switched to the food group. Both UNICEF and partners noted this experience as problematic.

⁷¹ Lola Gostelow, 'Nutrition Cluster: A Lesson Learning Review', August 2007, p. 7.

more on individual or organisational interests than on an objective assessment of needs. Establishing the cluster has formalised relationships that were previously ad hoc, and the IASC imprimatur lends weight and authority for setting standards. But overall long-term vision is lacking. Reflecting this, several participants referred to the cluster as ‘ending’ in 2008, when the second round of appeal funding is over.

177. Currently, working groups are looking at materials on infant feeding (ENN); training modules, targeting national staff (NutritionWorks); new WHO growth standards (SCN); a cluster lessons-learned review (Save UK, completed); research on measurements of acute malnutrition (Save UK); rapid assessment tools (WFP); and consultation on the management of severe malnutrition (WHO). UNICEF has made progress on a roster of cluster coordinators, identifying approximately 25 internal and 25 external candidates, and the cluster deployed an NGO staff member to Lebanon; while this list was used to assist in recruitment for Chad, the database needs to be expanded to include more deployable non-UNICEF candidates. The need for other global emergency preparedness measures has not been properly assessed.

178. The development of rapid assessment tools has been one of the cluster’s key goals. As part of an innovative tri-cluster approach, the WASH and health clusters were involved in the tool’s development. The process, also involving OCHA, has been lengthy and has prompted worries that the tool is becoming overloaded, leading to questions about its practical utility and undermining confidence in the cluster as a whole. This experience reflects frustration among some global cluster members concerning the time and resource demands involved. An advisory group is being developed to standardise funding decisions, among other tasks, but the overall cluster is becoming more process-heavy and it is not clear that the high level of participation can be sustained when funds are no longer available to implement projects of specific interest to member agencies.

Field cluster performance

179. Field nutrition clusters have generally performed strongly, and it is easier to see added value here than at the global level. Benefits have been seen in terms of increased information flow; increased joint assessments; the development of or adherence to common standards; improved coverage due to better priority-setting and reduced duplication; and more and more skilled UNICEF nutrition staff deployed.

180. Where UNICEF has been slow to appoint a cluster coordinator or boost capacity at the sub-field levels, the overall success of the cluster has been affected. Strong capacity to support the cluster at both capital and sub-field

levels is critical. A dedicated cluster coordinator, while perhaps not always necessary, can be helpful in building trust and ensuring that adequate time is devoted to the cluster (as in Somalia). The appointment of NGO co-leads at the provincial level (as in the DRC) is seen as a generally positive experience and a way to implement the Provider of Last Resort function. Similarly, bringing in non-UN staff as cluster coordinators, seconded to UNICEF, could help ensure more rapid deployment of staff, as well as demonstrating a more inclusive approach; this has not yet been done, and to accomplish this UNICEF would need to take steps to ensure that deployment would be accepted by its country offices.

181. In terms of standard-setting, advocacy and resource mobilisation, the cluster has been useful in the DRC for increasing coverage in areas with high malnutrition rates, but which are not prioritised in the CHAP. In Mozambique, the cluster has been helpful in advocating against a government proposal for communal kitchens. The DRC cluster is developing national nutrition guidelines, while steps have also been taken in Chad to address differing nutritional standards between the government and international agencies. It has yet to be seen whether the cluster can play a role in advocacy where a government is unwilling to accept that nutrition problems exist.

182. Local capacity-building and local or national contingency planning saw some benefits due to the clusters, but overall is in need of improvement. Madagascar and Liberia include preparedness in their workplans,⁷² and the DRC cluster requires project proposals to have a local capacity-building element. In Somalia, security and access issues have entailed bringing in local NGOs, but insufficient attention is being given to longer-term preparedness efforts at the national and local levels.⁷³

11.9 Protection

Lead	Field level (natural disasters)	Number of partners
UNHCR (global lead, field level lead in conflict)	UNHCR, UNICEF, OHCHR decide upon leadership	30 (ICRC observer)

183. Protection is widely considered as one of the most challenging sectors. While concerns persist that the cluster promotes an overly technocratic approach, narrowly focused on IDP protection issues, this evaluation finds these concerns to be outweighed by the gains that have been made in this traditionally intractable area. A

⁷² Ibid., p. 23.

⁷³ Ibid.; Carmel Dolan et al., ‘Report on Stakeholder Interviews: Capacity Development for Enhancing Nutrition Programmes in Emergencies’, NutritionWorks, June 2007, p. 9.

significant change brought about by the cluster approach at the field level is the increased presence and leadership of UNHCR in certain IDP situations. Notwithstanding significant reservations from some member states and operational agencies, this has been viewed favourably overall. At the global level, while partners report value in having a forum to develop protection policy, the work of the cluster group has not yet translated into substantially improved support to the field. Further, the cluster's subdivision into nine separate issue areas, each with its own focal point,⁷⁴ has not increased confidence in the prospects for cohesive coordination, but rather has raised some concerns about the potential for increased fragmentation and bureaucratisation of the cluster at the global level. The focal groups currently lack clear TOR to guide their work and clarify their relationship to the cluster itself. If these were established, these sub-entities could potentially have a useful function in ensuring that the variety and complexity of issues under the broad area of protection are given appropriate attention.

Background on the sector

184. An increasing number of actors have entered the protection arena since the 1990s. Yet the HRR and the Darfur experience demonstrated critical gaps in expertise, leadership and coordination in protection, particularly in relation to IDPs. Arguably, the failure to address IDPs' protection needs was the primary driver behind the cluster approach's inception. Assigning leadership responsibilities to navigate politically sensitive issues to do with coordination, advocacy and mandates in protection is a significant advance.

Leadership capacity and effectiveness to date

185. At the global level, UNHCR chairs the cluster, and 30 international agencies participate. For a cluster dependent on political influence and multi-disciplinary approaches, DPA and DPKO are notable absentees. UNHCR is the lead of the global Protection cluster. In natural disasters or in complex emergencies without significant numbers of IDPs, UNHCR will consult closely with UNICEF and OHCHR together with the HC, and come to an agreement on which of the three will assume the role of lead for protection. This contingency arrangement raises some important issues of predictability.

186. Until mid-2007, UNHCR struggled to lead the global cluster effectively, but has stepped up its resourcing by appointing a senior staff member as chair, with

strengthened policy and administrative support. Participants interviewed feel that the cluster is, as a result, moving towards greater support for field operations. The cluster, under UNHCR leadership, has not clearly articulated its expectations of the focal point roles, and some field examples demonstrate automatic activation of focal areas, which some saw as unnecessarily formulaic. NGOs and human rights agencies find sustained engagement difficult at the global level due to the weight of materials and meetings. As a result, certain UN agencies, notably UNHCR, are widely reported to dominate.

187. UNHCR has invested heavily in conducting five real-time evaluations of its IDP operations, specific elements of which were directed towards looking at UNHCR's role as cluster lead for protection. These evaluations have driven useful internal policy development in relation to resourcing the cluster lead role.

Global cluster performance

188. Participants have been able to circumvent debates about the nature of protection and the scope of the cluster by embracing what some term 'constructive ambiguity', with the cluster settling upon the common definition of protection⁷⁵ and a focus on 'IDPs and affected populations'.⁷⁶ Constructive ambiguity may keep participants at the table and promote flexible context-driven approaches, but it depends on strong leadership in strategy design, and will require additional efforts to address the protection needs of the broader civilian population, including a new focal point with responsibility for non-IDP civilian protection issues, as well as advocacy from member states and the HC/ERC.

189. No systematic global needs assessment of the sector was done beyond the HRR. Rather, the workplan reflects overall expectations of the cluster system, and acknowledged gaps. Early mapping by UNHCR in August/September 2005 considered the surge capacity of UN agencies and NGOs with standby arrangements only, although UN agency contributions were not quantified. The initial set of actionable recommendations was unrealistic and attracted little support.⁷⁷ A comprehensive workplan for the protection cluster was agreed in February 2007. At the time of writing, all planned tasks were ongoing.

190. No targets were set for global cluster-wide surge capacity, and this is currently under discussion. Emergency rosters have increased in size and diversity,

⁷⁴ Rule of law and justice (UNDP/OHCHR); Prevention of and response to SGBV (UNFPA/UNICEF); Protection of children (UNICEF); Protection of other persons or groups of persons with specific needs (UNHCR); Prevention of and response to threats to physical safety and security and other human rights violations (OHCHR/UNHCR); Mine action (UNMAS); Land, housing and property issues (UN-HABITAT); Promotion and facilitation of solutions (UNDP); Logistics and information management support for the cluster (UNHCR).

⁷⁵ That is 'all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e., human rights law, international humanitarian law and refugee law'.

⁷⁶ November 2005 Progress Report; TOR, Protection Cluster Working Group Mission Statement.

⁷⁷ IASC Protection cluster progress report, December 2005.

although the link with cluster efforts is tenuous.⁷⁸ Partners report greater awareness of and access to surge capacity resulting from cluster discussions; in particular, ProCap is reviewing its policy to enable easier deployment of senior protection advisors to OCHA and lengthen deployments to 12 months, which is a step forward.⁷⁹ UNHCR and partners agree that developing sustainable internal capacity is a continuing challenge, and there has been an over-reliance on surge deployments. UNHCR staff caps are currently under review. Training has been a strong focus, and UNHCR and ProCap training now includes modules on cluster responsibilities. In the area of sexual and gender-based violence, UNHCR and UNFPA have rolled out a train the trainers module on clinical management of rape for over 400 medical staff in Africa and the Middle East. UNHCR and ProCap training now includes modules on cluster responsibilities.

191. In terms of standards and guidelines, two pieces of interagency guidance – an IDP Protection Handbook and IDP profiling guidelines – are undergoing field testing and are due for public release shortly. Further work has involved developing protection analysis frameworks and feeding into the NAF. A general criticism could be made regarding the overwhelming breadth of the guidelines, which is likely to make prioritisation and implementation at field level difficult.

Field cluster performance

192. Surge deployments were the global cluster's sole discernible effect at field level to date. In some complex emergencies (e.g. Uganda and Somalia) clusters took up to a year to establish themselves and decide operational strategies, but the additional presence on the ground, if late, was seen as adding significant value. In other contexts (the DRC and Liberia), the system quickly gelled with pre-existing structures. In Côte d'Ivoire, a protection cluster was established even though no other clusters were activated.
193. Predictability and problem-solving have been facilitated by the appointment of cluster leads. In some instances, sub-clusters have usefully filled gaps by bringing in new partners or increasing political focus. Information gathering and sharing has improved and is valued, but frustrations have emerged when these have not translated into prioritised strategies. Challenges have included

⁷⁸ The 2005 Progress report identified 110 officers on NGO standby agreements. By October 2007, this had increased to 182, with some of these increases attributable to ProCap support, which had been brought into the capacity-building appeal. By the end of November 2007 110 experts on the rosters of UN standby partners will have completed ProCap standby protection expert training. The number of Senior protection officers has remained at between nine and 12 during the review period, with a target of 15 as a full complement. Ten are currently deployed, not all of them to countries operating the cluster system (External Evaluation of the Protection Standby Capacity Project, 2007). The IRC surge project has grown by 20% to 217 in 2007.

⁷⁹ These deliberations have been promoted by the ProCap evaluation and by cluster discussions.

UNHCR's slow recruitment and over-reliance on short-term deployments through surge mechanisms, including UNVs, who often lack credibility. This is recognised by UNHCR, and the agency is considering ways to improve recruitment and deployment processes. Overall, in conflict contexts, respondents feel that having a predictable lead has enhanced field performance. In the context of sudden-onsets, and in particular in relation to the Pakistan earthquake, the lead agency struggled to head a broad, non-mandate-driven approach to protection. In response, ToR for the global cluster were established outlining a number of services the global cluster could provide for field operations, including capacity, technical advice and advocacy. The ToR however have not been effectively disseminated to the field by cluster participants.

11.10 Emergency shelter

Co-lead	Co-lead/'convener'	Global partners
UNHCR	IFRC	9

194. According to most interviewees for this evaluation, emergency shelter is a high performer among global clusters. It has produced a range of outputs, has established partnerships of scope and depth and can claim initial successes in delivering services at the field level, both in natural disasters and in conflict zones. It has been able to successfully build on the work of earlier fora, in this case involving many of the same NGO staff who developed the Sphere standards for shelter, and experts from OCHA who worked on technical manuals when OCHA, then DHA, was still operational.

Background on the sector

195. The global cluster became operational early in 2006, led by UNHCR, but it took some convincing on the part of the ERC to get IFRC to agree to serve as co-lead 'convener' agency. On the one hand, IFRC wanted to contribute its unique expertise in providing shelter during natural disasters; on the other, it did not want to compromise its independence. The arrangement that was crafted is set out in a September 2006 MOU between IFRC and OCHA. The agreement makes clear that the IFRC will not accept open-ended obligations, and its accountability does not go beyond the responsibilities defined in its own constitution – thus, it will not serve as Provider of Last Resort. It does, however, undertake to assume a leading role in the sector by 'scaling up its operational and coordination capacities'. According to the MOU, UNHCR, the other co-lead agency, is responsible for cluster leadership in man-made crises, and where natural disasters strike in a war zone. UNHCR takes the position that there is still 'a lack of clarity on this issue that needs to be resolved'. UNHCR's view of the cluster's work is more holistic, and includes a robust role in early recovery. Having UN-HABITAT in the cluster, moreover, ensures that, even in natural disasters, a long-range

perspective is maintained. UN-HABITAT also co-chairs the emergency shelter cluster in Somalia.

Leadership capacity and effectiveness to date

196. The global cluster works within a limited community of partners, since it addresses rather specialised issues. For that reason, some have argued that the cluster should be merged with CCCM. However, a separate cluster is justified, given its specific mandate. At the global level, it has earned respect for the relevance and quality of its standards and guidelines, and the promise of its first training courses. In the field, its technical advice in several natural and man-made disasters was seen as timely and relevant, and the local training courses launched thus far (in Somalia) could serve as a model for other contexts. The cluster also works well with related clusters, and has begun mapping out links with early recovery, camp management, WASH and protection. In the Pakistan earthquake, the transition from relief to recovery was dealt with by handing over responsibilities within the cluster from IFRC to UN-HABITAT, showing the strategic as well as technical value of the cluster approach in this sector.

Global cluster performance

197. To its credit, UNHCR acknowledged that it had limited technical expertise when the cluster started, and IFRC’s ‘convenor’ role in effect became one of technical leadership. The global cluster is now working towards detailed common standards, based on Sphere and OCHA publications, and it is testing its newly developed Shelter Cluster Team Coordination Tools, covering issues such as strategic planning, assessments, technical standards and guidelines on topics such as procurement and stockpiling, on a pilot basis.

198. The global cluster launched pilot workshops in Switzerland, Panama, Thailand and Somalia (field workshop), training over 150 coordinators and specialists from NGOs, standby partners, local authorities (in the case of Somalia) and the cluster co-leads’ own staff. This was in addition to agency-specific training on shelter. Among several strategic partnerships, the most important is perhaps with HABITAT, as the focal point for linkages between shelter, land and property. Since HABITAT’s mandate covers human settlements across the spectrum of acute crises, early recovery and fully-fledged development, it strengthens the cluster’s conceptual basis. The cluster also advocates for a strong focus on the environmental aspects of emergency shelter programmes, with Care International spearheading efforts to influence environmental risk assessments in site selection and planning, shelter construction and the decommissioning of sites. Finally, the cluster should be commended for its participatory and open engagement with NGO partners.

199. One important gap may be the lack of an overall strategy for the emergency shelter sector. For example, after a natural disaster, when does one give priority to rebuilding existing structures, when is temporary shelter the answer, when should one advocate placement with host families and when is it necessary to urge people to resettle elsewhere? The global emergency shelter cluster has adopted a project within its workplan related to overall shelter strategy, and related work has begun.

Field cluster performance

200. The division of labour between the cluster co-lead agencies is evident from the deployment of advisers to crises: UNHCR sent technical teams to conflict zones such as Somalia, Lebanon, Chad, Liberia and Timor Leste, while IFRC sent cluster coordination teams to Indonesia, the Philippines and Mozambique. Overall, it appears from interviews and the documents reviewed that the cluster’s coordinated approach enhanced the quality of the sector’s response. In Somalia, UNHCR and HABITAT serve as co-leads of the shelter cluster, while the NGOs DRC and NRC, as well as several local NGOs, participated actively. UNHCR mainly addressed emergency shelter, whereas HABITAT dealt with longer-term needs, in collaboration with local authorities, and brought an urban planning and development perspective. UNICEF leads the Emergency Shelter cluster in two ongoing emergencies, the DRC and the Central African Republic. Yet it is not part of the global cluster – this should be remedied, the more so since the cluster is also establishing NFI standards. At the field level, NGOs were generally brought into the process early on, irrespective of whether they also participated at the global level. In the Pakistan earthquake, for example, the cluster worked with GOAL, GTZ, Kashmir Education Fund, Humanity First, IOM and Save the Children, in addition to its global partners.

11.11 Water, sanitation and hygiene promotion (WASH)

Lead	Total partners
UNICEF	20

201. The WASH cluster has galvanised efforts at the global level as part of an ambitious programme of reform and coordination, prompting important increases in UNICEF’s technical capacity and demonstrating tangible benefits in field response. In the field overall, coverage has improved due to better coordination and increased funding, and leadership has been made more predictable. The main challenges for the WASH cluster are ensuring the institutionalisation of the cluster within UNICEF, clarifying and strengthening support to field clusters, and ensuring a realistic, achievable set of outputs for the global cluster.

Background on the sector

202. The main gaps in the sector – demonstrated in the Darfur

response – concerned a lack of coordination, leading to serious lapses in coverage, a lack of clear leadership and an overall lack of agency capacity to implement programmes according to technical standards. UNICEF’s capacity to lead and deliver in the sector had declined significantly over the previous ten years. An inter-agency forum (which still exists) consisting of several agencies helped to build relationships, promote coordination and share standardised equipment, but it was not institutionalised and did not include smaller agencies.

Leadership capacity and effectiveness to date

203. In 2003, prior to the inception of the cluster approach, UNICEF began considerably boosting its emergency WASH capacity under its Core Commitments for Children in Emergencies (CCCs). Emergency programmes now constitute over 50% of UNICEF’s Water, Environment and Sanitation section, compared with around 25% from 1999 to 2002. This has led to significant increases in overall coverage and coordination capacity. WASH was one of the first clusters to appoint a dedicated cluster coordinator, in January 2006. For personnel, it drew heavily on one of the most respected NGOs in the water and sanitation field, Oxfam, a decision which quickly attracted support for the initiative. The cluster has set an ambitious set of goals for strengthening the sector, but it is unclear whether UNICEF can align its own internal systems and procedures to match these ambitions.

Global cluster performance

204. The global WASH cluster has developed a comprehensive strategy. It has been subject to frequent revision, however, leading to some confusion.⁸⁰ The 2007/2008 strategic framework includes five strategic areas, through which the cluster is undertaking (or hopes to undertake) 23 projects or small pieces of work. Of these, six that began with the first round of funding will continue in the second phase: cluster coordination (RedR); information management (IRC and Oxfam); hygiene promotion (Oxfam with ACF, IFRC, IRC and UNICEF); emergency materials (Oxfam, with IFRC, WVI and UNICEF); training for capacity-building (RedR); and learning (ACF-UK). Critically, none is yet complete,⁸¹ meaning that most of the impact from the global cluster is still to be felt.

205. The cluster has effectively communicated its progress and brought together most of the key actors in the sector. MSF, IFRC and ICRC have been informally following or engaging with the cluster to varying degrees, and some have expressed doubt regarding the cluster’s added value. The high workload and a sense that the cluster is becoming process-heavy are key concerns. Whether tangible outputs

are produced soon is likely to influence overall participation. While it has been suggested that the cluster leads should take a more directive approach,⁸² the success of many tasks rests on broad participation.

206. The global cluster’s approach to supporting the field has been well received in some contexts, but slow to take root in others. An overview of global services has been disseminated, UNICEF HQ staff have conducted field visits and WASH cluster coordinators have met to share experiences. But these are far from standardised or predictable.

Field cluster performance

207. Increases in funding and UNICEF staff capacity, due in large part to implementation of the cluster approach, have occurred in the DRC, Uganda and Somalia. In one striking example, WASH requests in the DRC CAP/CHAP went from \$1 million in 2005 to \$99 million in 2007, although not all of this was received.⁸³ The appointment of a cluster coordinator was delayed in Uganda and Somalia, and in Chad overall staff capacity is still weak. In Lebanon, UNICEF recruited an external professional who successfully coordinated the cluster, but such arrangements depend on the agreement of the UNICEF country representative, as well as a commitment by cluster partner agencies to release top-quality staff in a sector where capacity is already limited.

208. Dedicated coordinators, when deployed (for example in Lebanon, Mozambique and Uganda), have been appreciated. The lack of a dedicated coordinator in Yogyakarta was seen as a problem, but in the DRC, a large and well-functioning cluster, only 50% of the coordinator’s time is devoted to the cluster. Experiences in Pakistan in 2005 and in the latter part of the Lebanon response have demonstrated that clarifying that coordinators are responsible for both the sector and UNICEF programming is critical.

209. Information flow has improved in most of the field clusters, in particular Mozambique, Chad (where full participation is still lacking), the DRC, Somalia and Uganda. In the DRC this has demonstrably led to effective gap-filling and avoided duplication. NGO interviewees asserted that UNICEF’s partner funding mechanisms were frustratingly slow in Uganda (though this was not exclusive to the WASH cluster), leading to delays and difficulties in NGO programming. The introduction of the cluster has proven confusing where not well-merged with pre-existing structures (Somalia). Standards were seen to improve in the DRC and Mozambique, while in Chad UNICEF has led discussions on water standards in local versus IDP communities. The cluster’s operation in refugee settings (Chad) remains a pressing concern. In terms of inter-cluster coordination, the WASH cluster made a valuable

⁸⁰ Jeremy Loveless and Jonathan Hecke, ‘Review of the Global WASH Cluster Strategy’, Swiss Resource Centre and Consultancies for Development, May 2007, p. 12.

⁸¹ Except for some of the lesson learning reviews, which are seen as useful to assess progress at global and field levels.

⁸² Loveless and Hecke, ‘Review of the Global WASH Cluster Strategy’, p. 4.

⁸³ Jeremy Hecke (team coordinator), ‘WASH Cluster DRC Review’, August 2007, p. 8.

contribution by initiating and funding the development of a cross-cluster mapping of roles and responsibilities, as used successfully in CCCM (see 11.2). Other clusters have also started to use this tool.

11.12 Cross-cutting issues

210. Past reviews of humanitarian action have found that cross-cutting issues, such as gender, HIV/AIDS, the environment and the needs of older people, can be neglected.⁸⁴ Concerns have been raised that the cluster approach, by segmenting response into discrete categories, has further marginalised these issues. The thematic areas already have functioning structures of coordination on the ground, but interviews strongly suggest that these were not prominent in the minds or daily work of the humanitarian country teams as a whole. While a detailed study of each cross-cutting issue was not possible given the limited scope of the evaluation, evidence from field visits and documentation leads to the conclusion that cross-cutting issues on the whole were not demonstratively more neglected under the cluster approach than in the past. At the same time, the evidence does not suggest that cross-cutting issues were more effectively incorporated.
211. Work by the IASC Sub-Working Group on Gender, to ensure that gender aspects were included in the cluster approach both at global and field levels, has begun, but at the field level many of these issues continue to be under-prioritised. Gender and the environment were not high priorities in any of the sudden-onset cases, and in some cases this led to critical gaps. In Yogyakarta, for example, distributing roofs and expecting households to build their own structures led to large-scale logging, further destabilising slopes, while in the Pakistan earthquake the specific needs of women were not met.⁸⁵ In Chad, environmental degradation remains a serious side-effect of IDP and refugee settlements.
212. Efforts to ensure the integration of cross-cutting issues were not seen as successful. In the Pakistan earthquake, new entities were established, such as 'human rights', 'gender' or 'disability' under the protection cluster, creating what some referred to as 'over-clusterisation'.⁸⁶ Similarly, in Chad, an environmental cluster has been created, but it is unclear how it will function, with neither UNEP nor HABITAT present and given FAO's very limited staff capacity. As the UNHCR Real Time Evaluation observes, attempts to address cross-cutting issues have led to a 'proliferation of coordinating structures and procedures

which appear to absorb an excessive amount of time and energy in the field'.⁸⁷ The IASC Working Group recently endorsed a recommendation that Theme Groups/Joint Teams on AIDS (which have existed for several years prior to clusters) should continue to function during all phases of emergencies, including when clusters are rolled out.⁸⁸ This recommendation has yet to be implemented, so its added value is not yet known. The rationale behind it holds that the cluster system should make use of resources and networks that already exist. At the global level, an informal review team was convened in 2006 to develop a comprehensive approach to integrating cross-cutting issues within the cluster approach. One suggestion has been to establish focal points within the clusters with responsibility for addressing gender, human rights and environmental issues.⁸⁹ Wisely, this was not taken up by the IASC, as it does not seem to be a sustainable initiative.

213. A more fundamental barrier to addressing cross-cutting issues stems from weak inter-cluster coordination, including inadequate information management and analysis.⁹⁰ As noted in section 7.2, this has been a persistent weakness in all of the cluster countries examined. Producing better overall situational analysis can help draw attention to cross-cutting issues, and more standardised data collection systems could help programmes in different sectors identify problems affecting specific groups. For example, if the WASH cluster was able to quickly share data relating to women's water access in a given location, this could help agencies design nutrition programmes that take their needs into account.
214. Mainstreaming cross-cutting issues is the responsibility of humanitarian agencies and sectors themselves, which would seem to argue against looking for structural answers. In this regard, the work of the global clusters in norms and standard-setting offers an opportunity for dialogue on the major cross-cutting issues. Useful conversations could be had between HIV/AIDS experts and the nutrition cluster, for example, or environment experts and the shelter cluster.⁹¹ In creating any new guidelines and tools, however, strategies must be designed to ensure real practical utility in an emergency. In several of the sudden-onsets, long and complex manuals were found to be of limited assistance in the midst of the crisis response.

⁸⁷ UNHCR, 'Real-Time Evaluations of UNHCR's Involvement in Operations for Internally Displaced Persons and the Cluster Approach', 29 August 2007, p. 7.
⁸⁸ Paper prepared for the IASC WG 68th Meeting, 'HIV in Humanitarian Settings: Global and Country-Level Coordination Arrangements', 13–15 June 2007.

⁸⁹ 'Addressing Cross-cutting Issues in the Cluster Leadership Approach', p. 2.
⁹⁰ Also noted by UNHCR: 'Real-Time Evaluations of UNHCR's Involvement in Operations for Internally Displaced Persons and the Cluster Approach', 29 August 2007, p. 7.

⁹¹ A joint UNHCR–CARE project has been proposed on strengthening awareness of environmental issues in shelter.

⁸⁴ IASC 'Real Time Evaluation of the Cluster Approach, Pakistan Earthquake', February 2006, p. 3; paper submitted to the IASC 64th WG meeting, 'Addressing Cross-cutting Issues in the Cluster Leadership Approach', 14–16 March 2006, p. 1.

⁸⁵ Ibid.

⁸⁶ IASC, 'Real Time Evaluation of the Cluster Approach, Pakistan Earthquake', p. 7.

11.13 Food and refugees: the missing clusters?

215. As the cluster approach evolved in IASC deliberations, it moved from a response to 'gap sectors' to a preferred mode of coordination in all areas of humanitarian response. This has raised the question of whether the same approach should be applied to food and refugees. These two important areas are clearly the domain of WFP and UNHCR respectively. These large, specialised agencies are accustomed to leading their sectors and directing implementing partners, as opposed to facilitating coordination and consultation.
216. At the global level, there are valid arguments for establishing a forum where policy and strategy can be discussed with other humanitarian actors on a more equal footing, particularly for some of the more contentious debates around food aid policy.⁹² The food sector tends to be an inordinately large component of emergency response, to the extent that the food pipeline affects all other programming. It is also the least consultative. Some NGOs, through the SCHR consortium, have appealed to the IASC for a dialogue on food aid standards and policies. Notably, although it is not a formal cluster, food has been incorporated in the cluster system at country level in useful ways. Uganda and the DRC both have food security clusters run jointly
- by FAO and WFP, and Somalia has a food aid cluster run by WFP.
217. At the same time, alternative and/or complementary approaches to ensuring food access have also been at the forefront of policy discussion in recent years, including the use of cash and vouchers and other means of livelihoods support which are not reflected in the humanitarian architecture, particularly the UN appeal process.⁹³ To ensure that food aid has the same predictable and coherent approach as other sectoral interventions, and to create a forum to explore innovative alternatives, a food cluster would seem to be warranted, which should include discussions on food access, availability and utilisation.
218. Regarding refugees, UNHCR has made the point that it already has a clear mandate grounded in international law, with well-defined accountability and international standards for service delivery. Some, including within UNHCR, have however called for refugee programming to be subject to cluster coordination. Where refugee and IDP caseloads are mixed, a separate coordination structure for refugees, 'clusterised' or not, would perhaps be unwise because it would create artificial distinctions between beneficiaries, since operationally the relief operations for both 'types' of displaced people rely on the same actors and support systems, and take place in the same socio-economic context.

⁹² The WFP forum, while useful, is not considered to serve this purpose.

⁹³ See for example, Harvey (2007), Clay (2004), Clay and Benson, (1998), Stites et al. (2005, p. 50).



12. Issues and actors affecting the cluster approach

12.1 The Humanitarian Coordinator system

219. As many past analyses have noted, strengthening the leadership of the HC has been a seriously underplayed element of humanitarian reform. Yet the role the HC plays in the cluster approach is, like that of OCHA and the ERC, critical to its success. The common practice of double-hatting this position as an RC/HC role in effect pits the need for strong humanitarian credentials and independent authority against the need to maintain strong working relations with government counterparts. This issue came to a head in a particularly frustrating episode in Uganda, when a bid to appoint a stand-alone HC was rejected by the government.
220. After some early confusion, IASC guidance clarified the direct lines of accountability as running from the heads of the cluster lead agencies to the HC, and from the HC to the ERC. In practice, however, it is very difficult for the HC to exercise any real management authority over the UN agencies and IOM. In both the DRC and Uganda, the HCs maintained that approaches to poor performance should be consultative rather than punitive, and a poorly performing lead agency should only be removed as a last resort. In terms of visible results, however, the evaluation found no examples of a leadership change being made due to poor performance. The HC must contend with UN agency politics. In effect, the RC/HC is called upon to appraise the humanitarian performance of his or her own agency, along with that of the others.
221. In sudden-onset contexts, the role of the RC/HC has been even more demanding, with appointees receiving little briefing on the cluster approach before the decision to activate it. Many required support from OCHA officers deployed from the Coordination and Response Division (CRD). In the case of Mozambique, the RC played an effective role in dealing with tensions and addressing the poor performance of some of the clusters, and was well regarded.
222. HCs are briefed pre-deployment (or once appointed, if already in situ), and most meet the ERC and OCHA staff at headquarters twice a year, yet the level of briefing and strategic consultation they receive on the cluster approach is superficial at best. Investment in training and lesson-learning for HCs could usefully be prioritised by the HC strengthening unit within OCHA. In addition, ensuring that the HC has a 'cabinet' of experienced coordination staff to help analyse needs and prioritise and allocate resources would give more support to an often isolated role. In

addition, global clusters should consider how the RC/HC can be better supported to inform the ERC on priority advocacy and policy issues, particularly in politically sensitive areas such as protection.

12.2 The role of the ERC and OCHA

223. The ERC and OCHA play a key role in the cluster approach. The ERC is the final point of accountability in the system. The cluster approach clearly signals a new era of accountability from the agencies to the ERC. Yet in many ways the power relations between the agencies and the ERC's office have hardly changed. The agencies still have their own governing boards, host state and donor relations as well as internal drivers, and the ERC's ability to influence agencies' behaviour is limited to persuasion. That said, the ERC has stated that he is interested in pursuing a 'more open and honest relationship, and also to be tougher' on the cluster leads, noting that, if an organisation does not have the capacity, or if it does not have the right individuals in place, it should be willing to cede lead responsibility.
224. OCHA has proceeded very slowly in prioritising its own internal organisational workplan to support the clusters. This may be partly due to mixed messages in the initial days from senior management in OCHA as to whether they fully endorsed the reform. A corporate position which clearly supports the cluster approach has been clarified in recent months, but it will take time and considerable effort before impact is felt in the field. A Working Group has been established in CRD to mainstream the clusters into OCHA's operational approach. It will also prepare CRD to oversee future rollouts, and develop a roster of staff who can be deployed for inter-cluster coordination.
225. Although OCHA staff have received guidance on the cluster approach, the official TOR for OCHA coordination officers have not changed. There is a draft in progress, but it has yet to make its way to the field. Cluster work lies outside of the performance management structure, and OCHA staff have not been comprehensively trained. Some staff members have participated in cluster/sector leadership training, but very few training slots are available. Specifically tailored training on the role of inter-cluster coordinators would be beneficial.
226. OCHA's senior management is aware that OCHA's field performance has been inconsistent. Many Heads of Office are not comfortable with their coordination roles, and are arguably not senior enough to exert the authority the position requires. There is a recognised need to increase

the pool of senior field staff, and there are plans to address this over the next few years. OCHA's surge capacity has also been recognised as in need of strengthening, and work is ongoing on an emergency response roster. Better inter-cluster assessment and enhanced information management are also urgent priorities (see section 7 for a detailed discussion of these issues).

227. OCHA staff interviewed noted that the organisation is changing in line with the broader humanitarian reform process. In particular, with the cluster approach, staffers expressed satisfaction with what they saw as OCHA now 'doing what it is supposed to do'. If the right policies, procedures, training and performance management could be put in place, OCHA staff could indeed be supported in undertaking this new and demanding role.

12.3 Cluster activation and closeout

228. The latest IASC operational guidance (May 2007) clarifies some procedural issues on how clusters should be activated,⁹⁴ but questions and disagreements persist about activation in sudden-onset contexts, and there is little overall guidance on how to sustain, close out or hand over clusters once the acute emergency phase has ended.

229. The 2007 guidance defines the meaning of 'major' in 'major new emergencies' to which clusters should apply, but in subjective and non-quantified terms.⁹⁵ Some global clusters have developed their own activation criteria or processes for new emergencies (e.g. logistics), or are developing them now (ETC). In Indonesia, the head of OCHA argued that activation should be based on the length of the response – six to nine months justifies the investment, a few weeks does not. It might also be appropriate to use the beneficiary caseload as a guide, but both of these indicators take time to determine, time during which the clusters should be operational if they are to be of benefit.

230. In some cases the IASC guidance seems to have been interpreted as calling for all sectors to be 'clusterised' in a major new emergency. However, many interviewees felt that, in the sudden-onsets, having nine to 11 clusters resulted in resources being stretched too thinly, overburdening actors with meetings and making strategic prioritisation more difficult. These interviewees were of the

⁹⁴ IASC, 'Operational Guidance on Designating Sector/Cluster Leads in Ongoing Emergencies' and 'Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies', May 2007. This is a six-step process involving consultation between the HC, ERC, cluster lead agencies, national counterparts and relevant IASC partners at the country level. In the case of ongoing emergencies, workshops are suggested to introduce actors to the principles of the cluster approach.

⁹⁵ The guidance reads: 'For IASC operational purposes, a "major new emergency" is defined as any situation where humanitarian needs are of a sufficiently large scale and complexity that significant external assistance and resources are required, and where a multi-sectoral response is needed with the engagement of a wide range of international humanitarian actors. ('Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies', May 2007.)

opinion that four to six clusters would have been more appropriate in many cases. Much confusion could, however, result if 'sectors' and 'clusters' are allowed to coexist. This in turn begs the question whether there should be different clusterisation criteria for areas of activity that do not already have a sector coordination group on the ground, such as, in many cases, ETC, for which activation is decided on a case by case basis. In addition, recipient governments and UNCTs were not always given the time to decide which clusters and sub-clusters the situation required. In the Pakistan floods, for example, the government specifically requested that a limited number of clusters be activated (including health, WASH and early recovery), and the recent IASC RTE confirmed that the decision to activate all 11 clusters was 'over ambitious and over-complex'.⁹⁶ Ongoing crises have generally allowed for greater flexibility, with seven clusters in Uganda, nine in Somalia and ten in the DRC (but a possible 13 in Chad. In Chad, however, there was a particularly protracted process of decision-making in relation to activating the cluster approach).

231. There has also been a lack of clarity over when and how clusters should be closed, modified or merged with other clusters, and whether they should continue in a preparedness role after the crisis or disaster phase has passed. With the guidance essentially leaving it up to the field clusters themselves to decide this, OCHA field staff with humanitarian country teams developed a useful process for merging, modifying or closing clusters in the Pakistan earthquake response, Yogyakarta and Uganda.⁹⁷ This has been used in Uganda, for example, to give CCCM full cluster status, and in discussions of UNICEF's handover of the GBV sub-cluster. In Liberia, clusters would like to move to a 'dormant' phase, to be reactivated in case of another emergency, but there has been no substantive guidance from headquarters on how to do this.

232. Current IASC guidance recommends that clusters be used for contingency planning and preparedness, building on local capacities and in close consultation with national/local authorities.⁹⁸ It does not explicitly state whether they should continue as a coordination mechanism beyond the emergency phase, for future preparedness and response efforts; instead, this is left to the RC/HC in conjunction with government and cluster lead agencies. Where contingency planning has been developed on the basis of the cluster experience, and with a view to operating under this system in the future, as in the Philippines, Mozambique and Yogyakarta, this has been a positive experience, and is likely to lead to more effective and predictable responses (see section 4.3).

⁹⁶ IASC, 'Inter-agency Real Time Evaluation of the Pakistan Floods/Cyclone Yemyin', September 2007.

⁹⁷ Uganda OCHA/Humanitarian Country Team, 'Process To Merge Or Modify Or Close a Cluster/Sub Cluster', February 2007.

⁹⁸ IASC, 'Guidance Note on Using the Cluster Approach To Strengthen Humanitarian Response', November 2006, p. 5; IASC, 'Operational Guidance on Designating Sector/Cluster Leads in Major New Emergencies', May 2007.

13. Conclusions and recommendations

233. The first two years of the cluster approach have been a mixed and often difficult experience, which on balance has demonstrated positive progress and some tangible added value. Most evident were improvements made in filling gaps and extending capacity. Predictability of leadership was also considerably enhanced by lead agencies accepting responsibility for the totality of their sectors. The least progress of all, however, was seen in realising ultimate accountability for performance, largely because lead agencies have insufficiently institutionalised their cluster commitments. Smaller gains were also seen in improving the quality of partnerships and strengthening surge capacity. This evaluation suggests that the approach should be continued and expanded to other countries. At the same time, however, the recommendations made here should be taken up as a priority. Leadership in particular needs critical attention.

234. This broad conclusion mirrors the opinions of those interviewed and surveyed. Only a small fraction (8% of survey respondents) did not support the concept at all. Most, even those who said that they were initially sceptical or opposed to the idea, agreed that it should continue to be applied. There thus seems to be consensus that the cluster approach as conceived is essentially addressing the right problem, and that it is a step towards more predictability, professionalism and automaticity in a system long characterised by voluntarism and best effort. This view acknowledges that effective humanitarian response is too important to be left to goodwill and the right assortment of personalities.

235. A larger question is whether, given the way the humanitarian system is constructed, an effective alternative to clusters exists. Short of more radical reform and consolidation of the UN agency structure to create a single line of management and accountability through the HC, a strengthened and fully realised cluster approach would seem to be the most promising avenue.

236. For this to occur, renewed commitment is required in the following areas, along with greater clarity of expectations and actionable objectives for improvement: **leadership accountability; inception and transition; monitoring and evaluation; and efficiency/reduced transaction costs.** These areas form the basis for the recommendations given below.

Based on the above findings and conclusions, the evaluation team recommends that:

Cluster lead agencies:

1. Commit more formally to the cluster approach at the highest executive level. Cluster leadership responsibilities should be codified in an internal organisational statement or executive decision, and clear guidance disseminated for senior management in all countries of operation and organisational divisions.
2. Operationalise the commitment. Each agency should adopt an action plan for institutionalising and executing cluster responsibilities, including resourcing plans and adjustments to human resources, financing, procurement policies and a plan to ensure the mainstreaming of cross-cutting issues including environment, gender and HIV.
3. Clarify reporting lines/accountabilities for cluster coordinators and country directors/representatives, according to IASC guidance. Ensure that the reporting lines and performance objectives relating to clusters are written into position descriptions and performance appraisals. In addition, clarify reporting from global cluster lead agencies to the ERC.
4. At the national level, and ideally at regional field level, the cluster coordination role should be a full-time dedicated position. Adjust human resource training and recruitment practices to ensure that individuals are of sufficiently senior grade, and emphasise coordination skills over technical knowledge for these posts.
5. Renew efforts to enhance global emergency preparedness, designed in a way that will build upon rather than detract from national/local preparedness, with SMART targets and a timeline to meet them.

IASC Principals:

6. Strengthen and further clarify the function of Provider of Last Resort. Consider developing criteria for gap scenarios that would trigger POLR action on behalf of the cluster lead and the HC. Criteria could be related to the severity of need and/or the size of the population in need, and should take into account local capacities. Work with cluster lead agencies to help develop these criteria and develop internal procedures and/or links to external resources to ensure accountability within this process. Consider gap response funding approaches, based on existing mechanisms, to strengthen POLR credibility.
7. Establish no further clusters. The core humanitarian emergency sectors are now covered, and effectiveness gains begin to be overtaken by efficiency losses when too many separate bodies need to be serviced by participants and inter-cluster mechanisms. The evaluation has concluded that, because it does not encompass front-line humanitarian interventions, there is little value in

- agriculture functioning as a stand-alone cluster. There should be continued flexibility, in chronic emergency settings such as Chad, the DRC, Uganda and Somalia, where hybrid food security clusters (often jointly undertaken by WFP and FAO) have arisen organically and have been useful (see Recommendation 25).
8. Reaffirm and clarify the decision that early recovery should remain a global-level cluster, serving as a policy and strategy think tank, developing guidance tools and stand-by technical assistance capacity, and not be established as a stand-alone cluster at country level. Rather, it should be treated as a focus area within each cluster. To be useful, the 'network' idea encapsulated in the IASC decision must not be interpreted and applied as a new set of structures or meetings, but rather as a country-level technical capacity to provide advice and assistance to clusters in their early recovery activities.
 9. Resolve the leadership of the ETC cluster so that, in accordance with the purpose and principles of the cluster approach, there is a primary accountable lead entity. Due to its greater capacity and its willingness to take on this role, WFP seems the logical choice. If this were the outcome of current discussions on ETC leadership, OCHA and UNICEF should continue as active co-leads, and help ensure a smooth transition, and WFP should ensure that it adopts a participatory approach to cluster leadership in order to maximise efficiency and impact and ensure accountability.

OCHA/the ERC:

10. Further develop and harmonise criteria, for approval by the IASC WG, for activating individual clusters in sudden-onset emergencies. A flexible approach is recommended, to ensure that there is agreement between participants about the level of needs in advance of deploying human and financial resources. If a large number of clusters are activated, the RC/HC, in consultation with the recipient government, should be firm about prioritisation for funding according to the most urgent needs.
11. Develop global guidance for cluster transition/closeout with the goal of ensuring opportunities for using the cluster to build local response capacity, and support contingency planning.
12. The IASC should quickly agree to and disseminate a clear timetable for further rollout to other HC countries. The rollout should ensure that the cluster approach is integrated with (and does not duplicate) existing structures, and that field actors are given adequate guidance before and during its introduction. OCHA's role in this has proved crucial, and should be emphasised in further rollouts. Deploy an advance team of OCHA staff to oversee early implementation in new rollout countries. Specifically draw upon staff members who have experience with the approach in both chronic and rapid-onset contexts, and are familiar with best practice in explaining the new approach and controlling the number of meetings.
13. Develop clearer and more detailed guidance on working with recipient states where national disaster response structures are already in place, and in general strengthen and clarify guidance on the linkages between the cluster approach and emergency preparedness in countries. This would include guidance to RCs where there are no HCs.
14. The ERC should secure a commitment to the cluster approach at the highest levels within OCHA, and should prioritise the development of cluster expertise (as above) in policies, procedures, training, performance management and information management functions, including inter-cluster coordination and information management.

OCHA/cluster lead agencies at field level (with support of headquarters):

15. Develop and reach consensus on a simple, standard field-level information management system for inter-cluster communications and reporting, and to advise and support intra-cluster information flows. For the system's adaptation to and use in each country context, OCHA should coordinate with relevant host government institutions and systematically build on data systems already in place nationally.
16. Make national capacity-building a focus of the clusters' operations in chronic and recurrent emergency countries, with an agreed percentage of future cluster lead agency budgets dedicated to this purpose.
17. Carry out cluster-oriented contingency planning in all HC and disaster-prone countries (in line with the revised IASC CP guidelines), in which national authorities and other stakeholders are introduced to the cluster approach concept and what clusters can offer.
18. Initiate information and lessons learned exchanges between cluster countries.

Donors:

19. Address the problems NGOs face in accessing CERF and Common Humanitarian Funds as an immediate priority. Donors need to take responsibility and assume a leading role on this issue, rather than waiting for UN action. Possible options may include creating a simple pass-through mechanism at the country level within a UN agency (for instance a cluster lead passing through to a cluster partner or designated area co-lead), or ensuring that OCHA is unencumbered by heavy contractual or disbursement procedures, such as have complicated the Common Funds, or multiple overheads.
20. Support reasonable (i.e. well-planned, justified and transparent) requests from cluster lead agencies for additional resources to help them fulfil their cluster responsibilities.

21. Consider establishing inter-donor groups at country level to determine collective financing strategies in support of cluster-defined priority needs (where such groups do not already exist).
22. Encourage and incentivise operational partners to be active participants and contributors to their relevant clusters.

International NGOs:

International NGOs have an important role in helping to ensure that clusters remain sufficiently responsive to the realities of field programming, focused on the needs of beneficiaries, and open to innovation in programmes and policy. Given that the cluster system is enhanced by greater involvement of qualified NGOs as full partners at all levels, it is recommended that they, in accordance with their individual organisational mandates and with due regard to the humanitarian principles of neutrality, impartiality and independence:

23. Address the cluster concept at a senior management level, and consider developing an organisational stance/statement, as well as specific action plans, for future involvement. This should include internal communication/education efforts to ensure that staff possess awareness and understanding of the cluster approach. Commitments should acknowledge the existence of sector-wide and country-wide priorities that may go beyond individual programmes and organisational mandates.
24. Set and clearly communicate parameters for the level of engagement (time and resources) that can be expected in various clusters, including willingness and ability to take on a leading role at the global or country level, and to second staff as cluster coordinators when called upon to do so.

Specific agencies:

25. WHO – While continuing to build operational capacity, undertake an assessment of where WHO's coordination capacity and/or presence is currently lacking, and increase efforts to identify individuals to be seconded as cluster coordinators, and/or capable partner organisations to act as co-leads at national and sub-field levels. For new cluster countries, assess WHO's current capacity, and as necessary determine which cluster partner is best placed to take on the lead role at the time of rollout. This co-lead arrangement could be on a permanent basis or temporarily while WHO steps up its in-country capacity.
26. WFP – Given that the IASC has embraced the cluster approach as the preferred model for humanitarian response, and that food aid is often a critical component of response, WFP and its partners should consider establishing a food cluster at the global level, possibly with FAO as co-lead with WFP, as an alternative to the agriculture cluster. This could be an open forum for dialogue on policies, strategies and innovations in food programming, as well as alternatives and/or complements to food aid, and could provide technical assistance to field clusters in whatever form they take, depending on needs and conditions on the ground (e.g. food, food security).
27. UNDP – Build capacity to provide concrete operational project support to clusters facing early recovery challenges, and establish a stronger field presence to address recovery and transitional assistance issues.
28. UNHCR – When refugees are intermingled with IDPs or other affected populations, and the cluster approach has been activated, commit to working through a single coordination framework to help ensure comparably high standards of support to refugees and IDPs (while recognising the particular rights of each group and the mandated requirements of UNHCR to protect and assist refugees) as well as to achieve a more consultative and strengthened coordination approach. Continue to invest in training, learning and staff development in relation to IDP operations, and commit to harmonising standards of support for IDPs and other populations of concern, including refugee populations. Budget processes need to allow for sufficient capacity to respond to IDP caseloads and predictable partnerships – support for IDP programmes on a project basis may enhance flexibility and country-driven programme design, but needs to be bolstered by sufficient access to emergency reserves to allow rapid response.
29. UNHCR and protection cluster participants – Identify a focal point group and lead agency to focus on non-IDP protection issues. For this focal point and the other nine, clear operational TOR should be developed which include clarifying responsibilities in relation to the Provider of Last Resort concept within their respective issue areas.
30. UNHCR, OHCHR and UNICEF – Strengthen leadership capacity and predictability for the protection cluster in natural disasters. Ensure OHCHR and UNICEF have adequate capacities and resources to fulfil their standby roles through a contingency planning exercise, or else identify an alternative partner, to ensure that capacities are in place to meet these responsibilities.



Annex 1: Inception Report

Inception Report

IASC Cluster Approach Evaluation, 1st Phase

Submitted: 4 June 2007

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1. Objectives and scope of the evaluation

The IASC Principals have called for an evaluation of the Cluster Approach as it completes its second year of operation in order to assess overall performance and to identify and take forward the key lessons learned.

Under an HPG-CIC-Praxis collaborative arrangement, a five-person evaluation team will undertake the first phase of a project to evaluate the Cluster Approach to coordination of humanitarian action.

Based on the findings of this research, the team will work with cluster leads and sectoral experts to provide recommendations and advice on a framework for evaluating the Cluster Approach at the level of outcome and impact for potential use by the Cluster leads and the global and field levels, and in Phase 2 of the evaluation.

As stated in the Terms of Reference, the purpose of the review will be to assess the major achievements and shortcomings in the implementation and overall performance to date of the Cluster Approach against its functional objectives. These objectives, as defined by the IASC and summarised in the TOR, are broken down and outlined below. In some instances they have been restated or elucidated by the team based on their understanding of the issues and their envisioned analytical framework for the review.

Global objectives of the Cluster Approach:

- Predictable sectoral leadership and accountability at the global level
- Strengthened mechanisms for system-wide preparedness and enhanced technical capacity (human and material) for humanitarian response in the key humanitarian sectors
- Enhanced partnerships and agreed common standards, tools and guidelines at the global level, leading to streamlined and more effective response.

Country and field level objectives of the Cluster Approach:

- Increased predictability (of geographic coverage and sectoral responsibility)
- Demonstrated accountability (for sector-wide performance)
- Maximised partnership and buy-in from the major humanitarian actors to ensure a more strategic and coherent response in support of national-led efforts.
- Enhanced ability of the HC to lead a more strategic and coherent response on behalf of the international humanitarian community, and better influence how available resources are prioritised.

Of course, the overriding goal of the Cluster Approach or any other systemic improvement measure is not to strengthen coordination and performance for their own sake, but rather to improve outcomes for individuals and communities receiving humanitarian assistance. The evaluation was therefore conceived in two phases, the first to focus on performance and process, while in addition endeavouring to construct a realistic framework for a Phase 2 evaluation (of a necessarily longer timeframe requiring more in-depth field research) that would evaluate impact in terms of the aid system's likely contribution to humanitarian outcomes.

The contracting institution and administrative base for this project will be the Humanitarian Policy Group of the Overseas Development Institute (UK), and activities will be carried out between 1 June and 30 November 2007.

2. Description of proposed methodology

2.1 Methodological approach and data collection tools

The research will include both quantitative and qualitative methods and will consist of key informant interviews, document and data review, a web-based survey, in depth field-based research of four country cases and analysis of the sudden onset crises contexts where the Cluster Approach has been used.

The research plan is designed to inform two main outputs: First, a **systems-level assessment** (Output A) to evaluate the major achievements and shortcomings of the Cluster Approach, looking for trends toward key expected outcomes and assessing concrete changes in operational response (vis-à-vis effective coordination, leadership, coverage, and capacity of the collective humanitarian response) triggered by the new approach. This evaluation proceeds on the assumption that system improvements in humanitarian response—enhanced coordination/partnerships, coverage, timeliness, predictability, leadership and accountability—can be expected to contribute to improved humanitarian outcomes. See section 2.4 below for more details.

The second output will be a **consultation to develop a performance framework** (Output B) for assessing the beneficiary-level impact of the humanitarian response effort as newly configured in the Cluster Approach. This framework will be designed for use by the Global Cluster Leads and at the country level and will be available for Phase 2 of the evaluation (it will be considered preliminary, subject to modification by the Cluster leads and by the Phase 2 evaluation team). A more detailed description of the performance framework is included below, in section 2.5.

Key informant interviews

The team will conduct key informant interviews of up to 200 individuals. Interviewees will be selected based on their knowledge and experience in the Cluster Approach, and will include: representatives of all UN agencies, funds and programs who are full or standing members of the IASC, with an emphasis on the Cluster Lead Agencies (CLAs); recipient state representatives; representatives of UN peace support operations where relevant; donor governments; representatives from IOs and NGOs; and local NGOs. Thus a wide range of actors, including importantly governmental authorities, as well as UN and non-UN, participating and non-participating organisations, will be consulted for their views on the rollout, impact and inclusiveness of the Cluster Approach.

The management team at OCHA will assist the researchers by providing lists and contact information of the relevant agency personnel in HQs and Country Offices not included in the field visits. As explained in the “field visits” section below, OCHA representatives at the country level will arrange meetings with key informant interviewees (UN and non-UN) for the field visits. The research team will augment this list with additional contacts from the humanitarian practitioner and academic communities.

Survey

The team will design and upload a web-based survey, which will involve a structured questionnaire with a limited number of mostly closed-ended questions. The team will aim for 100-200 respondents, primarily in the field but also at the global level, who will be identified through “convenience sampling” (targeting stakeholders at locations where the Cluster Approach has been rolled out, but the team is unable to visit).

Document Review

The interviews and survey will be complemented by a desk review of relevant literature on the Cluster Approach and humanitarian reform more broadly.

In consultation with the review team, OCHA Geneva will establish a web-based library as a repository of relevant documents for this evaluation. OCHA, agencies, and the review team members themselves will be able to upload documents, which will be cross referenced by category and source. The team will review and synthesise this literature,

and will draw upon past interviews and analyses as a starting point to the research. Documents will include:

- Global appeals and reports (06/07);
- IASC WG and Principals’ background papers and decisions/recommendations pertaining to cluster approach from mid-2005 onwards.
- IASC Interim Self-Assessment of the Cluster Approach (and other IASC statements and reports);
- Country self-assessments;
- Other evaluations/reviews on the Cluster Approach, including mission reports from roll-out countries both pre- and post-cluster implementation;
- Country level humanitarian action plans /work plans and CAP documents, CCAs and UNDAFs where relevant;
- Internal and published reports, evaluations and policy documents from IASC member agencies, NGOs, the Red Cross movement, and government donors on issues related to humanitarian reform;
- Annual reports of cluster lead agencies and partner organisations [to help with initial analysis of transaction costs, for instance, mentioned below];
- Select documents from countries / emergencies where the Cluster Approach has not been rolled out;
- Relevant secondary literature.
- Recent Evaluations and Reviews relating to humanitarian reform (e.g. Pakistan/Mozambique Inter-Agency RTEs, OCHA CERF evaluation, UNHCR Cluster RTEs)

For the performance measurement work (Output B), the team will draw on existing monitoring/evaluation frameworks for the Cluster Approach (where available) and other relevant, outcome-oriented performance frameworks and standards in the humanitarian sector used by both donor governments and humanitarian agencies to assess current good practice.¹ It will also examine the availability of baseline data from key sources in the humanitarian community.

Financial analysis

In addition to the qualitative analysis, the research team will gather quantitative data wherever possible, in the interest of analysing trends in financing patterns in relation to countries with Cluster Approach in place. In particular, new emergencies will be compared against similar emergencies (by type and region) in past years. This data will be drawn from OCHA’s Financial Tracking System (FTS) and Cluster budgets and reports.

Field Visits

Team members will visit four Cluster Approach pilot countries: DRC, Uganda, and (for Somalia) Kenya, and Chad. These four were chosen after discussions with the management team and the Steering Group, taking into account such factors as: current status (the cases represent new and ongoing rollout of

¹ To include, for instance, a set of indicators devised in 2004–2005 by the Internal Displacement Division to assess IDP response in eight priority countries.

clusters), past studies undertaken, and ability of the Country Team to program and host a productive field visit during the time frame. In addition, a fifth ‘case’ will be an in-depth examination—through a desk review and phone interviewing of the sudden-onset emergencies where the Cluster Approach was used: Pakistan, Lebanon, Yogyakarta (Indonesia), Philippines, Mozambique and Madagascar. These sudden onsets will be examined in detail via desk review. These will not be visited due to limitations of time and budget, but also because with the acute crises having passed, many of the key informants involved in the clusterisation process have moved elsewhere. In the four field visits, the researchers will undertake intensive interviewing of stakeholders and observe the Cluster Approach and related processes in operation. Once travel dates are confirmed, the OCHA Country Office focal points for this project will take the lead in programming itineraries. The objective will be to make the most productive use of the researchers’ time in country, so that they can engage with as wide a range of stakeholders as possible, including humanitarian actors who remain outside the Cluster system.

2.2 Organisation of the review/evaluation

The five-person team will undertake the evaluation described above, with administrative and programming support from ODI. ODI will be responsible for all project management throughout the period of the evaluation. The research team will retain editorial control over the final report. OCHA-ESS, in conjunction with a Steering Group consisting of key stakeholders from the IASC and donor representation, will provide guidance and input to the overall process, including feedback on the general approach for the evaluation, comment on the inception report and draft report, and provide assistance on templates and technical standards for evaluation. OCHA-ESS will convene and coordinate the Steering Group, and will be responsible for compiling comments on the reports and disseminating the final report.

The Steering Group will be the main reference group at the global level. In order to promote ownership and sustainability of the evaluation’s recommendations, the researchers will seek to consult with key stakeholders on an ongoing basis, including on the development of performance frameworks described above. A first draft of the report will be shared and feedback solicited from a broad collection of stakeholders, including but not limited to the Steering Group.

2.3 Key informants and agencies

The following is a list of persons considered by the research team to be key informants:

Global and (as relevant) regional level:

- UN agencies and IOM
- INGOs, both those participating in Cluster Approach and those not, including INGOs acting as cluster lead agencies
- ICRC, IFRC and national Red Cross and Red Crescent representatives
- Member state donors and ECHO. Donors consulted will include those who have supported Cluster Appeal as well as those who have not
- Representatives of governmental institutes/donors and private sector companies that have participated in clusters at both global and field level.
- Independent researchers and academics with expertise on humanitarian coordination and reform

Field visits:

All of the above, adapted as necessary, as well as:

- Government representatives of the recipient states, including those who have participated in cluster coordination
- A sample of local NGOs, including those who have participated in cluster coordination.

The management team at OCHA will assist the researchers by providing lists of contacts in Headquarters and Country Offices not included in the field visits. The research team will augment this list with additional contacts from donor governments, humanitarian practitioners and academic communities.

2.4 Output A: Systems-level assessment – Key questions and performance criteria

The TOR for the study listed the following questions to be examined by the team, based on the expected outcomes as described in the IASC Guidance Note:

- “Did the Cluster Approach make response **more predictable** in terms of clearer roles and responsibilities, better leadership, preparedness and application of standards in all areas of humanitarian work?”
- Did the Cluster Approach help to close **gaps** (which ones addressed/remaining) and respond to **identified needs** (which ones)?
- Did the Cluster Approach improve the **quality of partnerships, especially the involvement of NGOs** (in planning, prioritisation, resource mobilisation, needs assessment, etc)?
- Did the Cluster Approach clarify and improve **leadership and management accountability** for response? Have lines of accountability been established or strengthened from HC to ERC, cluster leads to the HC, and global cluster leads to ERC?
- Did the Cluster Approach promote **better assessment of needs, prioritisation** and planning within each sector, and across sectors? Did this result in better CHAPs and CAPs, and their planning and implementation?”
- Has the Cluster Approach increased sustainability in terms

of donor and host state engagement and building of capacities and levels of preparedness?

The matrix below includes the questions outlined in the TOR, with additional questions added by the reviewers. These in turn have been expanded and broken down into component questions, and the team has listed possible indicators for each question area. It will be a significant challenge to this study that the intended goals of the Cluster Approach were not originally well-framed in terms of specific, measurable objectives. It is therefore the task of the evaluation team, with the guidance of OCHA and the Steering Group, to develop indicators and proxy measures to gauge the success or failure of the mechanism. It is expected that these indicators/proxies will be refined as the study proceeds.

While acknowledging that two years is a relatively short span of time in which to assess success or failure of a major new initiative, the research will seek to identify concrete results that have tangibly improved (or have the potential to improve) field-level performance. In other words, the balance of attention will be weighted to the field more so than global/headquarters efforts. Without discounting the importance of interagency coordination and consensus building, the study will not track such process indicators as the number of interagency meetings held, working groups and networks established, etc. Outputs such as trainings held, workplans and guidelines produced will be tracked in terms of their use in current operations or preparedness packages, and the degree to which they have contributed to clarified roles and responsibilities.

2.5 Output B: Performance framework developed for use in Phase 2 of the evaluation

The Phase 1 research team is tasked, as a second principal output, with the development of an outcome-oriented performance framework. As stated above, the systems level assessment of the Cluster Approach takes as its fundamental assumption that improvements in coordination and coverage that lead to more efficient and timely responses contribute in turn to improved humanitarian outcomes at the beneficiary level. Since improved outcomes are the ultimate aim, many would argue that it is necessary to measure the performance of the Cluster Approach against this standard. There is considerable debate, however, as to the feasibility of attributing causality between improvements in process and concrete outcomes at the beneficiary level. Particularly in complex emergencies, so many different factors affect humanitarian outcomes on the ground that it is extremely difficult to draw a causal link between the intervention and the outcome with any certainty. This question arose in the planning for the study's Terms of Reference, with the resulting compromise reflected in the division of the evaluation into two phases, with Phase 2 designed to seek evidence for the impact of the Cluster Approach and "potentially broaching data collection with affected populations or intermediaries."

The performance framework for Phase 2 will be developed in collaboration with the global cluster leads and with advice from cluster members and sectoral experts. It will also be provided to the evaluator(s) who are commissioned with Phase 2 to modify or adapt as needed. The framework is anticipated as a dual-level assessment tool: to measure performance of each cluster, and to measure performance of the Cluster Approach as a whole. The performance framework will include and build upon process-level as well as beneficiary-level indicators. In particular, parts of the framework to measure the performance of the Cluster Approach as a whole will be built on the matrix of process-level indicators described in section 2.4.

• Identification of most relevant and measurable sectoral indicators

To develop the part of the framework designed to measure the impact of each cluster, the evaluators will work closely with Cluster Lead Agencies (CLAs), cluster members, and external sectoral experts to review and discuss existing performance frameworks and possible constraints and challenges to measuring cluster performance.² The purpose of the exercise will be to identify which key indicators in each sector would be most appropriate to examine, including potentially those at the beneficiary level. WHO, for example, have indicated that they are in the process of developing indicators for the health cluster, and the Internal Displacement Division, OCHA developed a set of indicators in 2004-05 to assess IDP response in a range of countries. The team will attempt to determine those outcome indicators that not only could point to a causal contribution of the Cluster Approach with some rigor, but also for which there are comparative baseline data available.

It will be important that the clusters and CLAs retain ownership over the process of creating and using performance frameworks. It is hoped that this consultation will act as a useful opportunity for informal 'field-testing' of the frameworks and reflection on the needs for further development.

• Identification of overall performance indicators to assess the overall impact of the cluster approach

Parts of the framework to measure the performance of the Cluster Approach as a whole will be built on the matrix of process-level indicators described in section 2.4. At the beneficiary level, because the clusters attempt to systematise and more consistently link together the efforts of the multiple humanitarian actors, the outcome-oriented level assessment may also attempt to measure the impact of the "unified" efforts on the humanitarian conditions of the affected population. The inherent difficulties in tracing cause and effect for each sector's performance are compounded when seeking to examine the system wide impacts at the beneficiary level. However, as part of the framework development exercise, the

² Each cluster, for example, will be asked to provide the evaluation team with copies of any performance frameworks that they have developed. These will then be discussed and reviewed with the CLAs and cluster participants (and in some cases non-participants), at headquarters and field level (during visits), and with outside experts from the relevant sector.

Research framework matrix

Areas of inquiry	Component questions	Proposed indicators (source)
<p>Effectiveness of Cluster Approach in meeting key goals</p> <p>1. Did the Cluster Approach help to close gaps and respond to identified needs?</p>	<ul style="list-style-type: none"> • Of the major sectoral gaps in recent emergencies and as identified in HRR, and other evaluations, which were gaps of <ul style="list-style-type: none"> – technical expertise in each sector; – senior leadership in the field; – materials/stockpiles; – agreed common standards, tools, guidelines; – basic field level staff capacity and operational presence; – or planning and preparedness deficits? • To what extent have these capacity shortcomings and requirements been quantified? • How has preparedness and surge capacity improved in each of the clusters? • Has the focus on forgotten emergencies increased? What part has been played by global cluster leads in this? • Has the identification of cross-cutting issues (e.g. gender, HIV/AIDS, environment) within the Cluster Approach contributed to these issues being addressed in ways that close gaps and respond to needs? 	<p>In rollout countries:</p> <ul style="list-style-type: none"> • Increased number of needs assessments in under-served sectors (CHAPs and other needs assessment reports) • Number of programs/ agencies implementing in previously under-served sectors (WDWW information, CAPs and related reports) • Increased field deployments of senior sector specialists (agency reports and interviews) <p>In new emergencies:</p> <ul style="list-style-type: none"> • Shorter lag time between onset/ declaration of emergency and deployment of emergency sector specialists and/or full pipeline flow for each sector (CAP/CHAP and agency reports) <p>Global level:</p> <ul style="list-style-type: none"> • Standby staff rosters and material stockpiles in place relative to assessed requirements, e.g. 3 major emergencies/year, with 2 simultaneous (interviews and global cluster reports) • Increase in global financial allocations and agency presence in ‘forgotten emergencies’ (FTS data) • Cluster work plans incorporate cross-cutting issues in ways that enhance overall response (cluster work plans, interviews) • Thematic groups established on cross-cutting issues that help actors to effectively incorporate these issues into responses, where relevant (interviews)
<p>2. Did the Cluster Approach make response more predictable in terms of clearer roles and responsibilities, better leadership, preparedness and application of standards in all areas of humanitarian work?</p>	<ul style="list-style-type: none"> • Did Global CLAs/ OCHA effectively brief the HC on whether and how to apply the cluster approach at country level? • How far did CLAs progress on standard setting and standardisation in needs assessment, preparedness and response within their sectors, globally in the field? • Did the HC clearly communicate the initiative and its goals to the Country Team, other humanitarian agencies and the recipient state? • Did leads arrange for coordination coverage in all locations of need? • Did field level actors understand the purpose and functioning of the cluster system? 	<ul style="list-style-type: none"> • Agreements and MOUs made at global level on cluster rollout process (interviews, relevant documents) • HC and UNCT agreed on cluster leads for all affected areas, and this information conveyed to humanitarian community and recipient state (interviews and relevant documents) • CLAs designated or deployed staff member for cluster lead role at country and provincial levels. (agency reports, interviews) • CLAs provided these staff members with toolkits/templates for cluster responsibilities (e.g. sample TORs, partner profile/capacity forms) TORs established within first two weeks of

(continued)

Areas of inquiry	Component questions	Proposed indicators (source)
2. (continued)	<ul style="list-style-type: none"> • How high were levels of awareness about who was leading which cluster, and buy-in from non-UN actors, including the recipient state • Did participants to the Cluster Approach get the info they needed in a timely way? 	<ul style="list-style-type: none"> • Cluster activation (cluster meeting records) • Information sharing/cluster communication system established (interviews, cluster meeting records) • Proportion of relevant actors in the sector who were aware of the arrangement within 2 weeks of its establishment, and either participated in cluster activities or used the mechanism as a forum to exchange information (interviews, cluster meeting records)
3. Did the Cluster Approach improve the quality of partnerships, especially the involvement of the recipient state, NGOs and donor govts (in planning, prioritisation, resource mobilisation, needs assessment, etc)?	<ul style="list-style-type: none"> • Were field-level cluster leads proactive in bringing in the appropriate actors, including from government and local NGOs? • Were decisions taken in a participatory manner? • Did the cluster function as a forum to share information about potential local partners? • In which cases were funding mechanisms used (by whom? CLAs? HCs?) As an incentive and a means to coordinated planning? • Have local NGOs seen increased opportunities to participate in information exchange, prioritisation and decision making? Has their access to international funding channels and inter-organisational partnerships increased? • At the field level (and to a lesser extent the global level), did non-UN participants see a net benefit to participating (i.e. increased admin costs to participate vs. improvement in quality/relevance of coordination)? 	<ul style="list-style-type: none"> • Evidence of joint needs assessment and /or sharing of needs assessment findings (CHAPs and other needs assessment reports) • Joint fundraising approaches (CAPs and other fundraising documents) • Stable or rising ratio of aid funding to non-UN actors relative to UN actors (FTS data, interviews) • Increased volume of aid flows to local NGOs through joint appeal mechanisms (field visits, FTS data) • Proportion of clusters with ongoing dialogue and sharing of information with ICRC and other non participating orgs such as MSF (survey, interviews) • Proportion of non CLAs who felt that cluster participation led to increased quality of operations (survey, interviews) • Proportion of recipient state actors who felt that the cluster approach was inclusive and increased overall impact (interviews)
4. Did the Cluster Approach clarify and improve leadership and management accountability for response, namely, HC to ERC, cluster leads to the HC?	<ul style="list-style-type: none"> • Does the HC have the capacity to assess performance and the recourse to replace a poor-performing cluster lead? • Are HCs now formally assessed on this role? • Do the HCs have the right competencies and experience to fulfil the leadership role under the clusters? • What are the actual line management links of HCs to ERCs; and Cluster leads to HCs? What are those links of global cluster leads to the ERC? How do these affect traditional reporting lines through executive boards etc? • Was the scope of cluster leadership—in ensuring response capacity, assessment planning and response, and acting as a ‘provider of last resort’—clear in each context? 	<ul style="list-style-type: none"> • HC established field-capital cluster project vetting and prioritisation process and inter-cluster consultation systems (interviews and supporting documents) • HCs in Cluster Approach countries seen by humanitarian actors as capable of implementing cluster approach (interviews and supporting documents) • New cluster lead appointed in areas where global lead agency had insufficient capacity (interviews and supporting documents) • HC TORs and assessment tools adapted to include clusters within their area of responsibility/examination (HC TORs and assessment tools)

(continued)

Areas of inquiry	Component questions	Proposed indicators (source)
	<ul style="list-style-type: none"> • Have standard M&E systems been designed, agreed and implemented to monitor at global and country levels? • What mechanisms are in place for performance monitoring of global and country-level cluster leads, both internal to the agency and externally by those participating in the clusters? • What was the outcome of the CA application in terms of accountability (and predictability/gap filling...?) with respect to cross-cutting issues? 	<ul style="list-style-type: none"> • Cluster lead TORs and performance measures established at global and country levels (CLA and cluster documents)
<p>Relevance Did the Cluster Approach promote better assessment of needs, prioritisation and planning within each sector, and across sectors?</p>	<ul style="list-style-type: none"> • Were CHAPs and CAPs improved in their planning and implementation, and can this be attributed to cluster leadership? • Did the cluster approach effectively contribute to other in-country planning processes? • Do cluster planning and prioritisation processes offer advantages over sector based approaches? 	<ul style="list-style-type: none"> • Increased baseline data gathered under CA compared to prior, non-Cluster Approach years. • Prioritisation of needs clearly identified (including process for prioritisation) • Workplans implemented. Reviews/consultations reveal that workplans facilitated response better than previous systems in place
<p>Sustainability 1. Has the Cluster Approach increased the confidence of contributing donor governments?</p>	<ul style="list-style-type: none"> • Have there been shifts in donor agency policy and/or structures to support and sustain the Cluster Approach? • Have there been changes in funding decisions-reflected by funding levels and the nature of allocations? 	<ul style="list-style-type: none"> • Increase in funding levels to and percentage of requirements covered in consolidated appeals (CAPs) from 2006 to 2007 (FTS data) • A greater number of donors participating in 2007 global appeal (Appeal documents) • Funding levels of global participating donors in Cluster Approach countries. (FTS data)
<p>2. Has the Cluster Approach increased the engagement of host state authorities, and/or the ability of the humanitarian community to work with them?</p>	<ul style="list-style-type: none"> • Are recipient states regularly consulted on prioritisation and decision-making for interventions? • Are authorities involved in monitoring/reporting processes? 	<ul style="list-style-type: none"> • Govt involved in needs assessment processes (interviews, needs assessment documents) • Government attendance at Cluster meetings (interviews, cluster meeting documents)
<p>3. Have the global cluster capacity building efforts resulted in sustainable capacity gains that are manifested in field operations and in substantially increased level of preparedness for sudden-onset emergencies?</p>	<ul style="list-style-type: none"> • Have growth targets set against a baseline of current capacities been mapped in each clusters? • Have CLAs mainstreamed their cluster activities (and the ongoing expenses associated with them) into their core budget or financial planning? • What is the breakdown of one-off vs., recurrent costs? • Have global CLAs met their targets for capacity-building? • Have global CLAs managed to establish and maintain effective links to field operations, in both ongoing and sudden-onset emergencies, to provide focused support to field level clusters? • Have responses to recent sudden-onsets benefited from increased response capacity in terms of more timely, effective and predictable sectoral responses? 	<ul style="list-style-type: none"> • Existence of frameworks to measure the overall global performance of each cluster over time (cluster documents) • Percentage of targets met in staff capacity (standby rosters, individuals trained and quickly deployable); • Percentage of targets met in material assets (stockpiles and supply chains) (interviews, cluster-specific documents and plans); • Existence of agreed common standards, tools and guidelines; (Global Cluster Appeals 2006 (and Update), 2007; Report on Implementation, 06-07); • Decreased response time of international humanitarian actors in sudden-onset crises, attributable to increased preparedness (interviews, case studies)

evaluators will explore possible indicators (e.g. numbers of beneficiaries accessed by aid actors, overall response rates, including decreased response time of the international system and increased percentage of targets met) that could realistically, if broadly, suggest a relationship between the humanitarian intervention as organised by the Cluster Approach and results of the response on the ground. This will again depend on the availability of a baseline of comparison, not only of conditions pre-and post emergency, but results of past interventions pre-Clusterisation.

However the evaluation team recognises from the outset that there will be limitations to developing beneficiary level impact indicators and will seek to tailor the framework to suit what is realistically measurable rather than what might be ideal.

3. Themes and specific issues to be addressed

Leadership, accountability, and the HC system

The Cluster Approach grew out of longstanding frustration with the lack of predictability and leadership in humanitarian response, and with operational gaps in the mandates of the humanitarian agencies, particularly regarding IDPs, for whom no one agency had explicit responsibility. While each CLA is vested with responsibility for their sector, the ultimate locus of leadership and accountability in the field rests with the Humanitarian Coordinators. Serious examination of the HC system – and by extension the RC/RR system – cannot be avoided in an assessment of the Cluster Approach, as it is pivotal to the mechanism's success or failure. This includes cultivation and recruitment of qualified HC candidates, ongoing development of HC training, and the challenges to widening the human resource pool. How is leadership of the clusters affected by the different roles of RCs and HCs, particularly when combined in the same person? Integrated mission settings pose another set of questions. For instance, what is the impact of multi-hatted RC/HC/DSRSG roles in terms of humanitarian leadership on the wider humanitarian community?

Beyond the question of whether agencies are accountable to the HC, the HC to the ERC, and general “upward accountability” to donors, a further issue to be examined is “big picture accountability” also known as “downward accountability” to the beneficiaries themselves. For example, are country teams developing any practical mechanisms to ensure accountability to disaster-affected communities? Finally, What is the impact/relevance of the core ‘cluster approach commitments’ (partnership, predictability, accountability, generic TOR for cluster leads, mainstreaming cross-cutting issues, improved standards and M&E, etc) and the fact that they have not been adopted universally by all humanitarian sectors?

Provider of Last Resort:

The goals of the Cluster Approach go beyond operational coordination and harmonisation of activities. By identifying a lead agency for each of the eleven humanitarian sectors, which

commits, in all but one case³, to serve as “provider of last resort”, it seeks to build predictability and accountability into the system, and strengthen partnerships. It also challenges agency personnel to shift their mindset away from their individual organisation's mandates and interests to assume a broader sense of responsibility for sector coverage and performance.

Strengthening Partnerships (Res. 46/182)

The emphasis on strengthening partnerships between UN and non-UN actors did not originate with the HRR recommendation, but goes back to General Assembly resolution 46/182 in 1991 that established the current system of humanitarian coordination, with the express acknowledgement that IO and NGO humanitarian actors are essential to humanitarian response and are partners on an equal footing. The partnership element of humanitarian reform has sparked significant debate. NGOs have expressed concern that recent reform processes are overly UN-centric, which has led to crowding out of NGOs from some of these reform processes. NGOs have not had a positive experience with Common Funds, or with CERF, to which they have not been granted equal access, and preliminary financial analyses show that NGOs have received a decreasing share of humanitarian funding since these mechanisms were launched. This study will pay careful attention to this partnership issue as it relates to the Cluster Approach. It will seek to gauge how IO and NGO engagement and participation has been improved or not within the coordinated response. The issue of IO and NGO participation will be understood in the context of the global trend of NGOs' assuming an increased share of humanitarian delivery, and therefore with an eye towards understanding how IO and NGO participation in the Cluster Approach (or lack thereof) affects overall humanitarian delivery. In addition to analysing the extent of international NGO engagement and their perceived costs and benefits, local NGOs will be examined separately as a having a distinct set of interests and potential opportunities and vulnerabilities in relation to the Cluster system.

Recipient state

The issues, opportunities, and challenges regarding host state participation need to be closely considered, given that the Cluster Approach was designed in part to “make the international humanitarian community a better partner for host governments... and to avoid situations where governments have to deal with hundreds of uncoordinated international actors” (IASC, 2006). The evaluation will examine the role of the recipient state in the cluster approach, the extent to which the clusters took into account the capacities of the national, regional and local authorities, the perceptions of the authorities on the effectiveness and timeliness of the new coordinating model, and the extent to which the recipient states' own organisational response architecture has had to be adapted to that of the Cluster System.

³ The IFRC has signed a particular MOU with UN OCHA outlining that it will advocate for adequate response, rather than act as ‘provider of last resort’.

Cross-cutting issues

The review will examine the extent to which cross-cutting issues—including but not limited to age, diversity, environment, gender, HIV/AIDS and human rights—are incorporated into the Cluster Approach, including whether and how such issues are mainstreamed into sector work plans and appeals, how certain issues become prioritised, and/or thematic groups are established. In doing so, it will seek to gauge whether and in

which cases cross-cutting issues have been successfully incorporated into the Cluster Approach for the benefit of a more effective response. It will also ask: in cases where cross-cutting issues have not been incorporated, to the detriment of overall response, what accountability mechanisms exist? The review will document the decision-making processes that led to certain cross-cutting issues (e.g. protection, early recovery) becoming clusters.

4. Plan of work and timetable

Project Activity/Outputs	Timing
Preparatory work Finalise contract arrangements Develop initial work plan and methodology Meet in Geneva with OCHA PDS & HRSU, and attend Global Cluster Appeal workshop Develop individual team members' TORs Draft and submit inception report for feedback from Steering Committee Establish web-based library for documentation Develop TORs for field visits	May–first week June
Documentation review Request agencies to upload documentation to web-based library Establish system for Steering Group members uploading, review and notation of documents Review and summarise documents	June–July
HQ-based interviewing New York interviews (CLAs and other agencies, OCHA staff, ERC, NGOs) Geneva interviews (CLAs, IOs and donors) Rome interviews (CLAs) Interviews with sectoral specialists Global telephone interviewing/surveying (agency, IOs and donors)	June–July Ongoing (June–Sept)
Survey Design of survey instrument Pilot/revision Launch/dissemination	June/July
Field visits Field visit programming Field visits – Uganda/Somalia (Nairobi): beginning-mid September Field visit – DRC: mid-end August Field visit – Chad: end August – beginning September	Between July and end September
Synthesise information from field reports, surveys and HQ based interviews	First two weeks October
First draft of evaluation report and framework consultation submitted to stakeholders' group (key informants) for review and comment Main Findings and Conclusions for IASC WG Background Note	Mid October
Workshop and consultation (reference groups tbd)	End October
Comments incorporated and final report submitted to IASC WG	Mid November
Wider dissemination to be decided ahead of the IASC WG meeting and after consultation.	End November – mid December

5. Outputs, Reporting

Outputs and deliverables will be as follows, as also reflected in the timetable above:

- 1) An **inception report** (this document)
- 2) The final output of the consultancy will be an **evaluation report (final report)**:

Working outline of study report:

1. Executive Summary – synthesis of main findings, highlighting major achievements and shortcomings, compendium of main recommendations
2. Introduction – goals of the study and methodological approach
3. Background on humanitarian reform and the goals and expectations of the Cluster Approach
4. Effectiveness of Cluster Approach in
 - 4.1. filling gaps
 - 4.2. promoting predictable and accountable leadership
 - 4.3. improving partnerships
 - 4.4. enhancing standards
5. Relevance of Cluster Approach as strategic planning tool to meet priority needs
6. Sustainability of Cluster Approach contributions to improved humanitarian response
7. Profile and progress assessment of each cluster

Programmatic Clusters

- 7.1. Camp Coordination and Management
- 7.2. Health
- 7.3. Nutrition
- 7.4. Protection
- 7.5. Shelter
- 7.6. WASH

Supporting/service Clusters

- 7.7. Logistics
- 7.8. Telecommunications

Cross-cutting Cluster

- 7.9. Early Recovery

New Clusters

- 7.10. Agriculture
- 7.11. Education

The “Non-Clusters”: issues and debates

- 7.12. Food
- 7.13. Refugees
8. Global Cluster capacity building - What does it mean to build capacity at the global level, and how is this seen to translate into better humanitarian outcomes in the field?
9. The Humanitarian Coordinator system

10. The Role of the recipient state
11. The role of NGOs
12. Cross-Cutting Issues

The following additional outputs will be produced as intermediary steps:

- A first draft report to be presented to the Steering Group
- A draft final report, reflecting comments received from the Steering Group
- Presentation of the draft final report (including a PowerPoint and proposal for utilisation of findings). This will be presented at a workshop with key stakeholders, including donors, on the draft final report
- Final report taking into account pertinent comments made during the workshop
- One- or two-page syntheses for debriefing with major stakeholders (heads of agencies, donor missions, etc.)

The final report will be no more than 20,000 words and will include an executive summary (up to 2,500 words) addressing the key issues indicated above. The report will provide succinct conclusions for each issue as well as specific, targeted and action-oriented key recommendations. The annexes will include a description of the method used, a bibliography, list of persons interviewed and the terms of reference, as well as any other documents supporting methodology (such as survey questionnaires and structure of interview questions) and evidence of the findings (such as frameworks, guidance materials).

Team profile and division of labour

Profiles of consultants

Team leader

Dr Abby Stoddard, Senior Associate, CIC

Background/Expertise: humanitarian evaluations, UN system and humanitarian reform, NGO financing and operational capacities, humanitarian field operations, transitional assistance, humanitarian and reconstruction financing.

Team members

Dirk Salomons, Litt. Drs., Managing Partner, the Praxis Group, Ltd.

Background/Expertise: UN humanitarian system and peace-keeping operations, UN management, post-conflict recovery, and management consulting, with considerable experience conducting complex evaluations.

Ms Adele Harmer, Research Fellow, HPG/ODI (seconded to CIC)

Background/Expertise: Humanitarian aid architecture, humanitarian financing, institutional reform, aid donorship, sector coordination, management consultancy.

Ms Victoria Wheeler, Research Fellow, HPG/ODI

Background/Expertise: civilian protection, humanitarian reform, aid policy, aid programming and financing; institutional performance evaluation, military and humanitarian relations.

Ms Katherine Haver, Research Associate, CIC

Background/Expertise: UN humanitarian system, humanitarian financing, coordination and programming, statistical data gathering and analysis.

In addition, the team will be aided and advised by CIC co-Director Dr. Bruce Jones and HPG Director James Darcy, who will provide strategic guidance and oversight of the evaluation. The team also has access to additional technical expertise from the Praxis Group.

Division of labour

Project Activity/Outputs	Team member ("Team" means AS/AH/DS/VW/KH)
Preparatory work Finalise contract arrangements Develop initial work plan and methodology Meet in Geneva with OCHA ESU & HRSU, and attend Global Cluster Appeal workshop Develop TORs for team members Draft and submit inception report for feedback from Steering Committee Develop TORs for field visits	AH/AS Team AS AS Team AH
Documentation review Ensure that system is established for uploading, review and notation of documents on web-based library Review and summarise documents	KH (with OCHA) Team
HQ-based interviewing New York interviews (CLAs and other agencies, OCHA staff, ERC, NGOs) Geneva interviews (CLAs, IOs and donors) Rome interviews (CLAs) Interviews with sectoral specialists: (<i>tentative</i>) <ul style="list-style-type: none"> • Health, WASH, nutrition, emergency telecoms, agriculture, (food) • Protection, CCCM, logistics, (refugees)s • Early recovery, shelter, education Global telephone interviewing/surveying (agency, IOs and donors)	AS/AH/KH/DS AS/AH/VW AS/AH AS/KH AH/VW DS Team
Survey Draft and disseminate online survey to field and HQ	KH (with Team and OCHA)
Case studies (<i>tentative</i>) Field visit programming Field visits – Uganda/Somalia (Nairobi) Field visit – DRC Field visit – Chad Sudden onset case studies	AS/AH/KH AS/KH VW DS AH
Synthesise information from field reports, surveys and HQ based interviews	Team
First draft of evaluation report and framework consultation submitted to stakeholders' group for review and comment	Team
Workshop and consultation	Team
Comments incorporated and final report submitted	AS/AH/KH
Presentation at IASC WG (Rome) and with other constituencies (tbd Donors / Member States, OCHA management...)	AS/DS



Annex 2: Survey results

1. Methodology

To get a broader overall picture and better include the perspectives of those not interviewed for the study, the team designed a web-based survey of 25 questions that was posted from 15 August to 20 September in English and French and widely disseminated with the assistance of the steering group

and individuals interviewed for the evaluation. OCHA circulated the survey to relevant field offices. The survey was also circulated via NGO consortia, but the ICRC declined to circulate it within their membership. Governments were not targeted due to limited time and resources, but doing so could have yielded interesting results. The total number of completed surveys (334) exceeded the team's target number for response (200).

Table 1: Survey questions

Question	Choices
1. What organisation do you work for?	FAO ICRC IFRC IOM OCHA UNICEF UNDP UNFPA UNHCR WFP WHO International NGO National Red Cross/Red Crescent society Local NGO Other, please specify:
2. In which country do you work?	
3. Which cluster have you been MOST involved in?	Agriculture Camp Coordination and Camp Management (CCCM) Early Recovery Education Health Logistics Nutrition Protection Shelter Emergency Telecommunications WASH Environment (cross-cutting issue) Gender (cross-cutting issue) HIV/AIDS (cross-cutting issue)
<i>Please note: Answer the following questions based on your direct experience of the cluster you selected in the question above. If you do not have enough information to answer check "don't know / can't answer."</i>	
4. How would you rate the overall leadership of the cluster lead agency/agencies?	Excellent Good Fair Poor Don't know / can't answer

Table 1: (continued)

Question	Choices
5. How would you rate communication and information sharing between the cluster lead(s) and cluster participants?	Excellent Good Fair Poor Don't know/can't answer
6. How would you rate your understanding of the purpose and functioning of the cluster approach?	Excellent Good Fair Poor Don't know/can't answer
7. Does your cluster have a clear method or framework to measure its performance?	Yes No Don't know/can't answer
8. How would you rate the participation of non-UN humanitarian agencies in the cluster?	Too much About right Not enough Don't know/can't answer
9. How would you rate the participation of host government authorities in your cluster?	Too much About right Not enough Don't know/can't answer
10. Has the cluster approach has improved opportunities for <i>local</i> NGOs to participate in humanitarian response?	Yes No Don't know/can't answer
11. Describe the level of time spent in cluster meetings:	Not enough About right Too much Don't know/can't answer
12. Have any of the following cross-cutting issues been <i>insufficiently</i> addressed by your cluster?	Age Gender Diversity Environment HIV/AIDS Other (fill in) Cross-cutting issues are well-addressed Don't know/can't answer
13. (For field-based staff only) Does the global cluster provide adequate support to the field cluster?	Yes No Don't know/can't answer Not applicable (HQ staff)
14. Do you have experience working in humanitarian settings where the Cluster Approach was not used?	Yes No
15. If yes, please answer the following: Compared to your past experience of coordination and response in humanitarian contexts, how would you rate the impact of the Cluster Approach in terms of: Facilitating timely response to identified needs?	Great improvement Some improvement No improvement Worsened Don't know/can't answer

Table 1: (continued)

Question	Choices
16. Facilitating joint assessments and strategic planning?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
17. Increasing overall preparedness for rapid response?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
18. Increasing the human resource capacity of the sector?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
19. Identifying and responding to gaps in services?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
20. Raising awareness and mobilising financial resources for response?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
21. Improving leadership and accountability?	Great improvement Some improvement No improvement Worsened Don't know/can't answer
22. If you can, please give an example of a significant success in the cluster:	
23. What are the biggest challenges faced by your cluster?	
24. On balance, would you say the cluster approach has provided added value:	Yes Not yet, but has potential No, unlikely to demonstrate added value
25. Are there any other issues you would like to highlight?	

2. Breakdown of respondents

Table 2: Organisations

Organisation	Number	Percent
UNICEF	102	31%
INGO	91	27%
UNHCR	36	11%
OCHA	20	6%
WFP	19	6%
UNFPA	13	4%
IFRC	7	2%
LNGO	7	2%
(blank)	4	1%
FAO	3	1%
Government	5	1%
ICRC	3	1%
WHO	5	1%
IOM	5	1%
UNDP	4	1%
Private sector/consultant	3	1%
UN (unspecified)	3	1%
UN Peacekeeping	2	1%
Red Cross/Red Crescent	1	0%
UNESCO	1	0%
Total	334	100%

Table 3: Countries

Country	Number	Percent
(Headquarters)	107	32%
(other / unspecified)	56	17%
DR Congo	52	16%
Indonesia	21	6%
Uganda	20	6%
Pakistan	19	6%
Somalia	15	4%
Liberia	11	3%
Philippines	9	3%
Cote d'Ivoire	8	2%
Chad	5	1%
Mozambique	4	1%
Ethiopia	3	1%
Lebanon	3	1%
Central African Republic	1	0%
Total	334	100%

Note: "Other" refers to countries where the cluster approach was not formally activated.

Table 4: Clusters

Cluster	Number	Percent
(multiple)	107	32%
Protection	43	13%
WASH	40	12%
Health	31	9%
ETC	29	9%
Nutrition	25	7%
Education	17	5%
Shelter	13	4%
Early Recovery	9	3%
(none)	8	2%
Agriculture	6	2%
Logistics	4	1%
CCCM	2	1%
Total	334	100%

Table 5: Organisation type

Organisation type	Number	Percent
UN	207	62%
NGO	98	29%
Red Cross/Red Crescent	11	3%
Other	18	15%
Total	334	100%

Chronic emergencies (CE)	Number	Percent	Sudden onsets (SO)	Number	Percent
DR Congo	52	45%	Indonesia	21	38%
Uganda	20	17%	Pakistan*	19	34%
Somalia	15	13%	Philippines	9	16%
Liberia	11	10%	Mozambique	4	7%
Cote d'Ivoire	8	7%	Lebanon	3	5%
Chad	5	4%			
Ethiopia	3	3%			
Central African Rep	1	1%			
Total	115	100%	Total	56	100%

* It was not possible to differentiate between the earthquake (2005) and flood responses (2007).

3. Sample limitations

The survey was completed on a voluntary basis, and therefore was not random. It was probably more likely to be completed by people who felt strongly about clusters, positively or negatively. While the survey received a large number of responses, a large number of respondents were either from headquarters (32%) or a country where the cluster was not officially rolled out, or an unspecified country (17%), leaving insufficient numbers to make valid comparisons between country cases. Many respondents also had experience in multiple clusters, making it difficult to reliably compare findings between all of the clusters. In retrospect, it would have been better to force respondents to

base their replies on only *one* case study and *one* cluster, although it is recognised that this does not reflect the range of many people's experiences.

The survey was not representative of the approximate actual proportion of humanitarian staff from NGOs, the Red Cross/Red Crescent movement and the UN. In 2005, these proportions, not including the IFRC or national Red Cross/Red Crescent societies, were estimated to be 64% NGO, 29% UN and 7% ICRC.⁴ By contrast, survey respondents were 29% from NGOs, 62% from

⁴ Stoddard, Abby, Adele Harmer and Katherine Haver, "Providing aid in insecure environments," Humanitarian Policy Group and Center on International Cooperation, 2006, p.16.

UN and 3% Red Cross/Red Crescent. That said, the sample size for NGOs was large enough to allow reliable comparisons between UN and NGOs. It should be noted that UNICEF comprised almost half of all UN respondents, which amounts to over-representation, even given that UNICEF is involved in a greater number of clusters than other agencies. Local NGOs also constituted a very small portion of respondents. Further caveats are discussed below in conjunction with each finding.

4. Findings

The survey revealed its most significant findings in the areas of overall impact (4.1) and sudden onsets versus chronic emergencies (4.3).

4.1 Overall impact

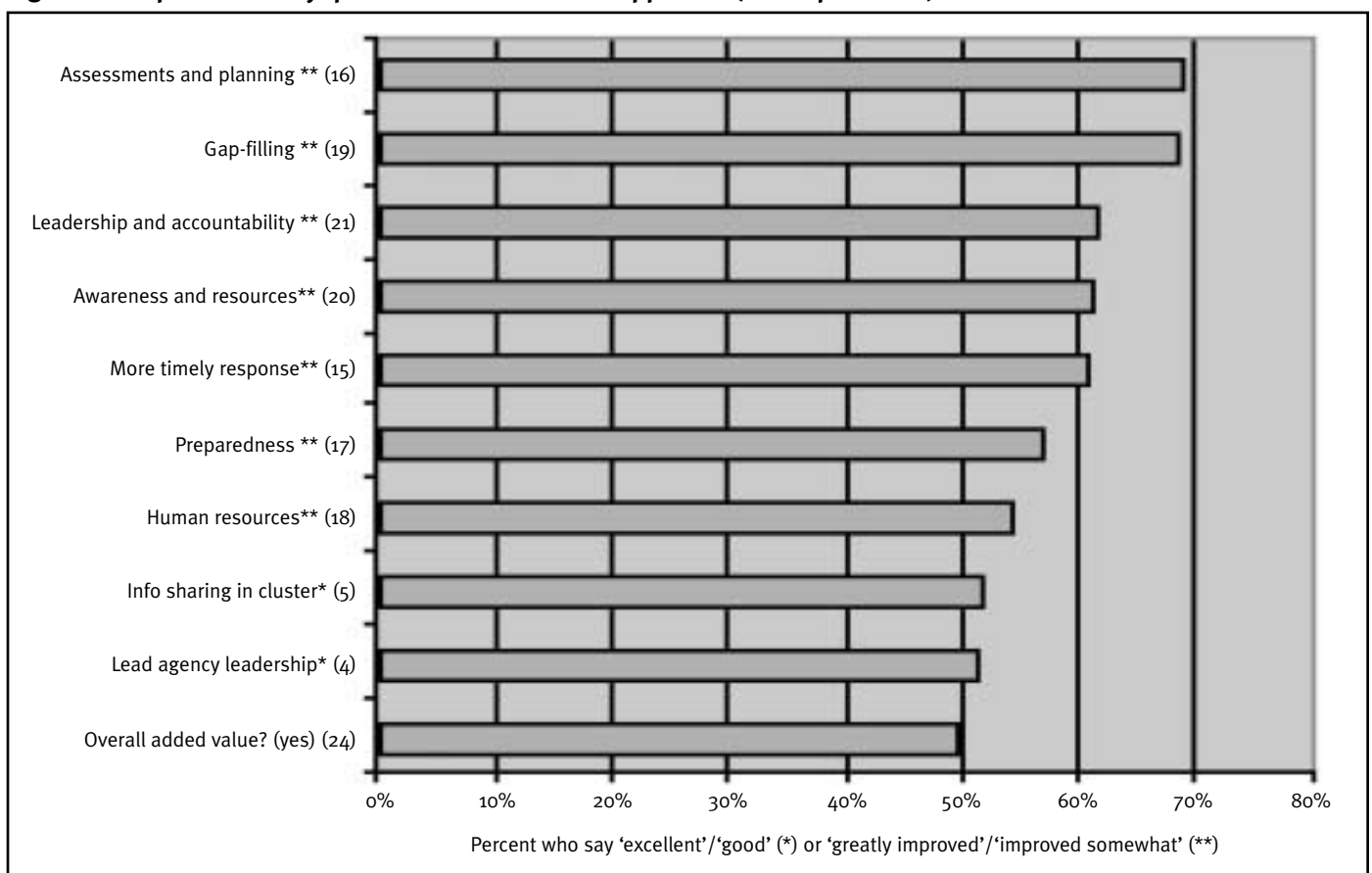
When asked whether the cluster approach had provided “added value,” 50% of all respondents based in countries where clusters have been rolled out or in headquarters said “yes,” while 43% said “not yet, but has potential.” Only 8% said “no, unlikely to demonstrate added value.” This is probably the most significant finding of the survey, since it indicates that while many have not yet seen added value, relatively few believe that clusters are useless or going in the

wrong direction. That said, 12% of non-UN respondents felt that “no” clusters were unlikely to demonstrate added value, compared with only 6% of respondents from the UN.

Respondents based in the field were actually more positive than those at headquarters: 54% of people based in cluster rollout countries said “yes” the clusters had added value while 42% of headquarters people did. This could reflect frustration with the global clusters’ slow pace and lack of impact thus far.

Interestingly, when it came to specific categories of improvement, respondents tended to be more favourable than when giving an overall assessment of clusters. In other words, while they could point to value added in several different areas, they did not perceive a large value added by the approach as a whole. This seeming contradiction may be caused by the question being framed broadly, allowing responses to be collared by general negative feelings toward humanitarian coordination rather than a specific assessment of the cluster approach. Another way to view it could be that even though the cluster approach has been effective in achieving its objectives, it cannot address the real source of frustration with humanitarian response: an imbalance of capacity vis-à-vis the scale of needs on the ground.

Figure 1: Responses to key questions on the cluster approach (all respondents)



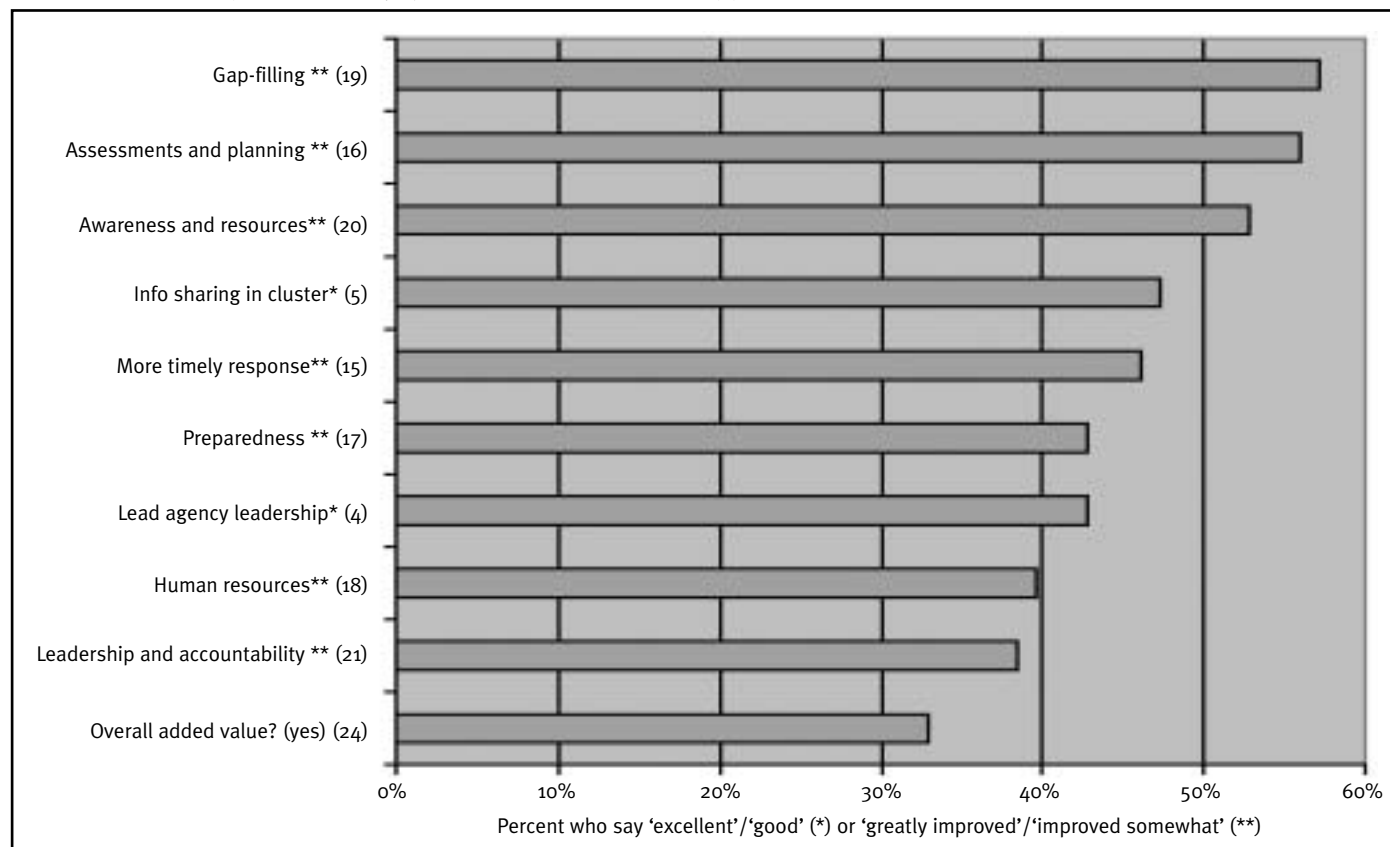
Note: Numbers in parentheses refer to the question number; see Table 1 above for a list of responses associated with each question.

4.2 UN and INGO perspectives

Although international NGOs rated everything consistently lower than the UN did, both INGOs and the UN rated “gap-filling” and

“assessments and planning” highest overall—that is, the areas where the clusters improved things the most. The only category where INGOs and the UN really differed was “leadership and accountability,” INGOs being quite a bit more negative here.

Figure 2: INGO responses to key questions on the cluster approach



4.3 Sudden onsets and chronic emergencies

Because of the small number of respondents from many of the countries sampled (see Table 3, page 68) and the fact that several of these sub-samples were skewed towards either UN or non-UN respondents, it was not possible to do a valid comparison across countries. A better comparison can be made between sudden onsets and chronic emergencies taken as a whole, it should be noted that the sample is skewed towards responses in Pakistan and Indonesia for the SOs and to the DRC for CEs.

Respondents from sudden onset emergency countries (Pakistan, Yogyakarta, Lebanon, Philippines and Mozambique) rated the cluster approach more favourably on almost all questions higher than respondents from chronic emergencies (the DR Congo, Uganda, Somalia, Liberia Cote d'Ivoire, Chad, Ethiopia and C.A.R.). A clear majority, 63%, from sudden onsets said “yes,” clusters have added value, while only 39% from chronic emergencies said the same (though the majority in both cases saw the potential for future added value).

One of the only two categories where this difference did not hold up was “awareness-raising and mobilising resources,” where CEs fared better than SOs. This could reflect increased funding correlating with the introduction of the cluster approach in three CE countries: the DRC, Uganda, Somalia (see section 10).

4.4 Findings on specific clusters

The survey asked each respondent to select the cluster in which he or she had been most involved. Around 66% of all respondents selected one cluster (as opposed to multiple or no clusters), limiting the sample size to 219. Of this number, only education, ETC, health, nutrition, protection and had large enough sample sizes to merit comparison (see Table 4, page 68). Interestingly, those working on protection gave their cluster the worst rating of the five, followed by health, education, WASH, nutrition and ETC. Only 28% said of those working on protection said “yes” the cluster provided added value, versus 69% for the ETC cluster. Overall averages for the other impact categories followed the same general ranking as shown in Figure 5.

Figure 3: Sudden onsets vs. chronic emergencies

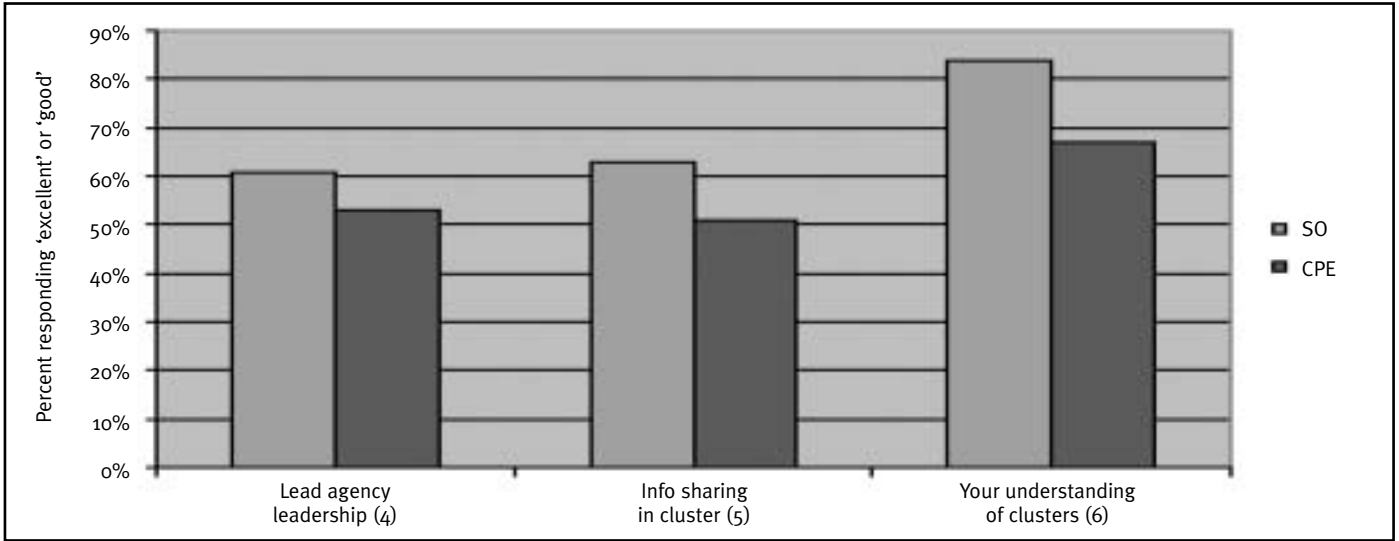


Figure 4: Sudden onsets versus chronic emergencies

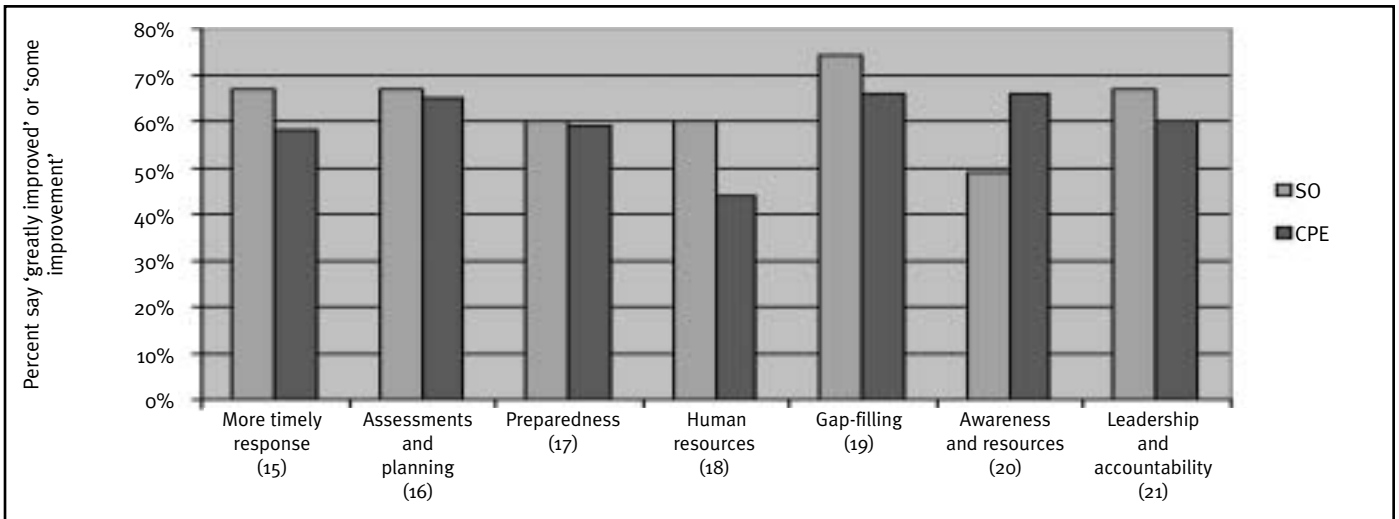
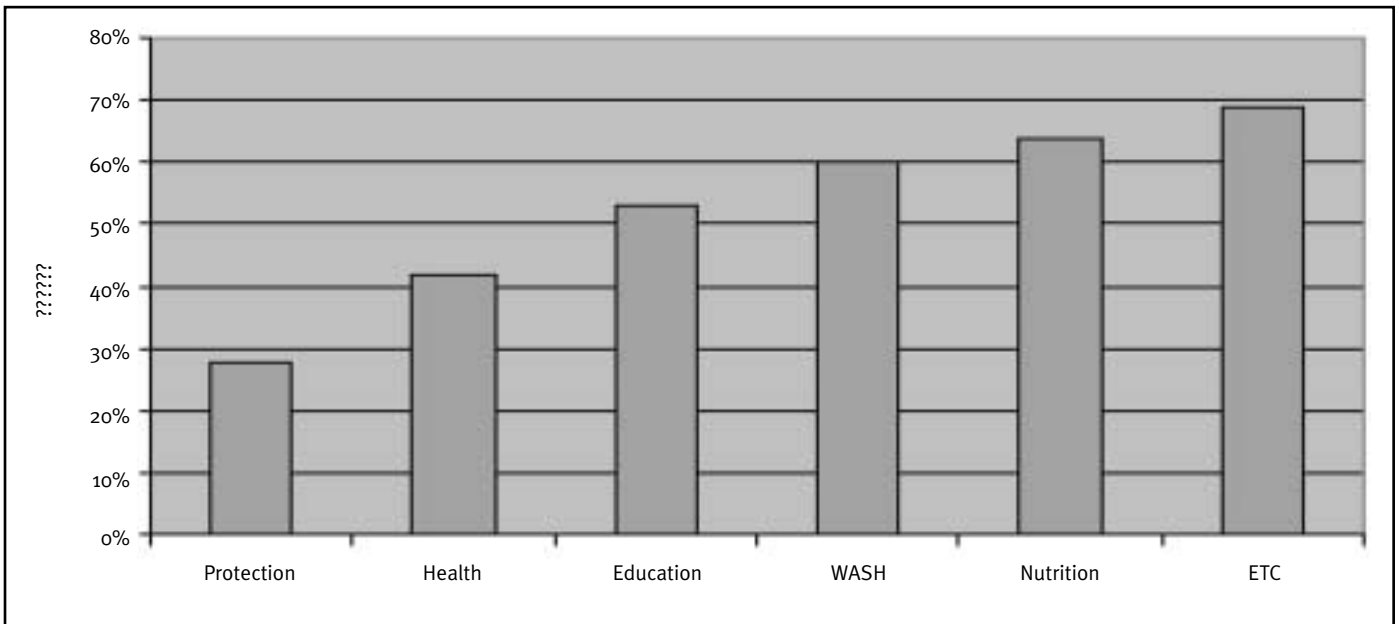


Figure 5: Percent working with various clusters who say "yes" the cluster added value



There was, however, a modest statistical correlation between the overall rating for a particular cluster and the percent of respondents from that cluster who were from the UN. This is especially relevant for the education and ETC clusters, which had high percentages of UN respondents (88% and 86% respectively). Thus, one should be cautious about concluding too much from the survey about participants' perceived performance of these clusters.

4.5 Local NGOs

In a result that differs from overall qualitative findings in this area, there was a slight conclusion in favour of the idea that local NGOs had benefited from the cluster approach (question 10): 41% yes compared to 34% no. But there was a strong difference of opinion on this matter between UN and non-UN respondents (most of which were from INGOs). While 48% of UN

said "yes", only 30% of non-UN respondents thought that the cluster approach had improved opportunities for local NGOs (see Figure 6 below).

4.6 Government participation

There was a strong conclusion that government participation in the cluster approach is inadequate: around 56% said "not enough." This was equally true for the protection cluster (58%).

The chronic emergencies were also more likely than the sudden onsets to say that host government participation was "not enough." This is likely due to the fact that the sudden onset cases were in countries with strong, high functioning governments with greater capacities to lead the response and participate actively in the cluster system (see Figure 7 below).

Figure 6: Has the cluster approach improved opportunities for local NGOs?

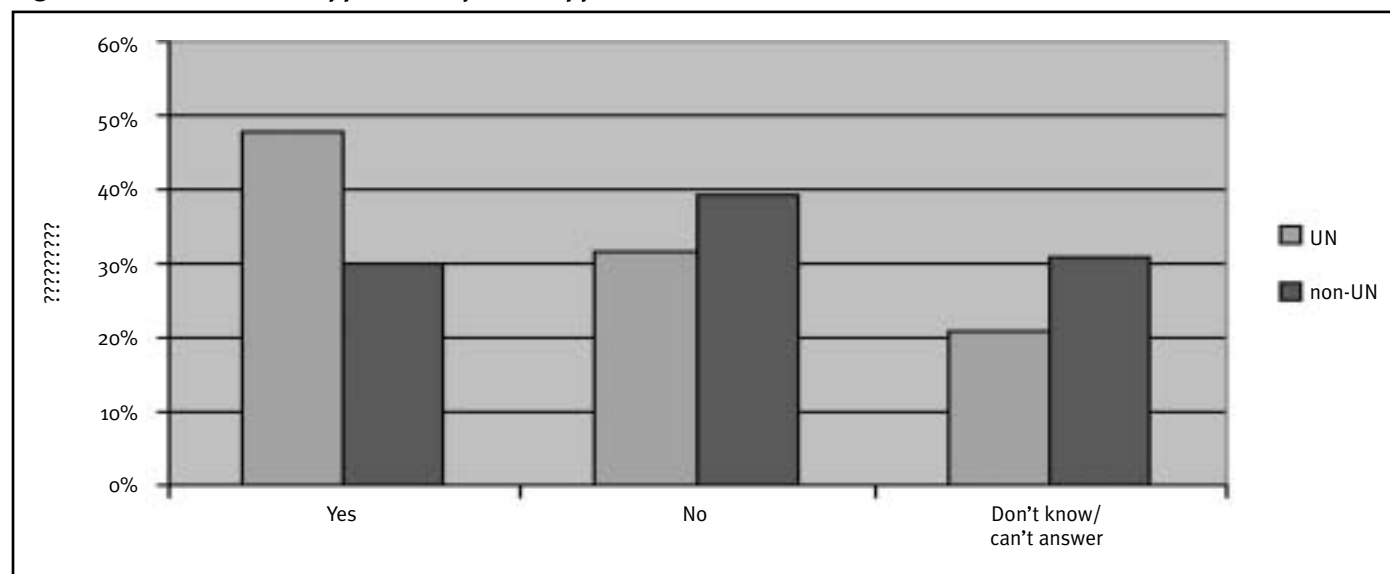
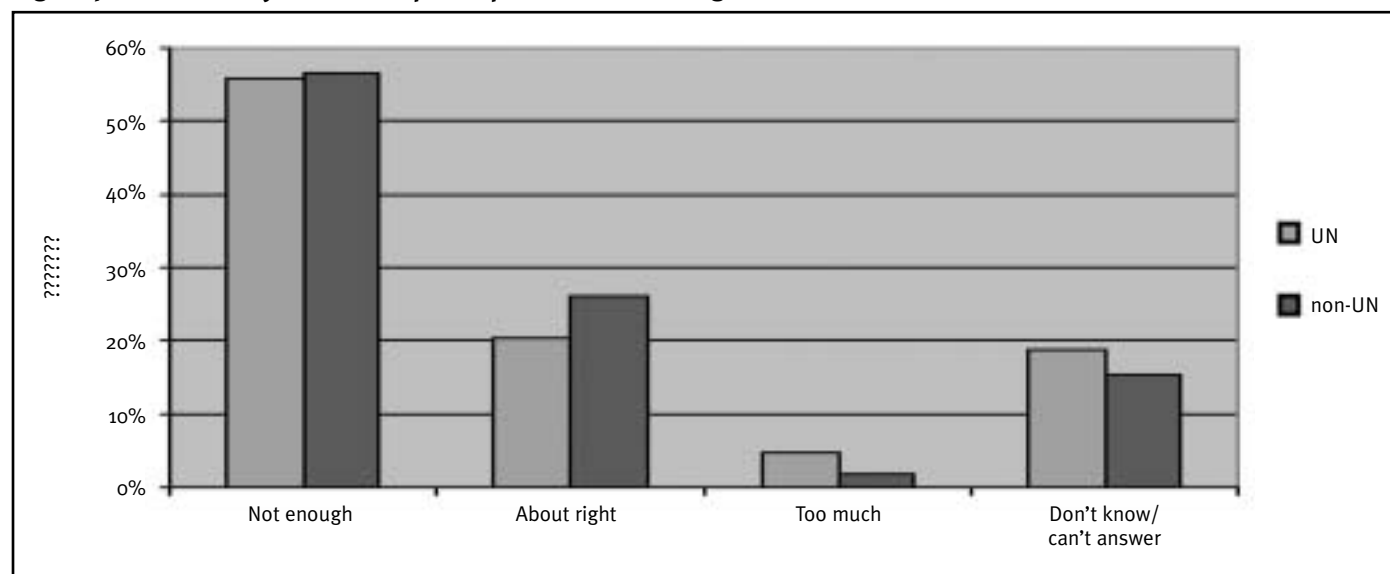


Figure 7: How would you rate the participation of the host government?

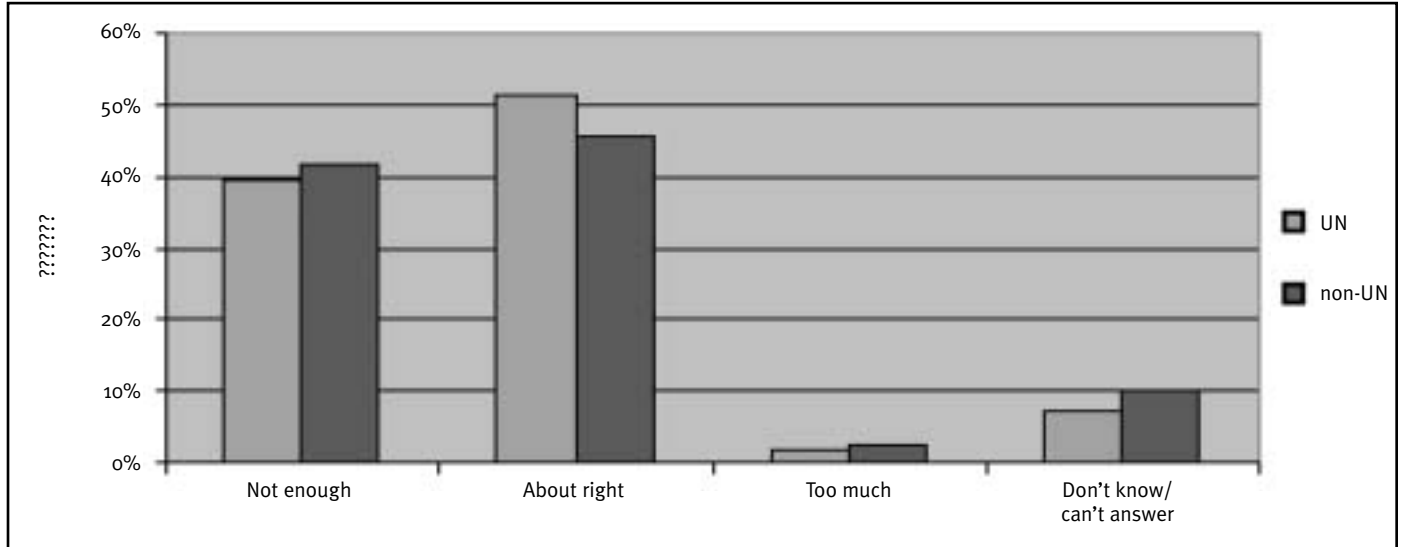


4.7 Non-UN participation

Both UN and non-UN respondents had very similar opinions on the participation levels of non-UN agencies: around 40% thought it was “not enough.” The findings indicated in the main report suggest that UN agencies often feel that NGOs could

participate more often or more effectively, while NGOs feel their participation is limited due to the UN-centric nature of clusters, a proliferation of meetings, or resource constraints. Tellingly, only a miniscule 2% of all respondents thought that non-UN participation was “too much.”

Figure 8: How would you rate the participation of non-UN agencies?



Annex 3: Interview list

General/Headquarters-based

Caroline Abla, Public Health Adviser, Nutrition, OFDA/USAID

Pushpa Acharya, Senior Programme Advisor, Nutrition Service (PDPN), Policy, Strategy and Programme Support Division, WFP

Alain Aeschlimann, Head of the Central Tracing Agency and Protection Division, ICRC

Dr. Ala Alwan, Assistant Director General, Health Action in Crises, WHO

Dr. Ribka Amsalu, Emergency Health Director, Save the Children US

Allison Anderson, Focal Point on Minimum Standards, International Rescue Committee and Interagency Network for Education in Emergencies Secretariat

Colin Andrews, Humanitarian and Rehabilitation Policies Unit, FAO

Jock Baker, CARE International

Alpha Bah, Emergency Telecommunications, Emergency Preparedness and Response Branch, WFP

Simon Bagshaw, Protection of Civilians Unit, Policy Development and Studies Branch, OCHA

Andy Bastable, Senior Advisor, Public Health Engineering Coordinator, Oxfam GB

Samir Benyahmed, Health Action in Crises, WHO

Miguel Bermeo, Deputy Director, Bureau for Conflict Prevention and Recovery, UNDP

Dr. Oleg Bilukha, Medical Epidemiologist, International Emergency and Refugee Health Branch, National Center for Environmental Health/Centers for Disease Control and Prevention

Annalies Borel, Chief, Humanitarian Advocacy and Policy, UNICEF

Naomi Bourne, Logistics, Save the Children UK

Dr. Richard Brennan, Head of Health, International Rescue Committee

Clarissa Brocklehurst, Chief, Water, Environment and Sanitation, Programme Division, UNICEF

Gianluca Bruni, Chief, ADI Business and Emergency Coordination Branch, WFP

Kate Burns, Senior Gender Advisor, OCHA

Dale Buscher, Director, Protection Program, Women's Commission for Refugee Women and Children

Misty Buswell, Advocacy and Program Officer, Save the Children Alliance

Per Byman, Head of Division, Division for Humanitarian Assistance, Swedish International Development Cooperation Agency

Giusseppe Calundriccio, Peace Missions Support and Rapid Response Unit, OHCHR

Jonathan Cauldwell, Programme Division, UNICEF

Jean-Francois Cazenave, Télécoms Sans Frontières

Giusseppe Calundriccio, Peace Missions Support and Rapid Response Unit, OHCHR

Joel Charney, Vice President for Policy, Refugees International

Luc Chauvin, Programme Officer, Inter-agency Unit, UNICEF

Richard China, Chief, Humanitarian and Rehabilitation Policies Unit, FAO

Vincent Cochetel, Deputy Director, Division of International Protection Services, UNHCR

Jane Cocking, Deputy Emergencies Director, Oxfam GB

Dave Coddington, Deputy Regional Director, Management Quality, Catholic Relief Services, East Africa Regional Office

Bruce Cogill, IASC Global Nutrition Cluster Coordinator, UNICEF

Sharon Cooper, UNHCR Liberia

Dr. Tom Corsellis, Co-Director Shelter Centre

Andrew Cox, Chief of Staff, OCHA

Antonio Cruciani, Senior Socio-Economic Recovery Specialist, ILO

Jeff Crisp, Head, Policy Development and Evaluation Services, UNHCR

Mark Cutts, Humanitarian Reform Support Unit, OCHA

Dr. Claudine Haenni Dale, former Advisor to the Representative to the Secretary-General on IDPs

Henia Dakkak, Technical Specialist, UNFPA

Isabelle de Muyser-Boucher, Chief, Logistics Support Unit, Emergency Services Branch, OCHA

Julie Dabo, Head, External Relations, Africa Humanitarian Action

Peter de Clerq, Head of Supply, UNHCR

Dr. Karl-Lorenz Dehne, UNAIDS

Pamela Delargy, Chief, Humanitarian Response Unit, UNFPA

Brigitte DeLay, Child Protection Section, Programme Division, UNICEF

Khassim Diagne, Senior Advisor, IDP Operations, UNHCR

Christian Di Schiena, External Relations, Swedish Rescue Services Agency

Carmel Dolan, Partner, NutritionWorks

Amer Doudi, Associate Director, Transport and Procurement Division, WFP

Linda Doull, Director of Health and Policy, Merlin

Gillian Dunn, Director, Emergency Preparedness and Response, International Rescue Committee

Patrick Egloff, Advisor to the Representative of the Secretary-General on IDPs

Brian Everard, Strategic Network and Telecommunications, Oxfam GB

Helena Fraser, Humanitarian Reform Support Unit, OCHA
Bradley Foerster, Policy Advisor, Crisis and Post Conflict, UNDP
Christian Gad, Emergency Coordinator, Danish Refugee Council
Claudia Moreno Garcia, Department of Gender, Women and Health, WHO
Isabel Garcia-Gill, Humanitarian Affairs Officer, Surge Capacity Section, OCHA
Fabrizio Gentiloni, Chief, Emergency Preparedness Section, OCHA
Cherif Ghaly, Chief, Information Technology Section, OCHA
Alfred Gilman, Senior ICT Consultant, Information Technology Section, OCHA
Jon Goodwill, Head of Operations, CHASE, DFID
Anne Golaz, Senior Health Specialist, Child Survival in Emergencies, UNICEF
Lola Gostelow, Independent Consultant on nutrition, Save the Children UK
Toby Gould, Cluster Projects Coordinator, RedR
Sherine Guirguis, Monitoring and Evaluation, UNICEF Maldives
Erica Gutierrez Vega, Project Officer, Global Telecommunications Section, Emergency Telecommunications Cluster, Information Technology Division, UNICEF
Wolfgang Haas, Programme Officer, UN Development Group Office
Emma Hadley, Project Coordinator, Camp Management Training, Norwegian Refugee Council
Jakob Hallgren, Permanent Mission of Sweden, Geneva
Tom Handzel, Centers for Disease Control and Prevention
Basem Hanna, Information Technology Division, UNICEF
Ian Heigh, Logistics Advisor, IFRC
Belinda Holdsworth, ProCap Support Unit, Displacement and Protection Support Section, OCHA
Matthew Hollingworth, Head, Augmented Logistics Intervention Team for Emergencies (ALITE) Logistics Service, ODTL, Transport and Procurement Division, WFP
Sir John Holmes, Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator
Alexis Hoskins, Programme Advisor, Emergency Needs Assessment Branch, Assessment, Analysis and Preparedness Service, WFP
Paul Hulshoff, Head Post-Crisis Transition Unit, Regional and Inter-Agency Affairs Section, UNICEF
Cathy Huser, Advisor, Central Tracing Agency and Protection Division, ICRC
Chris Hyslop, Humanitarian Affairs Officer Uganda, Coordination and Response Division, OCHA
Uli Jaspers, Head, Water and Sanitation Unit, Health and Care Department, IFRC
David Jensen, Policy and Planning Coordinator, Post-Conflict Branch, UN Environment Programme

Trond Jensen, Humanitarian Field Coordinator, Humanitarian Coordination Section, UN Mission in Liberia
Allan Jury, Head of External Affairs, WFP
Erin Kenney, Global Health Cluster Support Hub, Health Action in Crises, WHO
Arjun Katoch, Chief, Field Coordination Support Section, OCHA
David Kaatrud, Director, Coordination and Response Division, OCHA
Dan Kelly, Director for Strategic Operations, Humanitarian and Emergency Affairs, World Vision International
Rashid Khalikov, Director, OCHA New York
Donato Kiniger, Senior Crisis Response Officer, International Programme on Crisis Response and Reconstruction, ILO
Doris Knoechel, World Vision International
Viviane Kouame, Division of Human Resources, UNICEF
Nance Kyloh, USAID
Malin Lanzer, External Relations, Swedish Rescue Services Agency (SRSA)
Sarah Laughton, Policy Strategy and Program Support Division (Emergencies and Transition Unit), WFP
Tony Laurance, Health Action in Crises, WHO
Rachel Lavy, Humanitarian Adviser, Humanitarian Institutions and Policy Team, CHASE, DfID
Iain Levine, Director, Human Rights Watch
Damian Lilly, independent consultant
Judy Lister, Focal Point for Global Education Cluster, Save the Children UK
Simon Little, Humanitarian/Disaster Risk Reduction Adviser, CHASE, DFID
Gert Ludeking, Senior Policy Adviser, UN HABITAT
Kim Mancini, Norwegian Refugee Council
Gerald Martone, Director of Emergency Response, International Rescue Committee
Frances Mason, Nutrition Adviser, Save the Children
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Annex 5: Terms of Reference

IASC Cluster Approach Evaluation, 1st Phase Final Draft; 25 April 2007

Final Draft Terms of Reference
IASC Cluster Approach Evaluation, 1st Phase

1. Background

In international responses to humanitarian crises, some sectors have in the past benefited from having clearly mandated lead agencies, while others have not. This has repeatedly led to ad hoc, unpredictable humanitarian responses, with inevitable capacity and response gaps in some areas. Recognizing this, in September 2005 the Inter-Agency Standing Committee (IASC) agreed to designate global “cluster leads” – specifically for humanitarian emergencies – in eleven sectors or areas of activity.¹

The IASC Principals (hereafter Principals) also agreed that the “Cluster Approach” should be applied, with some flexibility, at the country level. In December 2005 the Principals generally welcomed the Cluster Approach as a mechanism that can help to address identified gaps in response and enhance the quality of humanitarian action. It is part of a wider reform process aimed at improving the effectiveness of humanitarian response by ensuring greater predictability and accountability, while at the same time strengthening partnerships between the private sector NGOs, international organizations, the International Red Cross and Red Crescent Movement and UN agencies.

The Principals agreed to begin implementing the Cluster Approach in three countries as of January 2006: DRC, Liberia and Uganda. In April 2006, the Principals endorsed Somalia as an additional roll-out country.

Final Draft Terms of Reference

The aims of the Cluster Approach are defined in the IASC *Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response* (November 2006). They can be summarized as follows:

¹ Global ‘cluster leads’

Agriculture: FAO
Camp Coordination and Camp Management: Conflicts: UNHCR; Disasters: IOM
Early Recovery: UNDP
Education: UNICEF and Save the Children UK
Emergency Shelter: Conflicts: UNHCR; Disasters: IFRC (Convener)
Emergency Telecommunications OCHA (process); UNICEF (data); WFP (security)
Health: WHO
Logistics: WFP
Nutrition: UNICEF
Protection: IDPs (from conflict): UNHCR; Disasters/civilians affected by conflict (other than IDPs): UNHCR/OHCHR/UNICEF
Water, Sanitation and Hygiene: UNICEF.

At the global level:

- Strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring predictable leadership and accountability in all the main sectors or areas of humanitarian response.

At the country level:

- Strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity.
- Achieve more strategic responses and better prioritization of available resources by clarifying the division of labour among organizations, better defining the roles and responsibilities of humanitarian organizations within the sectors and providing the Humanitarian Coordinator (HC) with both a first point of call and a provider of last resort in all key sectors or areas of activity.

2. Rationale for a phased approach for the evaluation

In December 2005, the Principals requested an evaluation of the Cluster Approach after two years.

An IASC Interim Self-Assessment of the Cluster Approach was undertaken in autumn 2006. The Self-Assessment was done at a time when most IASC partners felt that it was too early to measure the “impact” of the approach on the lives of people in need. The Self-Assessment did, however, identify a number of shortcomings in efforts to implement the approach, including: inadequate leadership of clusters, inconsistency within and between clusters in the application of the cluster lead terms of reference; inadequate systems, structures and support to facilitate cross-cluster coordination; and lack of communication on the purpose and modalities of the approach. Each of these appears to have had an impact on the ability of clusters to achieve their overall aim of improving humanitarian response. The IASC agreed that these shortcomings should be addressed in any future use of the Cluster Approach.

The IASC external evaluation of the Cluster Approach will take place in a challenging context: implementation of the Cluster Approach has been mixed over the 2-year period. The Cluster Approach was rolled out in four pilot countries — DRC, Liberia and Uganda from January 2006 and Somalia from April 2006 — and later in selected new emergencies — Pakistan, Yogyakarta, Lebanon. All the while global cluster support was in a development stage. General guidance on the Cluster Approach was only agreed and disseminated mid-2006 and later refined end-2006. Cluster-specific guidance, standards,

tools, training, rosters etc. are generally agreed to be moving forward slowly with little or no product having been rolled out to the field by end 2006. In at least one case, Emergency Telecommunications, the Global Cluster has been severely under-funded. With general guidance on the Cluster Approach being under-development most of 2006, clear performance frameworks have been absent, though work has begun under the Evaluation Sub-Task Team on the development of implementation benchmarks at global and field levels.

Taking into account the status of implementation of the Cluster Approach, the level of analysis already provided by the Self-Assessment, and ongoing work in refining useable results frameworks, the Steering Group (StG) proposes that an evaluation, which provides a useful analysis of the Cluster Approach, shall move forward in two phases.

- **Phase 1:** Assess *major* achievements and shortcomings of the Cluster Approach looking for trends toward key expected outcomes.
- **Phase 2:** Assess *relevance, efficiency, effectiveness, impact and sustainability* of effects of the Cluster Approach, based on full-blown performance frameworks to be developed in the course of Phase 1.

The difference between the two phases includes:

- Breadth of issues covered, with Phase 1 explicitly focusing on a few key expected results
- Depth of analysis on results, with Phase 2 looking at impact
- Range of methodologies, with only Phase 2 potentially broaching data collection with affected populations or intermediaries.

3. Purpose and objectives

This section describes the purpose and objectives of each Phase, and provides the terms of reference (ToR) only for Phase 1. Phase 2 will be commissioned in 2008 based on a separate set of ToR and is described here for the sake of clarity.

Overall Purpose

- To provide accountability to the main stakeholders:²
- To learn from current practice.

Overall Objectives (for both phases):

- To assess the impact of the clusters, in terms of improving the quality and quantity of humanitarian response and consequently better meeting the needs of affected populations:
- Provide recommendations for future efforts to strengthen humanitarian response and enhance its impact.

For Phase 1:

- a) Give evidence for major achievements and shortcomings of the Cluster Approach to date (i.e. after one year of

² The main stakeholders being: the IASC Working Group, Member States at the Global Level, government counterparts at the national level.

application) and trends vis-à-vis key expected outcomes:

- Predictability of response (degree of preparedness, application of standards);
- Filling of gaps (where identified);
- Improving and increasing partnerships (quantitative and qualitative).

- b) Assessing concrete changes in operational response triggered by clusters in terms of:

- Clarified management accountability and leadership;
- Better needs identification and prioritization of resources;
- Better programme planning, implementation;
- Quicker access to stockpiles and trained experts;
- Enhanced use of resources through extended partnerships.

As part of this Phase, performance frameworks will be elaborated, laying the ground work for more in-depth evaluation in Phase 2. This includes the design of a monitoring system for data collection and analysis, starting with a full baseline (see also methodology section 6).

For Phase 2 (For information only, to be commissioned in 2008):

Render full account on performance (outcome and impact if possible) of the Cluster Approach after 2 years to IASC and Member States.

In particular:

- Evaluate to what extent the Cluster Approach contributed to making an impact in terms of effective provision of humanitarian assistance and protection responding to needs in a timely manner;
- Conclude on the relevance of the Cluster Approach for future strengthening of humanitarian response and the sustainability of its outcomes.

4. Expected Outcome and Use of the First Phase of the Evaluation

Overall, the Evaluation should provide information on the performance of the clusters in terms of outcome and impact as the basis for any re-definition and refinement of future decisions and activities, including timing and budget. It should do this on the basis of data and information and according to expected performance as stated in existing and yet to be developed frameworks.

Hence, for the Phase 1 of the evaluation, the expected outcomes and uses of the evaluation results are to:

- Design and launch processes for improved performance frameworks and the collection of baseline data needed for the performance assessment as per agreed performance targets and benchmarks;
- Provide the stakeholders with first evidence on whether or

not the Cluster Approach is on the right track, focussing on the key issues as outlined in Section 3 above;

- Inform decision-making by stakeholders on how to pursue the work in accordance with the Cluster Approach and how to frame the second phase of the evaluation.

5. Key Issues/Evaluation Questions

The evaluation will address, but will not necessarily be limited to, the list of issues and questions below, which will be the subject of consultations with the team selected to undertake the evaluation.

In order to fulfill its purpose and achieve the expected outcomes, it is proposed that the Phase 1 of the evaluation addresses the following key issues:

- a. Develop an Outcome oriented Performance Framework
 - Analyze the existing cluster appeals and work plans of each cluster in what they contain in terms of goals and objectives, expected impact and outcome.
 - Develop frameworks in collaboration with and for each cluster, based on the logframe approach. In particular, each cluster should develop performance targets in terms of outcomes. This means concretely that existing frameworks – which are more process-oriented – should be made more outcome-oriented and contain measurable targets in this respect.
 - Based on existing Cluster work plans, define with the clusters which data are needed to assess performance and provide them with an organization model on how to collect and analyze data, including the baseline.
- b. Assess major achievements and shortcomings
 - Based on the expected outcomes as described in the IASC Guidance Note, address the following:
 - Did the Cluster Approach make response more predictable in terms of clearer roles and responsibilities, better leadership, preparedness and application of standards in all areas of humanitarian work in support of Host Governments?
 - Did the Cluster Approach help to close gaps (which ones addressed/remaining) and respond to identified needs (which ones)?
 - Did the cluster approach improve the quality of partnerships, especially the involvement of NGOs (in planning, prioritization, resource mobilization, needs assessment, etc)?
 - Did the Cluster Approach clarify and improve leadership and management accountability for response, namely, HC to ERC, cluster leads to the HC?
 - Did the cluster approach promote better assessment of needs, and thus improved prioritization and planning within each sector, and across sectors? Did this result in better CHAPs and CAPs, and their planning and implementation?

Based on the outcome and the findings of the above, the Evaluation should come up with prioritized practical recommendations on how to make improvements in the further work of the clusters as well at the global as at the national level.

Recommendations need to be substantiated by findings and identify who should be made responsible to act upon them.

As a further outcome of the evaluation, suggestions are expected on how to focus, design and implement Phase 2 of the evaluation, in order to assess the impact, relevance, outcome, effectiveness and efficiency of the clusters.

6. Methodology

The achievement of the complex tasks described above, will require the design of an evaluation process which may make use of the following evaluation methods and tools:

- *Desk review:*
 - Cluster Appeals 2006-07 and Cluster work plans 2006 and mainly 2007 (global level and country level as well if available); overall Work Plans / CAPs / Flash Appeals of the countries to be covered³
 - Report on Implementation of Global Cluster Capacity-Building 2006-2007
 - Recently (fall 2006) completed Self Assessments in the 4 ongoing emergencies in which the Cluster Approach was applied in 2006 (DRC, Liberia, Somalia and Uganda) and the attached extensive Desk Review of reference documents, frameworks and studies/evaluations/lessons learned that had been performed by various partners, and complement the latter with review of latest studies and developments since October 2006.
 - Any other recently completed evaluations/reviews/assessments done in the countries to be covered
- *Stakeholder review* and interviews at HQ's with all key stakeholders, such as IASC Principals and Working Group members, global cluster leads, cluster non-lead members, NGO partners, Member States ...).
- *Semi-structured Interviews at field level* in the 4 countries with representatives of the different IASC partners, country – level cluster leads, donors, government representatives, non-cluster key humanitarian actors etc.
- *Surveys and interviews by phone* for other country situations (3 other countries, see footnote 3).
- *Workshops in the field and at HQs* to discuss and validate findings and explore possible recommendations. Headquarters may entail one major workshop and/or several

³ Countries to be covered:

– 4 initial roll-out countries: Uganda, Democratic Republic of Congo, Liberia and Somalia; – 3 other countries applying the cluster approach amongst the following: * CAR, Chad, Colombia, Ethiopia, Indonesia (Yogyakarta), Lebanon, Madagascar, Mozambique, Pakistan, Philippines, Solomon Islands; * tbd according to the following criteria: past/ongoing evaluations, mix of natural disasters and complex emergencies, humanitarian response sustained for at least one year (until summer 2008).

smaller ones depending on what best allows useful consultation with different groups of stakeholders.⁴

- Case studies focusing on some of the key issues where needed.

The consultant team will be required to propose the detailed breakdown and methodology for achieving the stated objectives of the consultancy, including project country visits to the teams of the following four countries: Uganda, Democratic Republic of Congo, Liberia and Somalia (CT in Nairobi), and a detailed work plan for completing the work (see draft proposal in the next section).

7. Timeline/Process

Phase 1:

Evaluation Preparation:

- Approach Note Draft: Mid–February 2007 (done)

- Agreement on the Approach: IASC WG March 2007 (done)
- Draft ToR and call for expression of interest: End March 2007 (done)

Selecting Consultant and Contracting:

- Proposals and recommendation by Steering Group and submission of a tentative list of eligible teams to procurement: mid-April 2007 (done)
- Submission of consultant's dossiers to Administration Office: Mid May 2007
- Contracting: End May 2007

Evaluation proper:

The different methodologies as mentioned in the previous section will fit into the following tentative timeframe for phase 1:

Steps in the work programme	Timeframe	Steering Group	Team Leader	Consultants
Discussion on ToR/ Inception Report	1st week of June	XXX	X	
Briefing Geneva/or NYC	2nd week of June	X	X	X
Desk Review	2 last weeks of June		X	X
Interviews with global Clusters/ HQs (Geneva, Rome, New York)	2 last weeks of June		X	X
Preliminary analysis report to StG for feedback	End June	XXX	X	
Interviews with the field-level Clusters/ CTs (DRC, Liberia, Somalia, Uganda (missions) and 3 further countries to be covered (by phone)	Beginning July– End August		X	X
Surveys	Beginning July– End August			X
Submission of discrete case studies to or consultation with thematic reference groups: between (if/as specific case studies developed)	Mid June–End August		X	X
First Draft Report	Mid-September	XXX	X	
Workshop, Consultations (Reference Group, Stakeholder Groups)	Mid-End September	X	X	X
Final Draft Report (Cleared by Steering Group and Task Team)	End-September 1st week October	XXX	X	
Final Report and Briefing Note to IASC Secretariat and IASC WG	17th October	X	X	

⁴ The methodology would also take into consideration the work of the Sub Group on Operationalisation the Guidance Note, e.g. current plans for 9 workshops this year must be factored into planning.

For information: Phase 2 to take place in 2008

Evaluation Preparation: Fall 2007

Selecting Consultant and Contracting: Spring 2008

Evaluation proper:

- Evaluation Mission(s): Summer 2008
- Submission of final report to IASC Secretariat: Fall 2008

8. Evaluation Management

It is proposed that the evaluation is managed by OCHA-ESS, with responsibility to:

- Coordinate the Steering Group on Cluster Evaluation
- Draft the approach note and subsequently ToR
- Manage the selection process of consultants (with OCHA AO / UNOG HR or PTS)
- Define the detailed implementation plan, including methodology to be employed, evaluation milestones and dates, and deliverable products (i.e. interim reports, expected contents of final report)
- Manage the ongoing work of the Evaluation (in collaboration with AO and HRSU)
- Ensure quality control according to standards (UNEG/ALNAP)
- Establish Management Response Matrix based on the recommendations
- Disseminate the report

The Steering Group (StG) to oversee and lead the overall process, which entails inter alia:

- Definition/agreement on the general Approach for the Evaluation
- Definition/agreement on ToR
- Recommend consultants and participate in comparative technical evaluation of concept notes by prospective teams (final choice being approved by Human Resources/Procurement of UNOG)
- Comment/feed back to reports (Inception Report, Draft Report, Final Report)
- Make recommendations to the interagency Task Team for endorsement of the report and action to respond to recommendations and provide regular feedback on status of implementation of recommendations in the respective agencies

One or more reference groups may be created as a means of drawing in feedback from cluster lead mechanisms and/or a wider range of field staff.

9. Outputs and deliverables

- 1) An **inception report** will be required including a **detailed methodological note**. The OCHA Evaluation and Studies Unit will provide a format for the inception report.
- 2) The final output of the consultancy will be an **evaluation report**, which shall contain the elements specified in the

document on standards for evaluation (pp.17–23) developed by the United Nations Evaluation Group (available at:<http://ochaonline.un.org/esu>).

The final report should be succinct and fully edited report in English of no more than 20,000 words in a printed and an electronic version. The report will include an executive summary (up to 2,500 words) and will address all of the key issues indicated above in section 5. The report should be structured to provide succinct conclusions for each issue as well as specific, targeted and action-oriented (i.e. addressed to the entities / stakeholders that need to take action) key recommendations. The annexes will include a description of the method used, a bibliography, list of persons interviewed and the terms of reference.

3) As intermediary steps, the following deliverables will be requested:

- Inception Report;
- A preliminary analysis on emerging issues following the Desk Review and Global Cluster interviews;
- A first draft report;
- A draft final report, reflecting comments received from the Steering Group;
- Presentation of the draft final report (including a Power-Point and proposal for utilisation of findings);
- Workshop with key stakeholders, including Member states, on the draft final report;
- Final report taking into account pertinent comments made during the workshops.

4) Other potential outputs include:

- A note on the key outcomes from the stakeholders workshop;
- A list of measurable outcomes for each cluster as benchmarks for the second phase of the evaluation;
- A proposal for key issues to be addressed by the second phase of the evaluation.

10. Selection process, requirements and qualifications

The evaluation will be undertaken by a diverse (i.e. multi-disciplinary, multinational and gender-balanced) team of consultants, selected by means of a call for expression of interests. It is anticipated that the team will consist of no less than four people, working on an almost full-time basis for the duration of the project.

The team as a whole will need to have the following qualifications and expertise/knowledge/skills in:

- Evaluation of humanitarian strategies and programmes and in the area of key humanitarian issues: response capacity, financing etc.
- Practice of monitoring and evaluation methodologies
- In-depth knowledge of humanitarian reform and coordination processes and issues.
- Institutional knowledge of the UN and NGO actors.

- In-depth knowledge of inter-agency mechanisms at HQ and in the field, particularly in the IASC context
- Regional expertise and work experience with national and regional organizations.
- Excellent writing, as well as fluency in English, good command of French would be an asset
- Proven expertise in facilitating different types of consultative, evaluative workshops for comparable organizations, including more complex exercises/workshops involving a range of organizations and participants from field and headquarters

The Team Leader must have proven expertise in most of the above mentioned fields of work and a proven record in leading evaluation teams.

11. Cost Estimate

A maximum budget of US\$ 266,000 has been established for this contract.

The following section is only indicative (to be defined in the process of establishing the BAD/MoU):

The estimated cost of phase 1 is based on the following expected raw figures

Team Leader:

\$60,000 including:

\$40,000 fees (8x500) and
 \$20,000 DSA and travel
 (15x200 + 10x300 = \$6000 DSA
 + \$12000 Travel (4 Flights x 3000)
 + \$2000 extras (terminals, phonecalls, copies etc)

Consultants # 2, 3 and 4:

\$156,000 including:

\$96,000 fees (3x80x400),
 \$60,000 DSA, travel and extras (as for team leader x 3)

Additional consultants:

\$20,000 fees (no per diem nor travel)

Sub-total: \$236,000

PSC/Overheads: \$30,000

Total estimate: \$266,000

