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ΠΡΟΓΡΑΜΜΑ ΜΕΤΑΠΤΥΧΙΑΚΩΝ ΣΠΟΥΔΩΝ
ΣΤΡΑΤΗΓΙΚΕΣ ΔΙΑΧΕΙΡΙΣΗΣ ΠΕΡΙΒΑΛΛΟΝΤΟΣ, ΚΑΤΑΣΤΡΟΦΩΝ & ΚΡΙΣΕΩΝ

POST GRADUATE PROGRAM
ENVIRONMENTAL, DISASTER & CRISIS MANAGEMENT STRATEGIES

Μεταπτυχιακή Διατριβή Ειδίκευσης

Master Thesis

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A Critical Analysis of the IASC Cluster Approach in terms of Coordination, Accountability
and Participation

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Foreword and Acknowledgments

Having worked for more than two and a half years in the field, I have come to realise the fundamental importance of coordination in a humanitarian response. I became aware of the challenges that exist, the actual difficulties, the different mandates of so many actors, so many factors affecting a successful coordination. I have worked with refugees from different backgrounds, people coming from conflict-stricken countries, people who above all want to be treated with respect and dignity, who wish to speak and be heard. No expert knows better than the affected people themselves. Lessons learnt, trial and error are powerful tools that help aid workers, but they will never be enough without the consultation, without the active participation of those who are affected by a crisis.

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Acronyms and Abbreviations

3W	Who does What Where
AAP	Accountability to Affected People
ACF	Action Contre La Faim
CAAP	Commitments to Accountability to Affected Populations
CAR	Central African Republic
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CP	Child Protection
DRC	Democratic Republic of the Congo
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organisation
FGD	Focus Group Discussion
GA	General Assembly
GBV	Gender-Based Violence
HAP	Humanitarian Accountability Partnership
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPC	Humanitarian Programme Cycle
HPN	Humanitarian Practice Network
HRP	Humanitarian Reform Project
HRR	Humanitarian Response Review
IAHE	The Inter-Agency Humanitarian Evaluation
IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced People
IFRC	International Federation of Red Cross and Red Crescent Societies
INGO	International Non-Governmental Organisation
IOM	International Organisation of Migration
LLA	Listen, Learn, Act
MIRA	Multi cluster/sector Initial Rapid Assessment
MoU	Memorandum of Understanding
MSF	Médecins sans Frontières
NGO	Non-Governmental Organisation
NNGO	National Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
oPt	The occupied Palestinian territory
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator

SAG	Strategic Advisory Group
SAVE	Secure Access in Volatile Environments
SC	Steering Committee
SGBV	Sexual and Gender-Based Violence
SMART	Specific, Measurable, Attainable, Relevant and Time-bound
SOP	Standard Operating Procedure
SRSG	Special Representative of the Secretary General
TA	Transformative Agenda
UN	United Nations
UNAMA	United Nations Mission in Afghanistan
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNMAS	United Nations Mine Action Service
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WHS	World Humanitarian Summit

Abstract

The cluster approach, the prevailing humanitarian relief provision system, was introduced for the first time in Pakistan after the catastrophic earthquake in December 2005, in order to enhance the effectiveness of humanitarian response to emergencies. The cluster approach clarifies more efficiently the roles and responsibilities of the humanitarian actors by having enhanced and explicit leadership, something which leads to better system coordination, and through effective partnerships with the host governments, the local authorities, the civil society and the humanitarian partners. At the same time, it aims at preventing duplication, identifying and addressing gaps, in order to achieve a more effective response in a timely manner. The clusters, designated by the IASC, are groups of UN and non-UN humanitarian organisations that correspond to the main sectors of humanitarian response. They have clear responsibilities for coordinating the technical capacity and response to emergencies, while at the same time they strengthen the system-wide preparedness.

In December 2011, the IASC Principals endorsed the Transformative Agenda focusing on the effectiveness and timely joint humanitarian response through strategic activation of the clusters, effective coordination mechanisms, improved and efficient inter-communication, reinforced leadership and improved accountability to the affected populations (AAP). At the same time, they developed and approved five Commitments to Accountability to Affected Populations (CAAP) which would act as integral part of the guidelines and the operational policies of the clusters and would focus on leadership/governance, transparency, feedback and complaints, participation, design, monitoring and evaluation. In an effort to address more effectively the principle of accountability, the IASC created in 2012 the IASC Task Force on Protection from Sexual Exploitation and Abuse (PSEA) by aid workers.

The study draws on extensive literature, evaluations and reports review coming from various UN agencies and humanitarian organisations, in order to present the cluster approach and examine if the instructions and guidelines are being implemented effectively in the field. The focus is on three aspects of the cluster approach: coordination, accountability to the affected people and participation of the affected in the decision-making, for the years 2005-2017.

Humanitarian relief provision, after the introduction of the cluster approach, improved in terms of coordinating humanitarian actors and basically developed a unified coordination system for the humanitarian response, while in the past none existed. However, the vast majority of the evaluations conclude that downward accountability and participation of the affected people in the overall decision-making of the humanitarian response remain two of the biggest weaknesses of the cluster approach. Overall the cluster approach has failed to integrate and engage the affected communities in programme design and implementation. Additionally, UN-integrated missions may compromise humanitarian principles, since the integration of the humanitarian response in the overall UN missions politicises humanitarian aid, making the required distinction between peacekeeping response and the neutrality and impartiality of the humanitarian actors blurry.

Keywords: IASC, cluster approach, coordination, accountability, participation

Περίληψη

Οι συνεργατικοί σχηματισμοί, το επικρατέστερο σύστημα παροχής ανθρωπιστικής βοήθειας, εφαρμόστηκε για πρώτη φορά στο Πακιστάν μετά τον καταστροφικό σεισμό τον Δεκέμβριο του 2005, με σκοπό να ενισχύσει την αποτελεσματικότητα της ανθρωπιστικής απόκρισης στις κρίσεις. Το σύστημα των συνεργατικών σχηματισμών αποσαφηνίζει τους ρόλους και τα καθήκοντα των ανθρωπιστικών φορέων μέσω της αυξημένης και ρητής ηγεσίας, με αποτέλεσμα τον καλύτερο συντονισμό, και μέσω των αποτελεσματικών συμπράξεων με τις χώρες υποδοχής, τις τοπικές αρχές, την κοινωνία των πολιτών και τους ανθρωπιστικούς εταίρους. Ταυτόχρονα, αποτρέπει την αλληλοεπικάλυψη προγραμμάτων, ενώ εντοπίζει και αντιμετωπίζει τα προγραμματικά κενά με στόχο την έγκαιρη και πιο αποτελεσματική απόκριση. Οι συνεργατικοί σχηματισμοί, οι οποίοι ορίζονται από τη Μόνιμη Διοργανική Επιτροπή (IASC), είναι διεθνείς αλλά και μη-κυβερνητικές ανθρωπιστικές οργανώσεις που αντιστοιχούν στους κύριους τομείς της ανθρωπιστικής απόκρισης. Έχουν την ευθύνη του συντονισμού του δυναμικού και της απόκρισης στις κρίσεις κι ενισχύουν την ετοιμότητα του συστήματος.

Τον Δεκέμβριο του 2011, η Μόνιμη Διοργανική Επιτροπή ενέκρινε το Μετασχηματιστικό Θεματολόγιο (Transformative Agenda) με στόχο την αποτελεσματική, έγκαιρη και από κοινού ανθρωπιστική απόκριση μέσω της στρατηγικής ενεργοποίησης των συνεργατικών σχηματισμών, τον αποτελεσματικό συντονισμό, την αποδοτική διεπικοινωνία, την ενισχυμένη ηγεσία και την αυξημένη λογοδοσία στους πληγέντες πληθυσμούς. Ταυτόχρονα, η Επιτροπή ανέπτυξε τις πέντε δεσμεύσεις για τη λογοδοσία στους πληγέντες πληθυσμούς (CAAP), οι οποίες αποτέλεσαν αναπόσπαστο κομμάτι για τις κατευθυντήριες οδηγίες και τις επιχειρησιακές πολιτικές των συνεργατικών σχηματισμών και έχουν ως επίκεντρο: την ηγεσία/διακυβέρνηση, τη διαφάνεια, τους μηχανισμούς παραπόνων και ανατροφοδότησης, τη συμμετοχή, το σχεδιασμό, την επίβλεψη και την αξιολόγηση. Με στόχο να υλοποιήσει πιο αποτελεσματικά την αρχή της λογοδοσίας, η Μόνιμη Διοργανική Επιτροπή σχημάτισε το 2012 την Ομάδα Εργασίας για την προστασία από τη σεξουαλική εκμετάλλευση και κακοποίηση από τους εργαζόμενους στον ανθρωπιστικό τομέα (IASC Task Force on PSEA).

Η εργασία μέσα από την εκτενή ανασκόπηση βιβλιογραφίας, αξιολογήσεων και αναφορών από διάφορους οργανισμούς του ΟΗΕ και ανθρωπιστικές οργανώσεις, παρουσιάζει το σύστημα των συνεργατικών σχηματισμών και εξετάζει αν οι κατευθυντήριες οδηγίες εφαρμόζονται αποτελεσματικά στο πεδίο. Το επίκεντρο της ανάλυσης είναι ο συντονισμός, η λογοδοσία και η συμμετοχή εντός των συνεργατικών σχηματισμών, για τα έτη 2005-2017.

Η παροχή ανθρωπιστικής βοήθειας, μετά την εισαγωγή των συνεργατικών σχηματισμών, βελτιώθηκε όσον αφορά το συντονισμό των φορέων, αφού ανέπτυξε για πρώτη φορά ένα ενοποιημένο σύστημα συντονισμού της ανθρωπιστικής απόκρισης. Ωστόσο, η πλειονότητα των αξιολογήσεων συμπεραίνει ότι η λογοδοσία «προς τα κάτω» και η συμμετοχή των πληγέντων πληθυσμών στη λήψη αποφάσεων παραμένουν δύο από τις μεγαλύτερες αδυναμίες των συνεργατικών σχηματισμών. Συνολικά, το σύστημα δεν κατάφερε να ενσωματώσει τους πληγέντες στο σχεδιασμό και στην υλοποίηση των προγραμμάτων. Επιπρόσθετα, οι ολοκληρωμένες αποστολές του ΟΗΕ ενδέχεται να θέσουν σε κίνδυνο τις ανθρωπιστικές αρχές, αφού η ενσωμάτωση της ανθρωπιστικής απόκρισης στις αποστολές του ΟΗΕ πολιτικοποιεί την ανθρωπιστική βοήθεια, ενώ ο διαχωρισμός των ειρηνευτικών αποστολών και της αμεροληψίας των ανθρωπιστικών φορέων καθίσταται δύσκολος.

Λέξεις κλειδιά: Μόνιμη Διοργανική Επιτροπή, συνεργατικοί σχηματισμοί, συντονισμός, λογοδοσία, συμμετοχή

Chapter 1.

Introduction

Humanitarian relief aid is based “on two core beliefs: first, that those affected by disaster or conflict have a right to life with dignity and, therefore, a right to assistance; and second, that all possible steps should be taken to alleviate human suffering arising out of disaster or conflict” (Sphere Project, 2011, p. 4).

1.1. Background

After the catastrophic consequences of the tsunami in Indian Ocean in 2004 and the humanitarian response in Darfur in 2004-2005, the United Nations and the Office for the Coordination of Humanitarian Affairs commissioned the independent Humanitarian Response Review, in order to assess and evaluate the capacities of all humanitarian agencies responding to emergencies, as well as identify and address possible gaps (IASC, 2015). The review identified a number of gaps and deficiencies in the humanitarian system that failed to always respond successfully to the affected populations. Specifically, although it detected individual will and humanitarian direction, the shared and common response to emergencies was missing, while the coordination system among the humanitarian networks was characterised by serious gaps that needed to be addressed (UN, 2005). The focus of the review was the preparedness of humanitarian community with regards to crisis and emergencies, the prevention mechanisms and the mitigation of the impact on the affected populations. The report highlighted the gaps identified in the level of preparedness, as well as in terms of capacity in several sectors of humanitarian action (UN, 2005).

Following the independent review, the cluster approach was officially adopted and introduced for the first time in Pakistan after the catastrophic earthquake in December 2005, in order to enhance the effectiveness of the humanitarian response to emergencies. The cluster approach achieves this by clarifying more efficiently the roles and responsibilities of the humanitarian actors, by having enhanced and explicit leadership, which leads to better system coordination and management, and through effective partnerships with the affected populations, the local authorities, the host governments, the civil society and the humanitarian partners (IASC Sub-Working Group, 2015). The cluster approach is essentially a coordination system in which a lead organisation is responsible for and in charge of organising global and country coordination, while strengthening global preparedness and guidance (Steets, et al., 2010). At the same time, it aims at preventing duplication, identifying and covering gaps, in order to achieve a more effective response in a timely manner (Humphries, 2013).

Since 2005, the cluster approach constitutes the prevailing system of humanitarian response that is being implemented in major disasters and emergencies at global and country level (Altay & Labonte, 2011). Although one cannot overlook the differences in context, geography, situation and nature of each disaster or conflict; the principles, policies, strategies and modes of programme design and implementation remain the same for all responses under the coordination system of the cluster approach. Flexibility and adaptation to the specific contexts are observed mostly at subnational level, but even as such, the basic cluster model remains the same.

1.2. Purpose and Scope

The purpose of this study is to present the cluster approach as introduced by the United Nations and the Inter-Agency Standing Committee, and to explore if the instructions and guidelines are being implemented effectively in the field in accordance with the former. The study will focus on and isolate three aspects of the cluster approach: coordination, accountability and participation, and will present common challenges with regards to these three aspects.

Coordination constitutes the foundation of every response to natural or human-made disasters and crisis at country or global level. It is essentially the glue, a set of tools that puts together a number of institutions, bodies and organisations in order to collectively respond to a disaster, alleviate suffering and save lives. Good coordination is the A to Z of every aid provision and can determine the success or failure of every humanitarian response.

Accountability and participation will be the other two aspects analysed in the study, because they promote the humanitarian principles of impartiality, neutrality, independence and humanity, they are the basis for every humanitarian response and can assist towards the early recovery phase and development after a disaster. The first years after the introduction of the cluster approach the focus was on upward accountability, that is accountability towards the donors and the hierarchical structure of the cluster coordination system. Nonetheless, especially international non-governmental organisations quite often made reference to the need for downward accountability (to the affected populations) and actually several of them had their own downward accountability mechanisms integrated in programme implementation. However, the need for a common and joint accountability system and mechanism was evidently lacking. In December 2011, the Inter-Agency Standing Committee Principals with the Transformative Agenda institutionalised and made official the principle of Accountability to the Affected People marking a change of era in the humanitarian community.

Participation is actually included in downward accountability and refers to the disaster-affected people being able to actively participate in the decision-making in all stages of the humanitarian response. Effective participation leads to dignity and independence of the affected, changes the notion of “victim” to “survivor” and minimises vulnerability and dependence, thus increasing capacity to cope with and recover from any future disaster. The concept of dignity is central to the humanitarian principles, it has been used in advocacy, integrated in humanitarian policy and programming, included in donor requirements and is one of the fundamental goals of humanitarian response (Holloway & Grandi, 2018).

The study will isolate the aforementioned aspects, proceed with a critical analysis of how they have been implemented since 2005 when the cluster approach was first introduced, and examine the gap between theory and practice, if any. Moreover, the focus will be on answering whether the cluster approach 13 years after its introduction has been effective in terms of coordination, and if there are sufficient mechanisms in place to enhance accountability to the affected people and their active participation in the humanitarian response. This analysis of the cluster approach until today is useful since it presents different perspectives coming from both desk and field in an aggregated fashion, and will ultimately show that years after the introduction of the clusters system the challenges and problems remain almost of the same nature.

1.3. Defining the Concepts of Coordination, Accountability and Participation

The term **coordination** has been used loosely within the humanitarian community, and although the majority of actors express their interest and use the term largely, there seems to be no general consensus of what it actually means (Clarke & Campbell, 2015). International institutions and organisations, such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Agency Standing Committee (IASC) do not propose a clearly determined definition of coordination, despite the fact they are the international bodies in charge of coordinating humanitarian response. The lack of an official definition can be challenging and create obstacles, as different actors may ascribe different definitions to the term and have different expectations of coordination (Clarke & Campbell, 2015). An indirect definition has been proposed by OCHA in the *Coordination to Save Lives* study:

“Coordination reduces duplication and competition, allowing for complementarity and for scarce resources to be used more effectively to reach more people and fill specific gaps in response to needs. It improves transparency and makes humanitarian response easier to understand, ultimately increasing accountability to affected people. Coordinated humanitarian action also facilitates the transition from relief to development. Coordination makes humanitarian assistance more effective and efficient, resulting in more lives saved” (Steets et al., 2012, p. 9).

Masaki Watabe, Head of OCHA in Kobe, states that: “For OCHA, coordination means bringing hundreds of different groups and partners together around common objectives, often in very difficult conditions” (Watabe, 2012). A similar indirect definition of coordination is proposed by the Organisation for Economic Cooperation and Development (OECD): “Different parts of the humanitarian system should work together coherently, efficiently and effectively, to achieve shared strategic and operational objectives” (Scott, 2014, p. 18).

The IASC defined inter-cluster coordination, and not coordination in general, as: a cooperative effort among clusters and between clusters and the Humanitarian Country Team to assure coherence in achieving common objectives, avoiding duplication and ensuring all areas of need are prioritised” (IASC, 2012a, p. 21). The International Federation of Red Cross and Red Crescent Societies includes an indirect definition in the *Disasters Preparedness Training Programme*: “Coordination of independent organisations is undertaken for the purpose of eliminating fragmentation, gaps and duplication in services. Coordination can also mean harmonising separate disaster actions or activities and clarifying roles and responsibilities” (IFRC, 2000, p. 3).

The definition of coordination that will serve as reference point in the dissertation is proposed by Sommers and has been used in several studies in the past (Reindorp & Wiles, 2001):

“Coordination is the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner. Such instruments include: strategic planning, data and managing information, mobilising resources and assuring accountability, orchestrating a functional division of labour in the field, negotiating and maintaining a serviceable framework with host political authorities, and providing leadership” (Sommers, 2000, p. 5).

Accountability in the humanitarian community is a broad term that includes upward accountability (to donors, governments, authorities, line managers within the response system) and downward accountability (to the affected populations). Although we make reference to various forms of upward accountability, the focus will be on accountability to the affected people (AAP). Accountability to donors is beyond the scope of this dissertation.

Cambridge Business English Dictionary defines accountability as “a situation in which someone is responsible for things that happen and can give a satisfactory reason for them” (Cambridge University Press, 2019). A similar definition is provided by the OECD: “Accountability is the acknowledgement and assumption of responsibility for decisions and actions, including the responsibility to report, explain and be answerable for the resulting consequences”, while the term refers to the humanitarian community in the statement “All actors in the humanitarian system should be accountable for their actions and decisions, including to affected communities” (Scott, 2014, p. 20).

For the purpose of the dissertation we are using the definition endorsed by many international bodies and organisations such as the IASC, UNHCR, and The Food and Agriculture Organisation of the United Nations (FAO), which is the following: “AAP is an active commitment by humanitarian actors and organisations to use power responsibly by taking account of, giving account to and being held to account by the people they seek to assist” (IASC, 2017c, p. 1; FAO, 2013, p. 3; UNHCR Emergency Handbook). The aforementioned definition is based on the Humanitarian Accountability Partnership (HAP) standard which states that: “accountability is the means through which power is used responsibly. It is a process of taking into account the views of, and being held accountable by, different stakeholders, and primarily the people affected by authority or power” (HAP, 2010, p. 1).

The concept of **participation** is included in the AAP, something which is clearly supported by the Core Humanitarian Standard Alliance (CHS):

“AAP offers a people-centred and rights-based framework that is concerned with respecting the rights, dignity and safety of people affected by disaster and conflict. The women, men, girls and boys receiving humanitarian assistance are the primary stakeholders of any humanitarian response and have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and to complain if they feel the help they receive is not adequate or has unwelcomed consequences” (CHS Alliance, 2015a, p. 2).

More specifically the CHS states that: “Participation means that your organisation listens to the people it aims to assist, incorporating their views and analysis in programme decisions.

This is achieved through the active engagement of community representatives in decision-making processes throughout the programme cycle, while particular attention is paid to the most vulnerable individuals and groups” (CHS Alliance, 2015a, p. 7), as well as “Participation: involves enabling crisis-affected people to play an active role in the decision-making processes that affect them. It is achieved through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and worst affected are represented and have influence” (CHS Alliance, 2015b, p. 39).

The importance of participation of the affected populations in programme design and implementation has been expressed by the HAP and Sphere project. The HAP includes participation as one of its principles and defines it as “listening and responding to feedback from crisis-affected people when planning, implementing, monitoring and evaluating programmes, and making sure that crisis-affected people understand and agree with the proposed humanitarian action and are aware of its implications” (HAP, 2010, p. 8). The first Core Standard of the Sphere Project (people-centred humanitarian response) recognises that the participation of disaster-affected people –women, men, girls and boys of all ages– and their capacity and strategies to survive with dignity are integral to humanitarian response” (Sphere Project, 2011, p. 53). At the same time, the failure of the humanitarian community to engage the affected in the overall decision-making motivated the signatories of the Grand Bargain in the World Humanitarian Summit in 2016 to highlight the importance of participation offering an indirect definition but a direct commitment: “A participation revolution: include people receiving aid in making the decisions which affect their lives” (Grand Bargain, 2016, p. 10).

1.4. Methodology

In order to assess whether the cluster approach has been effective or not in terms of coordination, accountability and participation, the study draws on extensive literature and reports review coming from various UN bodies, humanitarian actors and relevant stakeholders. The fundamental importance of these three parameters within the humanitarian aid system lies at the core of the majority of evaluations and reports, and the choice of the specific aspects as the focus of examining the cluster approach is based on these grounds. First of all, coordination is the basis of all humanitarian responses and the crucial factor which can and does affect the minimisation of impact, the alleviation of suffering and the appropriate and timely effectiveness of aid provision by a great number of actors. Good coordination automatically leads to a better and a more targeted response. At the same time, downward accountability and the participation of the affected people in the decisions that affect their lives are included and emphasised in the Core Humanitarian Standards, while they are placed at the heart of all humanitarian action. The humanitarian community as a whole has and keeps stressing the importance of AAP and participation in all responses to crisis and disasters, as a means to achieve a more effective relief provision while respecting human dignity.

For the assessment of how the cluster approach has been implemented during the years 2005-2017, we decided to divide the analysis in three chronological periods: 2005-2007; 2008-2010; and 2011-2017. The reason behind the specific choice/division of periods was the will to follow and have as basis the two evaluations of the cluster approach at the level of the United Nations (2007 and 2010, respectively), which actually constitute the “benchmark” for other

assessments that were published the same periods. The analysis does not extend over the year 2017, since literature review and reports are usually published several months after the actual field or desk assessment. That is, in order to examine what happened during 2018 and have a broad perspective about the cluster approach in various countries, we have to anticipate the reports and assessments by various humanitarian actors that will be published mostly in 2019.

For each period/section we will present first the official evaluations (IASC, OCHA) and then the perspective of the NGOs in an attempt to do a side-by-side analysis of the two. The reason for this is the following: The two official evaluations commissioned by the IASC and OCHA base their findings on a number of factors, including interviews and surveys of international NGOs and implementing partners. Nonetheless, although the two sides (IASC, OCHA and international NGOs) agree in general in their findings, as we will see the narrative, rhetoric and results, coming from the direct reports and assessments of the international NGOs, are more intense and critical towards the cluster approach, and quite often different from the ones presented via the IASC and OCHA. This “strictness” is due to various reasons, such as: the purely humanitarian mandate of the NGOs where neutrality, impartiality and independence are central, the fact that they advocate on behalf of the affected people, the direct experience from the field and the constant contact with the disaster-affected, pursue of funding from several donors, exposure to security incidents and risks resulting from armed conflicts. Additionally, we will present the perspective of MSF, one of the largest NGOs which remains out of the UN system and constitutes one of the biggest Western critics of the cluster approach.

Moreover:

- The evaluations and reports used, are based on field visits, desk reviews, semi-structured global, regional and local interviews with all relevant stakeholders, surveys and a variety of country case studies. They are presented in detail in the beginning of each period/section.
- The section “leadership and partnerships” has been included for all three periods, because these two aspects constitute an integral part of coordination. The perspective of leadership and partnerships offers a more complete view of how they are directly connected and influence the parameter of coordination. Several reports have indicated that shared leadership within the cluster approach amongst all relevant parties enhances stronger commitment to the overall objectives and ensures better coordination (IASC, 2012a). The cluster approach achieves this by clarifying more efficiently the roles and responsibilities of the humanitarian actors, by having enhanced and explicit leadership, which leads to better system coordination, and through effective partnerships with the local authorities, the host governments, the civil society and the humanitarian partners (IASC Sub-Working Group, 2015).
- As far as accountability is concerned, during the first phases of the cluster approach and the two official evaluations, the focus is on upward accountability. On the other hand, NGOs focus and mention quite often the importance of accountability to the affected people even in these early stages.

Additionally, we decided to examine and incorporate in the dissertation the UN-integrated missions, since they may and often do influence coordination, accountability and participation within the cluster approach, and thus of the overall humanitarian response. Two case countries

are presented: Pakistan and Afghanistan. Pakistan was chosen because it was the first country where the cluster approach was implemented, and Afghanistan because the political instability and armed conflicts continue until today, requiring thus constant humanitarian aid, which is provided in parallel and within the United Nations Mission in Afghanistan (UNAMA).

1.5. Structure

Chapter 2 constitutes a detailed description of the cluster approach and builds mostly upon reports, guidelines and reference modules from the Inter-Agency Standing Committee, the United Nations and the United Nations Office for the Coordination of Humanitarian Affairs.

Chapter 3 constitutes a critical analysis, based on a collection and synthesis of already published reviews, and will focus on the parameters of coordination, accountability and participation for the years 2005-2017. The analysis is divided in three chronological periods: 2005-2007; 2008-2010; and 2011-2017. More specifically, the first two periods will have at their core the independent but official evaluations of the cluster approach commissioned by the Inter-Agency Standing Committee. At the same time, the perspective of several international non-governmental organisations will be presented through various evaluations, reports, case studies, lessons learnt, operational peer reviews and assessments coming from their experience while working in the field during the same chronological periods. The third section (2011-2017) mostly draws on findings and assessments from non-governmental organisations. For this period, there was no official evaluation of the cluster approach commissioned by the IASC, but several IASC and OCHA assessments will be included.

In **chapter 4**, we make reference to the United Nations Integrated Missions and how they can affect the efficiency of the cluster approach, while we present the cases of Pakistan and Afghanistan.

In **chapter 5**, we present the conclusions from the comparative study of the evaluations coming from different stakeholders and the literature already presented.

Appendix A includes the Code of Conduct for the International Federation of Red Cross and Red Crescent Societies and non-governmental organisations.

Chapter 2.

The Cluster Approach

2.1. The Humanitarian Response Review and the IASC

During the last decades, humankind has suffered from an increasing number of natural and technological disasters of great complexity at national or global level (Lekkas, et al., 2014). Moreover, when complex emergencies or large-scale humanitarian crisis occur, effective coordination among all organisations and humanitarian actors is of the utmost importance (Reindorp & Wiles, 2001). In December 1991, the General Assembly (GA) resolution 46/182 laid the foundations of the current coordination system, and later on, in June 1992, the Inter-Agency Standing Committee (IASC) was established with the objective of strengthening the humanitarian aid system (Gagnet, 2017).

After the catastrophic consequences of the tsunami in Indian Ocean in 2004 and the humanitarian response in Darfur in 2004-2005, the UN Emergency Relief Coordinator (ERC) and the Office for the Coordination of Humanitarian Affairs (OCHA) commissioned the independent Humanitarian Response Review (HRR), in order to assess and evaluate the capacities of all the UN (United Nations) and non-UN agencies responding to emergencies, as well as identify and address possible gaps (IASC, 2015).

The HRR, after having evaluated the capacities of the UN, the Red Cross/Red Crescent Movement, the International Organisation for Migration (IOM) and various international humanitarian non-governmental organisations (NGOs), identified a number of gaps and deficiencies in the humanitarian system that failed to always respond successfully to the affected populations. Specifically, although it detected individual will and humanitarian direction, the shared and common response to emergencies was missing, while the coordination system among the humanitarian networks was characterised by serious gaps that needed to be addressed (UN, 2005). The focus of the review was the preparedness of humanitarian community with regards to crisis and emergencies, the prevention mechanisms and the mitigation of the impact on the affected populations.

The report highlighted the gaps identified at the level of preparedness, as well as in terms of capacity in several sectors of humanitarian action, such as water, hygiene and sanitation, nutrition, camp management, shelter, nutrition and protection with emphasis on gender-based violence (UN, 2005). The protection sector exhibited a totally different approach in the field by the humanitarian actors, since there were discrepancies in the definition of protection and differences in the responsibilities and roles of the personnel. As far as water and sanitation is concerned, the evaluation team pinpointed the limited capacity of several organisations to implement the Sphere Standards, the lack of response capacity, the need for staff training at all operation levels and the

need for commitment through a clearly defined leadership (UN, 2005). The undoubtedly essential in many emergencies camp management sector presented weaknesses and different approaches in the implementation of site planning, shelter construction, lack of guidance and direction towards a common policy and working method, thus resulting in deficiencies in the way the problems of the displaced populations were addressed (UN, 2005). To this effect, nutrition and food aid presented similar weaknesses and lack in the assistance provision.

Nonetheless the report identified that the time was ripe for the next step towards working within an inclusive coordination system and global mechanism, towards action-taking and not only problem analysis, since in both the humanitarian and donor communities there was “a sense of urgency on the need to address those failures” (UN, 2005, p. 8). In short, the HRR led to the implementation of the Humanitarian Reform in 2005 by the IASC with the purpose of providing adequate response and enhancing in practice the concepts of leadership and accountability (Maier, 2007). Additionally, the Humanitarian Reform established the Central Emergency Response Fund (CERF) for the timely provision of funding for the humanitarian responses, enhanced to a great degree the leadership and coordination system through the Humanitarian Coordinator (HC) and strengthened the partnerships between the actors with the establishment of the cluster approach (UN, 2005).

The role of the IASC as the primary system for inter-agency coordination during provision of humanitarian assistance was affirmed by the GA resolution 48/57; it basically constitutes the leading inter-agency forum which assembles UN and non-UN agencies, the IOM, the Red Cross/Red Crescent Movement, as well as NGOs (IASC, 2015). With the objective of making more efficient the humanitarian assistance, the IASC creates harmonised and common tools, guidelines, policies and reporting mechanisms, ensures the timely response to crisis and emergencies and creates a common message to advocate for the respect of humanitarian principles (IASC, 2015). In particular, the IASC:

- Designates responsibilities to humanitarian agencies
- Develops global humanitarian policies and agrees on a common ethical framework
- Addresses possible gaps in organisations’ mandates and operational capacities
- Advocates for the humanitarian principles and for the human rights according to international law to all parties which are not part of the IASC
- Mediates and resolves possible disagreements in the humanitarian organisations in order to reach common ground (IASC, Primary Objectives).

Following the independent HRR, the cluster approach was officially adopted in 2005 in order to enhance the effectiveness of the humanitarian response to emergencies. The cluster approach achieves this by clarifying more efficiently the roles and responsibilities of the humanitarian actors, by having enhanced and explicit leadership, which leads to better system coordination and organising, and through effective partnerships with the affected populations, the local authorities, the host governments, the civil society and the humanitarian partners (IASC Sub-Working Group, 2015). At the same time, the IASC engulfs the understanding that in some cases other national or international approaches might be followed side by side with the cluster approach or may be preferable depending on the circumstances and the nature of the emergency (IASC, 2012a).

According to the *Guidance Note on Using the Cluster Approach* by the IASC (2006), the cluster system constitutes a component of a reform process, which aims at providing effective humanitarian response through strengthened partnerships between UN, non-UN agencies, NGOs and the International Red Cross and Red Crescent Movement, while at the same time it addresses the gaps and establishes greater accountability to all stakeholders. Moreover, the IASC continues and states that the cluster approach at the country level should be activated with flexibility, since its purpose is to strengthen “rather than to replace sectoral coordination under the overall leadership of the Humanitarian Coordinator” (IASC, 2006a, p. 4).

2.2. The Clusters

The clusters (sectors), designated by the IASC (or sectoral groups at country level) are groups of UN and non-UN humanitarian organisations that correspond to the main sectors of humanitarian response and have clear responsibilities for coordination and partnership (Fredriksen, 2012). The management of the humanitarian response through the clusters is led by the Resident Coordinator (RC) and/or the Humanitarian Coordinator (HC) along with the Humanitarian Country Team (HCT) (IASC, 2013) (Figure 2.1). The Cluster Lead Agencies (CLA) are the UN and non-UN humanitarian organisations that function globally and nationally, have clear responsibilities for coordinating the technical capacity and response to emergencies, while at the same time they strengthen the system-wide preparedness (IASC, 2013). The CLAs are agencies and therefore the corresponding Country Directors of the designated organisations for each sector are ultimately accountable for the implementation of the relevant sector activities (IASC, 2006b). Whereas the global CLAs report to the Emergency Relief Coordinator (ERC), the country CLAs report to the HC. Additionally, the CLAs should co-lead where possible with the government and the local authorities, enhance national preparedness through capacity building, while ensuring that approaches are aligned with the development objectives of the respective country (IASC Sub-Working Group, 2015). The number of clusters that need to be activated is determined according to the response plan and always with the purpose of clarifying the roles and responsibilities of the respective cluster organisations (IASC, 2013). An important integral component of the cluster approach is that the designated leading agencies at country level are not in charge or withheld responsible for leading the entire humanitarian response within the specific cluster/sector, since the specific responsibility lies within the scope of the host government and the local authorities (IASC, 2006a).

The clusters are the following: Water, Sanitation and Hygiene Promotion (WASH), Shelter, Protection, Nutrition, Logistics, Health, Food Security, Emergency Communications, Education, Early Recovery, Camp Coordination and Camp Management (CCCM) (Figure 2.2). Within the scope of Protection cluster lie the specific Areas of Responsibilities of:

- **Child Protection (CP)**, focal point agency United Nations International Children's Emergency Fund (UNICEF)
- **Gender-Based Violence (GBV)**, focal point agency United Nations Population Fund (UNFPA)
- **Land, Housing and Property**, focal point agency Norwegian Refugee Council (NRC)
- **Mine Action**, focal point agency United Nations Mine Action Service (UNMAS)

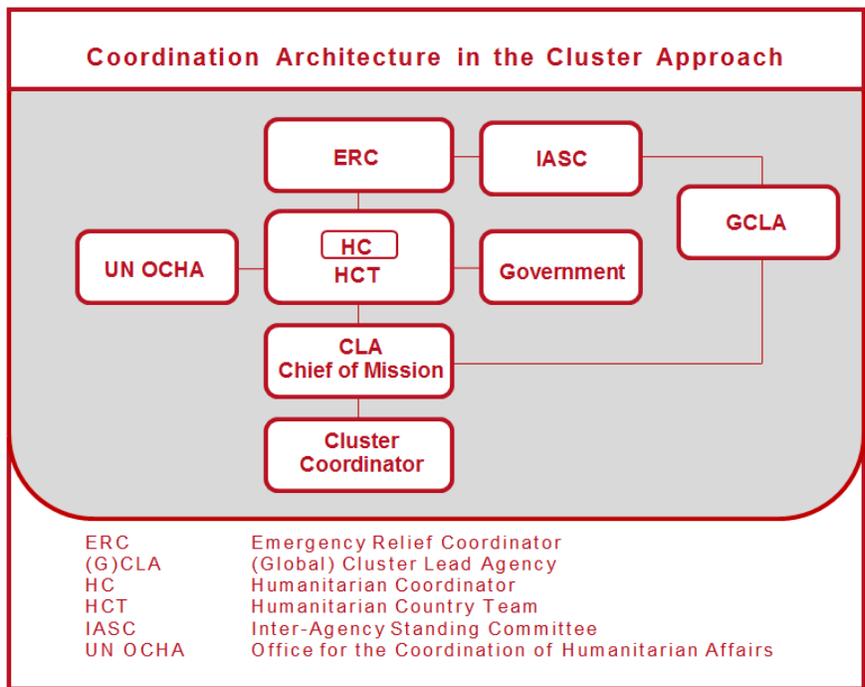


Figure 2.1. The Coordination architecture in the cluster approach.

Source: (Humanitarian Response).

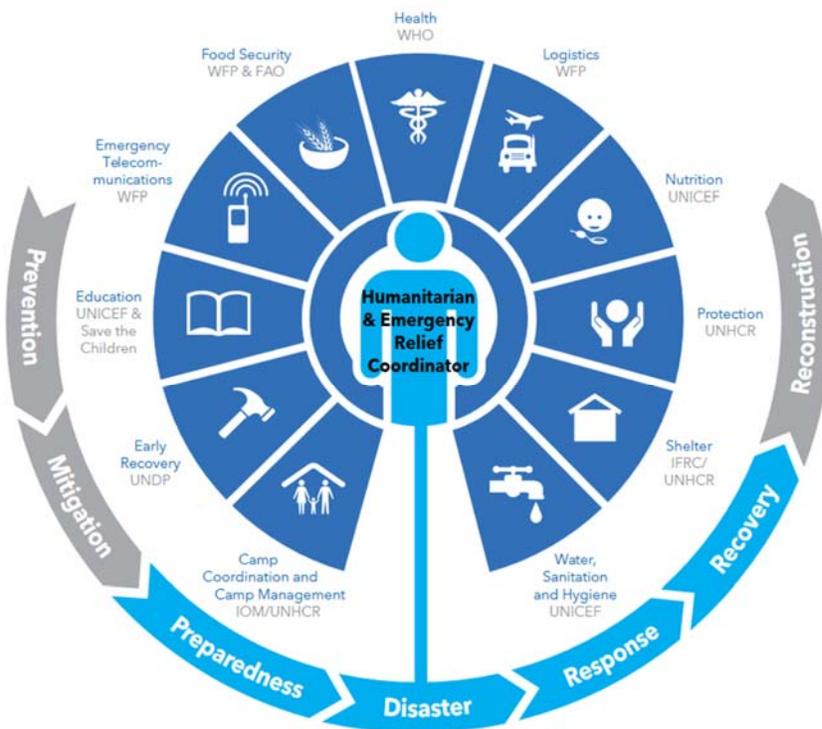


Figure 2.2. The clusters and the corresponding global cluster leading agencies.

Source: (IASC Sub-Working Group, 2015).

Apart from the abovementioned clusters, there are some cross-cutting issues that have to be integrated and taken into consideration during the cluster activation and throughout the humanitarian response from disaster risk reduction to early recovery such as age, gender, environment and HIV/AIDS, mental health, social well-being, persons with disabilities (IASC, 2012a). They are defined as cross-cutting issues because they cut across, refer and relate to many clusters at the same time.

2.3. The Cluster Approach and the Transformative Agenda

On the onset of an emergency and depending on the magnitude of the disaster and/or conflict, the decision for the activation of the cluster approach is based upon the results of the assessment of the host government's capacity to coordinate the response. Often in the cases where a government is perfectly capable of leading the activities and can undertake the coordination and leadership, the extra international coordination capacity is highly valuable and acts supportively (IASC Sub-Working Group, 2015). According to the GA Resolution 46/182, "Each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organisation, coordination, and implementation of humanitarian assistance within its territory" (IASC, 2007, p. 6). The cluster approach must be implemented only when needed and not in every emergency, otherwise there is a huge risk of resources waste and government's actions impedance (IASC Sub-Working Group, 2015). Thus, the context and the situation determine which out of the eleven clusters will be activated and which will be merged (Maier, 2007); some activities can be coordinated by the host country. On the other hand, often there are cases in which the clusters are managed primarily by international agencies, since there are problems with the principles of impartiality, independence and neutrality; this happens in armed conflict areas where the host government is actively involved in the conflict (OCHA & UNDP, 2012).

The cluster approach first and foremost strengthens the collaborative efforts of all actors and operates at two levels. At the global level the objective is the designation of global cluster leads in order to strengthen the global capacity and preparedness to respond to emergencies, and at the country level the aim is the mobilisation of organisations, international and local NGOs, the prioritisation and mobilisation of available resources and the division of duties and responsibilities amongst the agencies, in order to ensure an effective and coherent response in all the clusters/sectors (IASC, 2006a). Specifically, the cluster leads at the country level ensure compliance to standards, policies and norms that have been pre-defined and pre-set at global level, while at the same time they can seek guidance, tools and operational support from the global lead clusters (IASC, 2006b). Additionally, the clusters at country level are responsible for maintaining and enhancing close collaboration and consultation with the national authorities, while providing support and capacity building to local actors, civil society and all relevant stakeholders (IASC, 2006b). The clusters must build on local experience, capacities and knowledge by all means and whenever this is feasible.

At the same time, the efficient operation of a cluster is a common responsibility shared amongst the CLAs, the partners and all participating parties at national level (IASC Sub-Working Group, 2015). The management of the clusters depends on a variety of factors mostly those that

fall under the complexity of the emergency and the disaster; therefore, the management should adapt according to the context changes during the response. The IASC Principals agreed in 2011 that “participation in clusters should be better defined and managed to enhance the ability of clusters to provide strategic direction, including through the creation of small Steering Committees (SC) or Strategic Advisory Groups (SAG) of key operational partners, complemented by separate forums or mechanisms to ensure broader information exchange for all cluster/sector partners” (IASC, 2012a, p. 12).

After the *Cluster Approach Evaluation 2 Report* in 2010 and the evaluation of the humanitarian response to the earthquake in Haiti and the floods in Pakistan the same year, which identified a number of inefficiencies and faults at the humanitarian response, the IASC reviewed, made adjustments and improved the cluster approach with the Transformative Agenda (TA) in December 2011 (IASC, 2015). The TA aims at addressing these weaknesses through more efficient coordination mechanisms, reinforced leadership and improved accountability towards the affected populations (IASC, 2015). According to Protocol 1, the IASC supports effectively the national authorities and builds on existing local capacities, while monitoring the performance of the IASC body itself and propelling the implementing agencies and partners to mobilise the necessary resources depending on their mandate (IASC, 2018a). Protocol 2 states that the IASC ensures that adequate coordination and leadership systems are in place, whereas in large-scale emergencies the Committee safeguards that “as a first priority, lives are saved and affected people receive the assistance and the protection they need; and as a second priority, the effects of the crisis on human development and achievement of Sustainable Development Goals are contained” (IASC, 2018b, p. 2). Additionally, the work of the Inter-Cluster Coordination Group (ICCG) is led by the humanitarian principles (neutrality, impartiality, humanity and independence) and the international humanitarian law and human rights (IASC, 2017a). The ICCG ensures that humanitarian response engulfs “protection” of the affected populations via a common language, strategy and policy (including gender analysis) within the clusters, a joint strategy regarding the prioritisation of intervention and of vulnerable groups, and the avoidance of duplication through the Who does What Where (3W) (Table 2.1) information management tool (IASC, 2017a).

2.4. The Role of UNHCR within the Cluster Approach

The coordination of an emergency falls under the leadership of the Humanitarian Coordinator supported by the OCHA, and the same applies for the assessment of the government and other local stakeholders’ capacities. OCHA safeguards that the clusters at country level are given the necessary tools and services aiming at an effective inter-cluster collaboration (IASC, 2012b). On the other hand, in emergencies and humanitarian crisis in which the affected populations are refugees, UNHCR takes the lead for the coordination of the humanitarian response from needs assessment to resilience building (IASC, 2012b). In particular, the role of UNHCR is:

- In Level 3 emergencies (major sudden-onset humanitarian crisis), UNHCR undertakes its clusters responsibilities by committing technical expertise, knowledge and resources. Additionally, the objectives of the Transformative Agenda are followed and prioritised.
- In refugee crisis, UNHCR coordinates and leads the international response.

- In complex emergencies where refugees are affected, UNHCR operates under the Transformative Agenda and shares information.
- In complex emergencies where Internally Displaced People (IDPs) are affected, UNHCR acts as representative in the HCT so that the operation strategic planning takes into account the situation and rights of the IDPs (UNHCR Emergency Handbook).

As far as refugee emergencies are concerned, UNHCR coordinates the humanitarian response, has the leadership for the assessment, ensures effective coordination between all relevant stakeholders via coordination meetings, donor meetings, appropriate information management (such as collection and/or distribution of demographic data, situation analysis/reports, 3W information management tool), advocates on behalf of the refugee populations, makes partnerships with local actors, evaluates and monitors contingency planning and activities with regards to new refugee arrivals (IASC, 2012b).

2.5. Deactivation of Clusters

As already mentioned, the clusters are activated when needed and when gaps are identified in the humanitarian response from the part of the host government, when the latter due to limited capacities cannot meet the requirements of the affected populations and the humanitarian principles. Furthermore, the clusters are characterised by temporality and time limitation, meaning that they must be deactivated when the identified gaps no longer exist (IASC Sub-Working Group, 2015).

According to the IASC Principals and the Transformative Agenda the “activation of clusters must be more strategic, less automatic, and time limited” (IASC Sub-Working Group, 2015, p. 10). Based on this, the strategic plan of transition and cluster deactivation should begin from the onset of the humanitarian response. This will be achieved through capacity building of host governments, authorities and partners, via involvement of the national authorities in the strategic planning, as well as through alignment of the IASC agencies with the national objectives for development and reconstruction (IASC Sub-Working Group, 2015).

Cluster deactivation presupposes the transfer of international systems of coordination, accountability and leadership to the corresponding and relevant national bodies when the time is right: the humanitarian needs have reduced significantly or cease to exist (e.g. when the affected populations have been integrated within the host country, returned to their original location or have relocated) or the national bodies have the required capacities to respond to the crisis (IASC, 2012a).

According to the *Reference Module for Coordination* by the IASC (2015), deactivation should be guided by the following principles:

- The process is induced by the HC and the HCT in close coordination with OCHA and the national authorities, involving at the same time national and cluster partners. The transition and deactivation should be a collaborative strategic plan and effort.

- The decision for transition depends on the evaluation of national capacities or when the emergency is declared to be over by the host government. The timing of the deactivation of clusters depends on the ongoing needs of each sector; simultaneous deactivation of all clusters should be avoided. Clusters such as WASH or Protection may be transferred to a number of local authorities and partners.
- The decision for deactivation and/or transition is based on the context and the circumstances of the emergency, and the humanitarian needs of the affected people.
- Deactivation planning must focus greatly on the long-term resilience and recovery mechanisms of the host country and government. Ideally, leadership of the clusters should be shared with local actors, while CLAs should be in constant cooperation with the national governmental bodies.

Nonetheless, the deactivation of clusters should by no means take place due to lack of funding. Even after the deactivation and the discontinuation of direct implementation by the CLAs and NGOs, funding towards the host government or local partners is in many cases essential, so that they can continue to coordinate the response, meet the needs of the affected people and strengthen preparedness strategies (IASC, 2012a). Ultimately, among the responsibilities of the clusters (and due to the core concept that they constitute a temporary and not permanent solution) lie the strategic planning for handing over activities to local partners and NGOs, the establishment or reinforcement of national coordination mechanisms and capacities, and eventually withdrawal as the emergency phases out (IASC, 2006a).

2.6. Humanitarian Programme Cycle

The humanitarian programme cycle (HPC) consists of five phases (Figure 2.3) which include a number of coordinated actions that lead and guide the humanitarian response. The five steps are interwoven with each other and connected in a logical manner; one phase leads to the following and so forth. The phases are: needs assessment and analysis, strategic planning, resource mobilisation, implementation and monitoring, and operational peer review and evaluation (Humanitarian Response, HPC). The success of the HPC depends on efficient emergency preparedness, which guides the whole process, while at the core of the cycle lie the strengthened coordination with humanitarian agencies, implementing partners, the host government and local authorities, and information management. All phases of the HPC must be guided by the humanitarian principles of impartiality, neutrality, humanity, independence and the code of conduct as developed by the International Federation of the Red Cross and Red Crescent Societies (Appendix A). At the same time, special attention must be given to the principle of accountability to the affected populations and their inclusion/participation (including marginalised groups) at all stages of the humanitarian response (HPC Steering Group, 2015). It should be noted that national/local authorities, as well as the disaster-affected people must be actively involved in all phases of the HPC.

Needs assessment and analysis: According to the IASC, needs assessment and analysis have a fundamental role in the strategy development and latter programme design; needs assessment must be a rapid process and re-evaluated depending on the changing context and dynamics and on the needs of the affected people (IASC/NATF, 2015). The IASC issued in 2012 the multi-

cluster initial rapid assessment (MIRA), which constitutes a set of guidelines for the initial assessment (Figure 2.4) and was developed from the experiences and field knowledge coming from UN, non-UN agencies, NGOs, the donor and academic communities (IASC/NATF, 2015). The host government must be consulted and when possible coordinate the assessment.

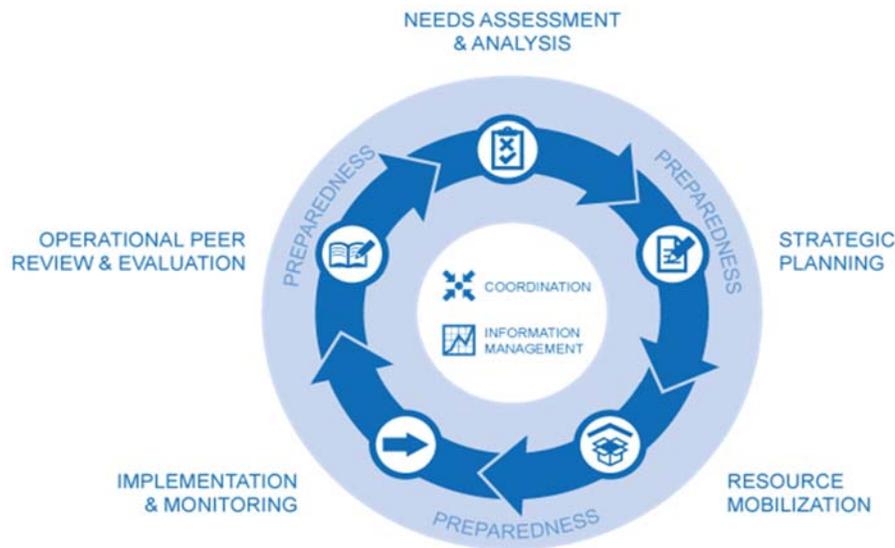


Figure 2.3. The Humanitarian Programme Cycle.

Source: (Humanitarian Response, HPC).

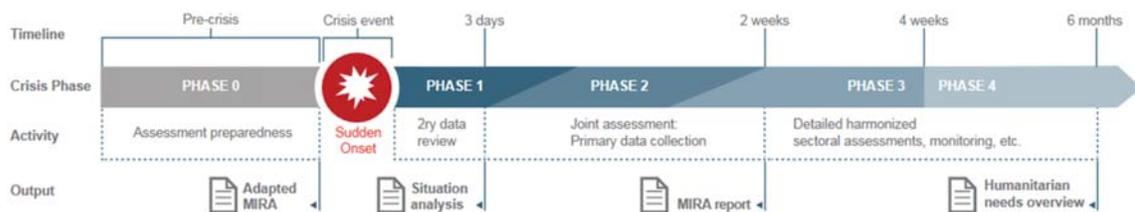


Figure 2.4. Coordinated assessment (MIRA) and approaches.

Source: (IASC/NATF, 2015).

Strategic planning: depends at a great extent upon the findings of the needs assessment regarding the magnitude of the disaster, and constitutes the basis for latter programme implementation and response. The strategic objectives that will be stipulated through the planning must be Specific, Measurable, Attainable, Relevant and Time-bound (SMART) and take into consideration prioritisation and responsibilities' allocation (Humanitarian Response, HPC).

Resource mobilisation: is the fundraising and country or other pooled funding mechanisms and consists an integral and vital part of the HPC. The decisions of the donors depend highly upon the assessed needs, the strategic planning, the response priorities and the funding requirements in relation to the extent of the disaster or crisis (HPC Steering Group, 2015).

Implementation and monitoring: response monitoring aims at identifying any gaps in service provision during implementation (in order to be later addressed), while at the same time it improves accountability to the affected people, to donors and all relevant stakeholders. It is the basic mechanism that seeks to monitor the progress of the response, examine if the objectives are achieved, measure results, record service provision and provide the basis for later decision-making (HPC Steering Group, 2015).

Operational peer review/evaluation: was introduced by the IASC Transformative Agenda and constitutes a peer management and support tool, which will determine areas for improvement, adjustments or corrections in the humanitarian response (HPC Steering Group, 2015).

2.7. Principles and Objectives of the Cluster Approach

The cluster approach adheres and has at its core the fundamental humanitarian principles of impartiality, humanity, neutrality and operational independence. These principles originate from the international humanitarian law and have been endorsed by the UN through the GA Resolutions 46/182 and 58/114 (UNHCR Emergency Handbook). These four core principles have been recognised and included in the Code of Conduct of the International Red Cross and Red Crescent Movement and NGOs, and constitute the basis and guide for all humanitarian action internationally. Additionally, they have been promoted through and act as the basis of the Sphere Project (the handbook of the Humanitarian Charter and Minimum Standards in Disaster Response, which functions as a reference tool for international and national UN and non-UN agencies, governments, NGOs and donors). The partners of the cluster approach must comply with the humanitarian principles. In particular:

- **Impartiality:** humanitarian action is provided on the basis of need irrespective of race, sex, gender, nationality, religious beliefs, political affiliations.
- **Humanity:** humanitarian action addresses human suffering, protects life and the right to life with dignity.
- **Neutrality:** humanitarian actors do not engage or take sides to any hostility or conflict.
- **Operational independence:** humanitarian actors are autonomous from any economic, political or military objective existing in the areas of implementation (OCHA, 2010).

The supplementary principles of “do not harm”, participation of the affected populations, the right to receive assistance, the right to protection and security have been included and establish the international framework for humanitarian response from disaster preparedness to early recovery (Sphere Project, 2011). Additionally, the Transformative Agenda aimed at focusing on the effectiveness and timely joint humanitarian response through strategic activation of the clusters, effective coordination mechanisms, improved and efficient inter-communication, reinforced leadership and improved accountability to the affected populations (IASC, 2013). The IASC Principals stated the need to bring into line the results and the impact of change rather than the process itself (IASC Sub-Working Group, 2015).

“In December 2011, the IASC adopted the Transformative Agenda. It focuses on three key areas: better leadership, improved accountability to all our stakeholders and improved coordination. The impact of these changes, which we are now introducing, will be more lives saved, faster.” -Valerie Amos, Emergency Relief Coordinator and Chair of the Inter-Agency Standing Committee (IASC, 2013).

The Transformative Agenda focuses on the principles of coordination, leadership and accountability. In order to reinforce the joint humanitarian response, it gives priority to improved strategic planning (aiming at collective and effective results), strategic implementation and response (via effective monitor and evaluation mechanism and needs assessment), strengthened leadership system for all stages of the humanitarian response, more effective participation and coordination within the clusters, heightened transparency and accountability towards the affected populations, the host government, the donor community and all relevant stakeholders, and meaningful inclusion of the affected people to the decision-making (IASC, 2012c). With the Transformative Agenda, the clusters will only be activated when needed and their purpose will be to strengthen that national capacities and systems and not to replace them. To this end, they will complement and work jointly with the host government with the common goal of saving lives and reducing the impact to humans, responding to the disaster and strengthening disaster preparedness structures (IASC, 2012c). Furthermore, for the first time the IASC agreed on a mechanism for scaling-up and accelerating the collective response to Level 3 emergencies through a system-wide emergency activation (IASC, 2015).

At the same time, in December 2011, the IASC Principles developed and approved five Commitments to Accountability to Affected Populations (CAAP) which would act as integral part of the guidelines and the operational policies of the clusters. The CAAP sought to implement accountability and inclusion of the affected for the first time at such level, and proceeded with the agreement of the agencies that they would incorporate them to their strategic planning, projects and operational activities (UNICEF, 2013). The CAAP according to the Operational Framework (2011) are the following:

- **Leadership/governance:** humanitarian actors commit to be accountable to the affected populations via feedback mechanisms, partnership agreements, performance evaluation and personnel trainings, monitoring and evaluation systems and continuous reporting.
- **Transparency:** affected populations have access to the procedures and structures of the humanitarian agencies, and they exercise their right to informed decisions.
- **Feedback and complaints:** agencies must ensure that appropriate feedback and complaints mechanisms are in place aiming at improving programme implementation, at being informed about breaches in policy and code of conduct, and that the affected always receive feedback.
- **Participation:** the affected populations should be actively involved in the decision-making in all stages of the humanitarian response from emergency phase to early recovery. Attention should be given to marginalised or vulnerable groups.
- **Design, monitoring and evaluation:** the affected populations should be involved in the design, goals and implementation of the programmes, while continuous monitoring and evaluation will be provided from the affected community.

Additionally, we should mention the six fundamental functions of a cluster at the country level:

- **Service delivery support:** creation of mechanisms that will identify and address issues of duplication in implementation; service delivery should adhere to the pre-defined strategic priorities
- **Provide information to the HC/HCT** for the decision-making regarding the response: gap analysis and needs assessment; address gaps, emerging problems and cluster cross-cutting issues; prioritisation according to the ground analysis
- **Development of strategy and planning:** comply with guidelines and standards; develop indicators and objectives; define funding requirement and prioritisations
- **Advocacy:** advocate on behalf of the affected populations and the cluster partners (e.g. feedback coming from the community and coordination meetings)
- **Constant reporting and monitoring** of activities, performance and project implementation; recommend improvements accordingly
- **Capacity building and contingency planning** for implementing partners, local actors, host government (IASC, 2012a).

The establishment of common principles, strategies and objectives ensure that all clusters/sectors, UN and non-UN agencies, NGOs and the humanitarian community work jointly towards a common goal (IASC, 2007). The IASC principals issued the strategic priorities of 2018-2019, which focus mostly on humanitarian financing, accountability and inclusion, collective advocacy, humanitarian development collaboration and operational response (Figure 2.5.).

STRATEGIC PRIORITIES	THEMATIC ISSUES
Humanitarian Financing	<ul style="list-style-type: none"> • Closing the funding gap (deepening and widening the resource base) • Links with the World Bank in fragile contexts • Dialogue with donor countries, including GHD
Accountability and inclusion	<ul style="list-style-type: none"> • Prevention of sexual exploitation and abuse (PSEA) and sexual harassment • Accountability to affected populations • Partnerships beyond the IASC
Collective Advocacy	<ul style="list-style-type: none"> • International Humanitarian Law / Protection of Civilians • Humanitarian access • Protection of aid workers • Preventing and ending conflicts
Humanitarian-Development Collaboration	<ul style="list-style-type: none"> • Operationalizing the humanitarian-development nexus in the field to reduce risks and vulnerabilities • Safeguarding humanitarian principles and diverse partnerships • Addressing humanitarian crises in urban settings
Operational Response	<ul style="list-style-type: none"> • Humanitarian system-wide emergency activation • Coordination arrangements • Humanitarian leadership • Multi-year planning • Early warning and preparedness
Work towards these priorities should support related Grand Bargain commitments, such as participation and localisation.	

Figure 2.5. IASC Strategic Priorities for 2018-2019.

Source: (IASC, 2018c).

Throughout the years, the IASC improved existing or developed new tools for the improvement of coordination, the AAP and the participation of the affected populations in the decision-making within the cluster approach system. Some of these tools are included in Tables 2.1 and 2.2. The lists are by no means exhaustive and are only intended to illustrate some of the tools proposed and developed by the IASC.

Table 2.1. Tools developed by the IASC and other agencies for the improvement of coordination.

Tools for Coordination	
Needs Assessment	<p>Key Humanitarian Indicators: Indicators that capture the core elements of a crisis. They are developed at the global level but can be adapted at the country level as needed. Cluster coordinators should lead and agree with their members on a set of sectoral indicators to be measured, as well as collection methodologies to be used.</p> <p>Multi-Cluster Initial and Rapid Assessment (MIRA)</p> <p>Humanitarian Dashboard: a tool which consolidates and presents needs assessment and other core humanitarian information in an easily accessible format so that analysis and evidence-based decision-making is facilitated. It includes pages outlining needs, coverage and gaps at the sectoral level, as evidenced by indicators. It also includes two overview pages, presenting a cross-sectoral depiction of the humanitarian situation and the strategic objectives of the HCT.</p> <p>Situation Analysis: Identifies, researches and analyses the main factors that influence the situation of affected populations and the performance of those assisting them. Clusters organise Cluster situation analyses periodically to understand all the factors that are relevant to each sector. Members of each Cluster work collectively to produce them. Situation analyses need to take account of the different needs of women, girls, men and boys, as well as other cross-cutting issues.</p>
Response Monitoring	<p>Indicators monitoring: an online tool to assist countries in selecting indicators at the cluster level. This registry is a point of reference for HCTs and clusters at the country level for indicators which are recommended for monitoring the humanitarian situation, needs and the humanitarian response.</p>
Information management	<p>Assessment Registry: a listing of all assessment/surveys for a defined period compiled by cluster coordinators. It should ensure all relevant assessments by humanitarian actors, baseline data hosted by government and other information is compiled. Typically, OCHA maintains the assessment registry, which should be regularly updated so that effective assessment planning can be carried out to fill information gap.</p> <p>3W (Who does What, Where – Guide): Who (which organisation) does What (programme implementation corresponding to clusters/sectors) Where (site, camp, location, etc.) information management tool for coordination and activity gap analysis. The main purpose of a basic 3W is to show our outlined the operational presence by sector and location within an emergency.</p>

Sources used for the tools presented: IASC, 2012b; Global Shelter Cluster, 2016; Humanitarian Response, Coordination.

Table 2.2. Tools developed by the IASC and other agencies for the improvement of AAP and participation of the affected people in the decision-making.

Tools for AAP/PSEA and Participation of the Affected Populations	
AAP/PSEA	<p>Global Standard Operating Procedures on AAP/PSEA: operational tools and clear guidance for the field on agency commitments and activities to protect against sexual exploitation and abuse, both at the institutional and collective levels developed by the IASC in May 2016.</p> <p>Beneficiary Satisfaction, Beneficiary Perception surveys and Post-Distribution Monitoring: tools that assess whether the community believes that the mechanism is developed and implemented in an appropriate and relevant way.</p> <p>Knowledge, Attitude and Practices surveys: can be informative in understanding local processing of sensitive information. Such a survey should be included in any project to ensure that the programmes developed are appropriate for the community in question.</p> <p>In-person reporting, using a standardised Incident Report Form encourages consistent complaint data.</p> <p>Complaints database: e.g. the Common Reporting Platform developed by the IASC.</p> <p>Suggestion/complaints box</p> <p>Follow-up with the complainant</p>
AAP/ Participation	<p>Accountability Analysis and Planning Tool: A synthesis of key industry standards and frameworks, namely the HAP Standard, the Sphere Core Standards with the IASC Operational framework for AAP.</p> <p>AAP Self-assessment Tool: breaks down each of the indicators within the analysis and planning tool to provide practical assistance for any user group to understand and measure them.</p> <p>Rapid Cluster Accountability Review Tool: This brief tool provides some key and focused areas for assessment from a Humanitarian Country Team, cluster, or interagency perspective.</p> <p>UNCHR, Participatory Assessment in Operations: A tool that describes how to effectively engage the affected persons from the outset of a response for design of programmes that is inclusive of men, women, young and old and people from diverse backgrounds.</p> <p>Global Protection Cluster, Protection Mainstreaming Toolkit: A toolkit to help mainstream protection and other cross cutting issues, such as AAP.</p> <p>Focus Group Discussions, key informant interviews, community meetings, formation of community committees, direct observations by staff, interviews with members of the affected populations.</p>

Sources used for the tools presented: IASC CBCM, 2016; IASC, 2016; IASC Task Force, 2012c; IASC, 2018d.

2.7.1. Coordination

Coordination in the cluster approach system is fundamental and seeks to maximise effectiveness and ensure a common, principled and well-organised response to emergencies and crisis from all humanitarian actors (Humanitarian Response, Coordination). Key element is the effective coordination between clusters/sectors, UN and non-UN agencies, international and local NGOs, the International Red Cross and Red Crescent Movement and the donors. The effective implementation of the clusters depends upon all humanitarian actors working as equal partners within the cluster system through all stages of the humanitarian programme cycle, from assessment to programme evaluation (IASC, 2006a). To this end, CLAs should promote coordination among the agencies/organisations, while respecting variability of mandates, roles and duties, methodologies and approaches. The minimum requirements for participating in the cluster approach encompass working in close collaboration and cooperation with all cluster partners via information sharing, something which will lead to effective use of available resources (IASC Sub-Working Group, 2015).

According to the *IASC Contingency Planning Guidelines (2007)*, the need to agree on coordination mechanisms between cluster groups and organisations during the planning and response phase is of the utmost importance. Additionally, the IASC highlights the importance of country clusters establishing liaison and coordination mechanisms with the host government, national actors, but also with national military and the civil society. The TA (IASC, 2012a) states the need for sectoral-specific coordination systems within the humanitarian response, when the national coordination capacities cannot meet the requirements and the needs of the affected people. In any case, the country clusters aim at complementing and supporting the existing governmental coordination capacities. With regards to the clusters on the country level, there are cases where the national coordination capacities are effective and thus continue to operate side by side with humanitarian clusters/sectors. The IASC clearly states that in cases as such, clusters must merge with the corresponding national bodies and have supporting and supplementary roles (IASC, 2006b).

Humanitarian partners will collaborate closely in order to maximise the efficiency of the clusters through shared leadership, engaging in joint contingency planning and possible funding allocations. Several reports have indicated that shared leadership within the cluster approach amongst all relevant parties (UN, IOM, NGOs, Red Cross/Red Crescent Movement) enhances stronger commitment to the overall objectives and ensures better coordination (IASC, 2012a). On the other hand, compliance with the coordination architecture of the cluster approach by the participating agencies and organisations is fundamental for the efficient response and programme implementation. Without their cooperation, the coherent aid provision and success of the response might be compromised (Gagnet, 2017). At the same time, the IASC focuses on the improvement of inter-cluster coordination and collaborations, on the importance of coordination meetings that will be based on needs and will optimise time allocation (IASC Sub-Working Group, 2015). Inter-cluster coordination is highly important as it works towards gap identification, duplication avoidance and a common objectives strategy. At the same time, it ensures that the humanitarian response is more effectively coordinated through strategic planning and implementation, while it promotes the ability to advocate on behalf of the affected populations after having identified potential concerns in the field and addressed cross-cutting issues (IASC Sub-Working Group, 2015).

Apart from enhancing the existing national coordination mechanisms, the clusters agree on common coordination systems for assessment with the inclusion and participation of national disaster management and governmental institutions (IASC/NATF, 2015). The operational organisations designated through the cluster approach are responsible for conducting coordinated needs assessments, while complying with the approaches, principles and methodologies of the IASC Operational Guidance (IASC, 2012b). The decision-making for the contingency planning and the preparedness strategies depend highly upon these coordinated assessments, and the same applies throughout the monitoring of the performance and later the evaluation of programme implementation. The IASC recommends the MIRA for the initial assessment following an emergency (IASC/NATF, 2015). Furthermore, coordinated assessments improve analysis within the inter-cluster system, and this is enhanced through the use of information management systems (3W matrices, service mapping, coordination meetings, web platforms, data sharing), which should be shared amongst the implementing actors and the participants of the clusters. In particular, through coordinated assessments the agencies are able to maximise the results from lessons learnt and trial and error, assess and analyse in depth the affected populations' needs, identify and address gaps and/or duplication more effectively, enhance a coordinated response and strategic planning, improve funding request and allocation, reach common agreements on resource mobilisation, advocate for the people in need after context and situation analysis in the field, avoid repeated and over-assessments through sharing of information and data, and ensure coherence between the sectors/clusters (IASC, 2012b).

As already mentioned, clusters/sectors should be time bound and not a permanent solution. The aim must always be the integration of the affected people, the phasing out of the implementing agencies, the transition and ultimately the deactivation of the clusters. The decision should always come after analysis of the emergency context and assessment of the national capacities for coordination support. The strategic planning for the transition should start at the onset of the emergency and must be planned together and designed in close cooperation with the local authorities and the host government throughout the whole process (OCHA & UNDP, 2012). The governmental bodies play a leading role in the decision-making for the timing of cluster deactivation, so that the transition will take place in an orderly and timely manner; when necessary the organisations will hand over the activities to national actors.

Although coordination is one of the core concepts of the IASC and the cluster approach, we must not forget that coordination is the medium that will lead to the purpose of the humanitarian response, which is to reduce the impact on the affected populations and save lives. Coordination mechanisms should be simple, but effective and results-based; several or all clusters should be activated on a needs-basis, while the international coordination systems should always be based on the context, the nature of the emergency and should consult and build upon the national coordination systems and capacities (IASC, 2012a).

2.7.2. Accountability to Affected People

The last years, accountability to the disaster-affected, programme quality and performance have been at the centre of discussions and several initiatives among the humanitarian community, from organisations' mandates and beneficiaries' rights to funding requests (UN, 2005). The concept of Accountability to Affected Populations (AAP) is defined as "an active commitment by humanitarian actors and organisations to use power responsibly by taking account of, giving account to, and being held to account by the people they seek to assist"

(UNHCR Emergency Handbook). This definition of AAP includes recognition of the capacities, knowledge, dignity and rights of the affected populations, and constitutes an active commitment from the humanitarian actors to the affected people they seek to aid and serve (FAO, 2013). AAP proclaims the importance of dignity and impartiality as principles incorporated substantially and in practice in the programme cycle, something which is portrayed with the promotion of informed consent, respect of people's autonomy, adequate information provision to the affected and their ability to take part in the decision-making (IASC, 2017c). Additionally, AAP aims at quality and effective aid provision through accountability monitoring mechanisms and constant programme and performance evaluation. This will lead to programme adaptations that depend upon the needs and capacities of the affected rather than on ready-made solutions.

In 2011 the IASC Principals and under the Transformative Agenda addressed and committed to the fundamental objective of AAP via ensuring that humanitarian aid is delivered to the people in need in the form of timely and effective planning (IASC Sub-Working Group, 2015). Moreover the same year, the Principals endorsed the five CAAPs: leadership/governance, transparency, feedback and complaints, participation, and design, monitor and evaluation, and made sure to promote them to the implementing partners of the cluster approach and the humanitarian community, as well as incorporate them in the operational guidelines and policies of the UN agencies (IASC Task Force, 2012b). AAP is a holistic and people-centred approach that respects the dignity of all people, promotes gender-equality in programming, seeks to give voice to all groups of a community (including marginalised persons, people with disabilities and other vulnerable groups), as well as make sure that everyone can access aid (FAO, 2013). In 2012 the Principals established the IASC Task Force on Accountability to Affected People, which led the implementation of the CAAP and developed the Operational Framework, a guidelines document that states the key concepts for accountable response and programme implementation, information provision and management of the feedback coming from the affected communities (IASC Task Force, 2012a).

The Operational Framework aims at ensuring AAP systems are effectively integrated in all phases of the programme cycle so that changes and improvements are meaningful, purposeful and people-oriented (needs assessment, planning, project and programme planning, project implementation, distributions and service provision, monitor, information/feedback provision and evaluation). AAP must recognise and treat the affected not as one homogenous group, but as various groups with differences and varied needs. Some of the proposed activities and guidelines are the following (IASC Task Force, 2012a):

- Inclusion in recruitment and trainings processes that highlight the importance and required commitment to AAP
- Inclusion of community-focused organisations; addition of accountability clauses in agreements with implementing partners
- Promote dialogue with the donor community regarding the importance of AAP
- Inform affected populations about the needs assessment (time, nature, purpose)
- Inclusion of the affected in programme design by integrating their capacities and views
- Translation and interpretation of all communication messages into local languages

- Monitoring tools such as observation, surveys, key informant interviews, focus group discussion (FGDs) should include AAP
- Evaluation findings and assessment reports should be shared with the affected populations

The action for AAP (which must rule and regulate all humanitarian response through standards of management, service and quality) is depicted in the Sphere Standards and the HAP Standard (Humanitarian Accountability Partnership), both highly recognised and followed outputs for the objective of accountability (UNICEF, 2013). International and national humanitarian agencies/organisations have incorporated the principle and concept of accountability to their code of conduct and policies, and pay special attention to continuous staff training and induction. The last years improved AAP has been within the scope of collective work of the entire humanitarian community, the donors and the disaster-affected people (UNICEF, 2013).

In 2017 the IASC highlighted the importance of collective AAP (coming from the humanitarian response as a total and in a more holistic sense) as a system which will examine in a broader sense the complaints and feedback from the disaster-affected (IASC, 2017c). Usually most humanitarian organisations conduct their own accountability mechanisms focusing on the people they serve. The collective AAP aims at providing the bigger picture, focusing on the overall needs and feedback from the affected throughout the international humanitarian response (Figure 2.6). This collective system is interactive and bi-directional. It works as a unified “database” which collects data from various accountability mechanisms (information sharing, feedback and complaints mechanisms, surveys) provided by the implementing organisations in the field, while at the same time the organisations can utilise and draw upon the findings and analysis, avoiding thus to burden the affected with duplicate accountability systems (IASC, 2017c).

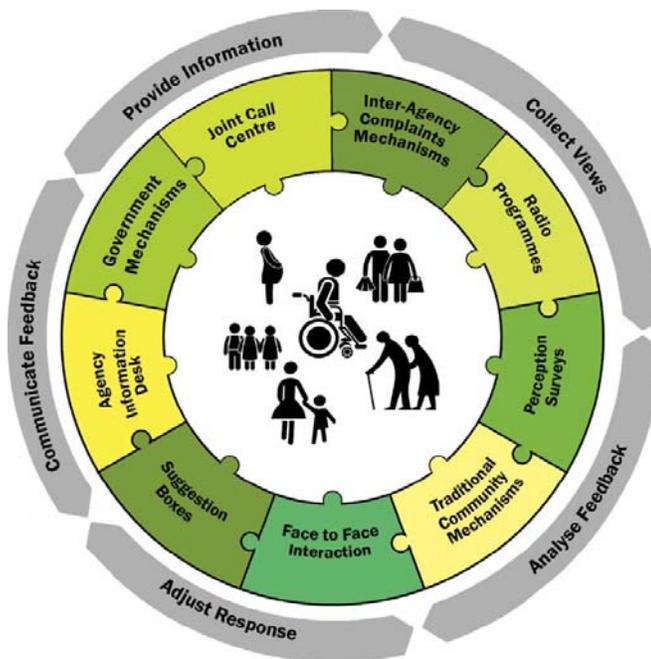


Figure 2.6. Collective Approach to Accountability to Affected People.

Source: (IASC, 2017c).

In an effort to address more appropriately and effectively the principle of accountability, the IASC created in 2012 the IASC Task Force on Protection from Sexual Exploitation and Abuse (PSEA) against SEA actions by the aid workers. In 2014 the two teams were combined and created the IASC AAP/PSEA Task Team (IASC Task Team, 2014). The IASC commitments of 2017 to AAP regarding PSEA state that policies and strategies that prevent any form of SEA are enforced and have been incorporated in all stages of the humanitarian programme cycle. The IASC commits to act upon the voices, opinions and feedback from the affected communities and address appropriately and in a timely manner any form of misconduct from the humanitarian workers including SEA-related complaints through Standard Operating Procedures (SOPs) and the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms, which was issued in 2016 by the IASC (IASC, 2017b). Moreover, the importance of personnel trainings focusing on AAP and PSEA was stated through operational peer reviews (UN General Assembly, 2015).

Additionally, with regards to inter-cluster coordination and AAP, the IASC Task Force proposes the following actions for the ICCG and has created the relevant indicators (IASC Task Team, 2016a):

- The ICCG must make sure all cluster coordinators have and distribute the relevant guidelines and toolkits regarding AAP and ensure awareness and promotion of PSEA commitments.
- Analyse reports from complaints and feedback mechanisms and proceed with collective definition of solutions and feedback to the communities.
- Identify lessons learnt from other contexts and take into account the preferences and needs of specific groups (with special emphasis to vulnerable people) for the implementation of the best communication channels with the affected communities.
- Share with the affected populations the response plans and discuss priorities with representatives of the community according to the age, gender and diversity principle.
- Inform the communities about their rights, the feedback and complaints mechanisms against corruption, SEA and fraud, and about what is the code of conduct of all humanitarian actors.
- Prepare common messages and disseminate information about the projects that have been completed, the projects that will take place in the near and longer future, share and discuss the evaluation results with the affected people.

2.7.3. Participation

“The women, men, girls and boys receiving humanitarian assistance are the primary stakeholders of any humanitarian response and have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and to provide suggestions and complain if they feel the help they receive is not adequate or has unwelcomed consequences” (CHS Alliance, 2015a).

It is widely accepted that provision of humanitarian aid can lead to dependency and increase of vulnerability, while participation can lead to independency and a more dignified life. Inclusion can lead to self-reliance coming from the right of the people to participate in the decisions taken mostly on their behalf. Moreover, participation in some cases, especially during the emergency phase, does not always entail autonomy in the strict sense, rather than a continuous process that will lead eventually to the independence of the affected and their self-reliance (USAID, 2007). Participation always depends on the context, the circumstances, as well as the culture of the affected people, and should be adapted and built on those factors. The emergency of a disaster sometimes can lead to decreased or no opportunities for inclusion in the decision-making, something which should be avoided with the active promotion of participatory methods; different levels of participation depending on the situation (Figure 2.7) on behalf of the humanitarian actors. Often, communities might need various approaches by the aid workers in order to show eagerness to participate (USAID, 2007).

One of the requirements of the cluster approach is that the relevant actors must actively engage with and consult the people they assist, while the latter are given voice to determine their needs and take part in the decision-making that affects their lives (IASC, 2017c). One of the key elements of AAP, that has been the focus of the humanitarian community the last years and has clearly been stipulated in the CAAP by the IASC, is the participation and inclusion of the affected populations to all stages of the humanitarian response. More specifically the IASC Principals agreed in 2017 that they will promote and support people-centred and community-based approaches, which will enable the affected populations (with special focus on the most marginalised and vulnerable -people with disabilities, the aged, women and girls, minorities, people that might be difficult to receive protection or aid assistance) to participate meaningfully and substantially in all stages of the HPC so that they will be enabled to influence the decisions that impact their dignity, lives and protection (IASC, 2017a).

Attention must be given to existing dynamics and powers within the affected community, so that all voices can be heard; relying only on community leaders or other people who tend to “be seen” can jeopardise equality in the humanitarian response and lead to reinforcement of discrimination and traditional powerful male decision-making (IASC, 2017c). Additionally, the Principals committed to endorse systems that actively reinforce participatory methods which promote listening and acting upon the communities’ feedback, as well as promote the concept of inclusion and participation within the local authorities and actors aiming at the resilience of the affected and the creation of durable relationships with them (IASC, 2017a). However, several challenges exist especially with regards to the engagement of the affected people in inclusive and participatory activities in countries of armed conflict, due to the ad hoc limitations resulting from restricted access to specific areas and various security incidents (UN General Assembly, 2015).



Figure 2.7. Levels of participation of the affected people.
 Source: (USAID, 2007).

Effective participation depends highly upon the dialogue and the interaction between aid workers and crisis-affected people, it gives and strengthens their voice, while it leads to the appropriateness and constant improvement of the humanitarian response, since it builds on their abilities, knowledge and wisdom (USAID, 2007). Moreover, it assists and opens the road to the creation of a sense of community ownership and responsibility, long-lasting sustainability and resilience against potential future disasters and crisis, by developing the capacities and coping mechanisms of the affected (FAO, 2013). The participatory methods should focus on the establishment of equal and two-way relationships promoting the bottom-up approaches and learning, while acknowledging and thus benefiting from people’s knowledge and capacities to respond to disasters. Participation is an unceasing bi-directional learning process, which will engulf the respect for people’s culture and traditions, guide rather than teach and impose, and ultimately empower the affected to recover from the disaster and take control over their lives (USAID, 2007).

According to the Sphere Handbook, programme design and appropriateness of the response will be successful through maximisation of the people’s participation (Sphere Project, 2011). Special attention must be given to the balanced representative participation via ensuring inclusion of people who often are less “visible”, under-represented or vulnerable. For example, in refugee organised or self-settled camps the use of communal sanitation and water facilities may lead to a significant increase of the vulnerability of women and girls (poor lighting, distance, non sex-segregated latrines, cultural beliefs regarding gender) and consequently to sexual and gender based violence (SBGV) (Sphere Project, 2011). The implementing humanitarian organisations must minimise the risks via ensuring that women participate equitably with men in WASH programme planning, design, implementation and community management. Special

attention must also be given to people with mobility difficulties, stigmatised persons and children, so that all groups are represented in community meetings, committees and focus group discussions. With regards to hygiene, participatory methodologies which are culturally acceptable should always be followed to give the affected the opportunity to plan and implement their own hygiene improvements, through suggestions, feedback provision and complaints when needed (Sphere Project, 2011). Some of the proposed activities and guidelines according to the Operational Framework are (IASC Task Force, 2012a):

- All affected people should have easy and confidential, when necessary, access to humanitarian aid workers
- Feedback and complaints mechanisms should always be in place after consultation with the community, while the affected people are entitled to get a response accordingly
- Confidential and separate discussions must be facilitated for all groups of the affected community
- Community representatives should be involved and actively engaged in programme implementation (e.g. non-food items distribution, service provision)
- Formation of community committees, which will consist of representatives from all groups, that will be able to participate in the decision-making (e.g. WASH committee, distribution committee, monitoring committee).

2.8. Overview

The cluster approach was first introduced in 2005 and since then it has evolved greatly, adapted to field needs and developed various tools and mechanisms for the AAP and participation of the affected in the decision-making. It constitutes an evolving system, which aims at providing relief aid effectively, and therefore takes into consideration the needs of the affected populations and its own weaknesses, as highlighted by various humanitarian actors, aid workers and academics. Chapter 3 has been an introduction to the cluster approach and was based on the guidelines, guidance notes and instructions by the IASC. We saw how the cluster approach developed through the years, when and in which cases the clusters should be activated and deactivated, and attained a clearer perception of the principles and objectives that rule the clusters. In the following chapter, we will examine and have a closer look at how the cluster approach has been implemented in several countries as the UN humanitarian response system to disasters and crisis.

Chapter 3.

The Cluster Approach in Practice (2005-2017): A Critical Analysis in terms of Coordination, Accountability and Participation

The critical analysis that follows is divided in three chronological periods. The first two have as their core the two Evaluations commissioned by the IASC and OCHA and make reference to other reports and evaluations that come from international NGOs during the same period. Although the two Evaluations draw conclusions after talking with and interviewing humanitarian aid workers from both UN and non-UN agencies, we observe that often, if not always, the criticism from the part of the NGOs is stricter and more intense, but nonetheless have the same ground as their starting point. The third period is based on various evaluations and assessments from international NGOs and the OCHA. All evaluations, assessments and reports were products of surveys, semi-constructed interviews, literature review and field visits.

The IASC called for two independent but official Evaluations of the cluster approach: Evaluation 1 in 2007 and Evaluation 2 in 2010. Both evaluations were funded mostly by OCHA. These two major evaluations, that have been commissioned by the IASC and OCHA, are based on findings from several countries, various and different geographical contexts and disasters even within the same country. Additional reports that have been used (mostly coming from international NGOs – implementing partners/members of the clusters) may focus on specific countries and disasters. The critical analysis that will take place in this dissertation will focus on the upper level of coordination (country level), which has been implemented in various disasters, and not on smaller scale contexts e.g. in a certain IDP camp in a specific country. Moreover, the basis will be the feedback and findings from evaluations and reports that reach to conclusions and criticise the way the cluster approach has been implemented in terms of coordination, accountability and participation. By all means, feedback comes mostly through the bottom-up approach. Another thing to be considered is that the evaluations presented here mostly come from field-based aid workers (UN agencies, international and national NGOs, etc.) and provide qualitative data. The impact on the overall humanitarian response of the three parameters examined in the dissertation (coordination, accountability and participation) cannot be measured precisely, since there are other factors which play major role and influence any potential negative or positive effect on the response.

The cluster approach was the product of a long frustrating and at many levels weak global humanitarian aid system, which basically suffered from lack of joint and common leadership, coordination and accountability to the affected populations, and was characterised by operational gaps in the humanitarian response (NGOs & HRP, 2009). It was initiated by the ERC in coordination with the IASC and was first implemented in Pakistan in December 2005.

One important thing that needs to be mentioned is that the cluster approach is the official UN system that is being applied throughout the world in the countries where the national authorities face difficulties in providing humanitarian response. The cluster approach in terms of coordination, leadership and guidelines is the same everywhere; that is the same principles and

framework apply in all disasters and crisis (structure, mode of response, humanitarian programme cycle, monitor and evaluation, programme design and implementation). Nevertheless, differences or difficulties may emerge during implementation, due to the specific nature of emergencies and the ad hoc contexts, but the cluster approach as such, remains the same: leadership through the global and country leading cluster agencies and via the HC and the HCT. Flexibility applies in smaller scale contexts e.g. at subnational level or even smaller contexts such as organised and/or self-settled camps.

A few things to bear in mind:

- All global clusters are led by UN agencies (cluster leading agencies) with the exception of the Education cluster, which is co-lead by UNICEF and the international NGO Save the Children.
- The International Federation of Red Cross and Red Crescent Societies (IFRC) signed a Memorandum of Understanding (MoU) with OCHA, where it commits to act as convener and not co-leader for the global (and often at country level) Shelter cluster in natural disasters. If the crisis is armed conflict, then the cluster is led by UNCHR. Through the MoU, the IFRC states that it adheres to the principles, policies and procedures of the Federation, and therefore will not accept further accountabilities beyond those of its Constitution, retaining thus its independence and neutrality (IFRC & OCHA, 2006).
- Médecins Sans Frontières (MSF), one of the largest international organisations that provides humanitarian aid (almost exclusively medical), although it participates in the coordination meetings of the clusters at country level and actively shares information, it remains out of the cluster approach system according to its Charter of independence, impartiality and neutrality. MSF remains until today one of the biggest critics of the cluster approach.

3.1. First Phase of the Cluster Approach 2005-2007

3.1.1. Evaluation 1 and the Other Reports

The first two years of the implementation of the cluster approach, especially non-UN agencies questioned to a great extent the way the new system was introduced. The reason being that there is a general consensus among the NGOs that it was “imposed” as predetermined in advance by OCHA and the IASC without much consultation from other relevant stakeholders (Stoddard et al., 2007). In general, however, both UN and non-UN agencies found benefits from the adoption of the cluster approach and endorsed the new system. Proposals for improvement of the cluster approach came as early as the introduction of the new humanitarian response system and this was basically the intention of the evaluations from all relevant parties.

The evaluations and assessments that were used for the first phase (2005-2007) of the cluster approach are shown in Table 3.1.

Table 3.1. Teams/organisations which performed the evaluations and assessments in the years 2005-2007, and the equivalent countries and disaster/crisis.

Evaluating teams/organisations	Methodology	Countries Studied
Evaluation 1: In-depth evaluation of the cluster approach commissioned by the IASC.	The team draws its findings from case countries, desk research, interviews of several stakeholders and an online survey.	Democratic Republic of Congo (DRC), Uganda, Somalia, Liberia, Côte d'Ivoire, Chad, Ethiopia, Central African Republic (CAR), Indonesia, Pakistan, Philippines, Mozambique, Lebanon
ActionAid	The findings are the product of surveys and interviews with several NGOs, both international and local, UN agencies and parts of the affected communities.	Pakistan
IASC	The findings come from the Interim-Self Assessment after having interviewed both UN and non-UN agencies.	DRC, Uganda, Somalia, Liberia, Indonesia, Pakistan
IFRC	General findings from the implementation of the cluster approach.	N/A
Mercy Corps	The findings come from the organisations' experience and internal assessment.	Uganda, Pakistan, Lebanon, Liberia, Indonesia
Oxfam	The observations are drawn from more than 60 meetings and interviews with donors, international and local NGOs, the International Committee of the Red Cross and UN agencies.	DRC
UNHCR	Real-time evaluations of UNHCR's internally displaced people (IDP) operations as CLA.	Uganda, Liberia

3.1.2. Coordination within the Cluster Approach

The major achievement of the cluster approach was that it managed to institutionalise and make official the older ad hoc and unofficial coordination mechanisms. One of the benefits was the coordination of the response through coordination meetings attended by the CLAs, the cluster members and other relevant stakeholders. Additionally, apart from operating at country and national level, the coordination mechanism of the clusters functions on small scale provincial, local and field-based levels (Stoddard et al., 2007).

As general observation, the evaluation team came with a generalised feeling of fatigue from the part of NGOs with regards to the number of coordination meetings to be attended (Stoddard et al., 2007). With the exception of Somalia, the number of meetings was reduced after the required decisions for merging or eliminating some sub-groups and after the establishment of information flow within the clusters. The importance of the coordination mechanisms via coordination meetings was confirmed up to some point even by the independent actors MSF and ICRC, both of which participated in the meetings and shared valuable information regarding the response (Stoddard et al., 2007).

Good coordination entails good preparation and early scheduled meetings, as well as efficient and skilled meetings' facilitators. As per the Evaluations findings, a good practice example was Uganda, where coordination meetings were scheduled for once per month, allowing thus enough time for preparation and travelling (2007). In emergencies however, the coordination mechanism was weak due to the huge number of meetings, the inconsistent participation and a lack of strategic planning that would make the NGOs commit to attending the coordination meetings. For example, in Somalia participation was truly weak due to the great number of sub-groups and consequently the great number of meetings (Stoddard et al., 2007).

The role of OCHA in terms of coordination is to promote cross-cutting issues in the meetings, lead information management/flow and contextual analysis, as well as support and guide the UN and non-UN agencies which lack familiarity with the new system; the importance of cross-cluster analysis within cluster approach was confirmed in Somalia and Uganda (Stoddard et al., 2007).

Coordination with Host Governments and National Authorities

As a rule of thumb national authorities were not consulted for the introduction of the cluster approach, but governmental and local bodies were engaged as co-leaders of the clusters and as participants in the coordination meetings; the level of engagement was less on a provincial and local level (Stoddard et al., 2007). The reasons for this were mostly the language barriers and the limited capacities of the authorities. The same applies with regards to consulting the national authorities for decision-making for the overall response and strategic implementation, although several exceptions were observed. For example, in Chad and DRC due to lack of capacity, the governments were not consulted, whereas in Pakistan after the catastrophic floods in 2007, even if the government requested only a certain number of clusters to be activated (according to their needs assessment), the HCT activated all eleven clusters (Young, et al., 2007). This resulted in tensions between the HCT, the CLAs and the government of Pakistan, duplication of meetings, bodies operating in parallel, something which led to the non-alignment of the international bodies with their equivalent national counterparts, especially with regards to cross-cutting issues such as protection of the affected (Stoddard et al., 2007). In terms of cross-cutting issues, in Philippines and in Mozambique where disaster management systems were already in place, both governments were engaged in inter-cluster coordination, something which led to more effective coordination of the humanitarian response (Stoddard et al., 2007). Engagement of the national authorities in the cluster approach was inconsistent and applied to a different level each time; sometimes this was due to the same approach being followed in both disaster-stricken and armed conflict-stricken countries.

Operational Coordination - Identifying and Addressing Gaps

One of the key findings of Evaluation 1 was that the cluster approach (compared to older forms of coordination) managed to identify and address effectively gaps with regards to programme implementation and relief aid provision in the field. More specifically, the majority of the respondents (both UN and non-UN agencies) perceived the new system as quite efficient in terms of general gap identification, but as lacking a systematic approach for acquiring basic information through mapping programmes and capacities within sectors (Stoddard et al., 2007). This lack of information was addressed by many clusters with the individual and at own initiative development of 3W mapping tools, which focused on identifying needs, services and

consequently covering more effectively field-based gaps through the clear assignment of responsibilities. At the time of the writing of Evaluation 1, the IASC was working on the development of a standardised 3W tool that would be used in all clusters (2007). At the same time, both the new system of leadership and the CLAs enhanced peer accountability with regards to gap filling.

In general terms, the CLAs managed to provide assistance, while the direct implementing non-UN organisations were successful in covering the identified gaps in terms of programming. Typical examples are: the Protection cluster in Uganda, which identified duplication in programming in a specific area and managed to redirect one of the implementing NGOs to offer its services in another area where protection gap was identified; in Chad gaps in CCCM were filled with the recruitment of new NGOs which offered site support management and capacity building; in Somalia, DRC and Uganda WASH cluster gaps were bridged with new NGOs entering the field after the valuable contribution of the CLA UNICEF (Stoddard et al., 2007). In the abovementioned examples the level of gap filling was small scale, that is in specific areas of countries and within specific clusters. Thus, these observations should not be generalised.

With regards to sudden emergencies, like for example in the Pakistan earthquake, gap filling was quite weak (IASC RTE, 2006), due to lack of information and guidance from the global clusters (the CCCM cluster did not manage to offer protection to disaster-affected people who lived in areas with less than 50 tents and with no road accessibility). Nonetheless, in the emergency of the Philippines the cluster approach coordination system managed to bridge gaps with the recruitment of technical advisors who enhanced national capacity (Stoddard et al., 2007). Moreover, in Uganda UNHCR managed through the cluster approach to scale up the refugee crisis and include extra programmes for improved response (Bourgeois et al., 2007).

The Perspective of the NGOs

In general, the reaction of the NGOs to the cluster approach was positive, agreeing at their majority that the IASC managed to improve coordination, allowing thus room for better needs identification and response, while discussions about priority interventions were more efficient and quicker (Bennett, 2007). Additionally, improvements in the communication amongst UN and non-UN organisations were observed. On the other hand, most NGOs mention inconsistencies in performance, and weak coordination and planning in the initial phases of the response. Mercy Corps, from feedback from humanitarian responses in Uganda, Pakistan and Lebanon, observed that strategies, planning and policies came from the UN CLAs without the consultation of the affected populations, the national authorities and the non-UN organisations (Mercy Corps, 2006). Apart from comments about duplications, the general feeling was that the NGOs were experiencing a non-participatory attitude from the part of UN, while there was lack of analysis and strategic planning, which often resulted in some agencies bypassing the CLAs as far as response to needs was concerned (ActionAid, 2006). The challenges, possible conflicts of interest and often heavy workload of the UN agencies (resulting from their double role as CLAs and as implementing agencies at the same time) influenced their effectiveness in terms of support, resources and guidance provision to the cluster members (Mercy Corps, 2006).

In Pakistan, NGOs felt that although the cluster approach did improve information sharing among the relevant stakeholders, with regards to coordination the clusters were quite similar to

the earlier sector approach system (ActionAid, 2006). In Uganda and Pakistan, the blurred distinction between clusters and sectors led to a general perception that the new system was nothing more than extra bureaucratic procedures (Mercy Corps, 2006). The great number of meetings, the fact that there was duplication as far as timing and topics are concerned, the inefficient agendas and the lack of trained facilitators from the CLAs, were all common findings and complaints from various NGOs. Action Aid specifically mentions the inability to spare personnel for attending “ineffective coordination meetings” (2006), whereas Mercy Corps although recognising the need and affirming its will to participate, it refers to the meetings as often time- and energy-consuming (Mercy Corps, 2006). In DRC after an epidemic of malaria, MSF proceeded with the distribution of mosquito nets at their own accord “while the health cluster’s [are] still sitting around the table discussing the issues a few months later” (Bennett, 2007).

Moreover, in Uganda inter-cluster coordination with regards to cross-cutting issues quite often proved weak, since overlapping implementations and strategies were developed in separate meetings; thus the need for a stronger OCHA presence was evident (Wright et al., 2007). Contrarily, the real-time evaluation of UNHCR’s IDP operation in Uganda makes reference to the limited engagement of national authorities in the humanitarian response, but revealed a number of improvements and positive effects after the cluster approach activation, such as: the reinforcement of joint advocacy for IDP protection and human rights; the division of responsibilities by the CLAs and amongst the cluster members; a common framework of strategies, understandings and concepts; and the joint interest and focus for IDP camps (Bourgeois et al., 2007). Overall, in DRC, Chad, Uganda and Somalia, UNHCR and its implementing partners managed to enhance coordination and bring overall focus to support the IDPs living in self-settled or organised camps, although the need for elimination of standards of assistance between refugees and IDPs were still intense (Crisp et al., 2007).

3.1.3. Leadership and Partnerships

Leadership and Co-leadership

The cluster approach by designating leading agencies for each cluster basically allocates responsibility to the CLAs for the response of the entire cluster. Through the new system, leadership improved significantly in terms of clusters, but only in cases where the CLA had field presence and provided resources and capacity: typical examples of this are the Protection cluster in Somalia and Uganda, and WASH and Health clusters in Chad (Stoddard et al., 2007). In the few cases that implementing partners were engaged in coordination roles within the clusters, the overall response, needs assessment and information sharing were more effective: NGOs were leading administration in the Protection cluster in Uganda, WASH cluster in DRC, livelihoods and agriculture cluster in Somalia (Stoddard et al., 2007). On the other hand, some CLAs, which worked hand in hand with the government, did not engage NGOs as co-leaders: such was the case of WHO in the DRC.

With regards to the global CCCM cluster, co-leadership improved gap identification and addressing with the valuable support of Norwegian Refugee Council and other NGOs, although performance would have been better with the participation and the commitment of more organisations (Stoddard et al., 2007). On the other hand, the Evaluation team found that at the CCCM country cluster, UNHCR showed weak leadership in Uganda and Chad, and had various implementing challenges in Pakistan both in the 2005 earthquake and the 2007 floods (2007).

Generally speaking, where the performance of a cluster in terms of leadership was weak, this was mostly attributed to the limited skills, heavy workload (programmatic duties apart from CLA responsibilities) and insufficient experience in the position of coordinator, as well as to the inefficient capacity of the CLA in the field (Stoddard et al., 2007). The need for a full-time coordinator of each cluster was expressed in both sudden-onset and chronic emergencies by many humanitarian actors (IASC, 2006d). The IASC made reference to the importance of designating personnel with “the necessary seniority, facilitation skills and expertise to be the sector/cluster coordinator” in the Operational Guidance (IASC Task Team, 2007).

The evaluation team reached the finding that the most efficient coordinators were the ones that acted as facilitators instead of directors, while they acted as mediators whenever disagreements arose, and generally promoted needs prioritisation and strategy planning (Stoddard et al., 2007).

The Perspective of the NGOs

Mercy Corps clearly state that the problem of potential conflict of interest lies within the cluster system and needs to be addressed, since CLAs might be trapped between the interest of their organisation as implementing agency and their role as leading agency (Mercy Corps, 2006). On the other hand, the organisation acknowledges the responsibility of the NGOs as far as co-leadership is concerned, since there is a general reluctance from their part to assume co-leading or supporting duties in the cluster system by contributing to programme design and implementation, or because quite often they simply lack the capacity in terms of personnel and resources (Mercy Corps, 2006).

There is a general consensus that the cluster approach was imposed and was the development of little or no consultation, e.g. UNCHR in Uganda (Bourgeois et al., 2007). Similarly, a few NGOs believe that UN agencies impose their decisions on them and do not work towards improved effectiveness and performance (Bennett, 2007). The same or analogous observations were made in DRC, Chad, Liberia and Somalia with regards to the Protection cluster under the leadership of UNCHR (2006-2007): many humanitarian actors question the effectiveness of the CLA as of the entire cluster approach, since they felt they received little or no guidance and support especially in the initial stages, while many months after the implementation of the cluster approach, many IDPs had limited access to sanitation facilities and healthcare (Crisp et al., 2007).

Partnerships

According to the IASC “any IASC member can be a sector/cluster lead; it does not have to be a UN agency” (IASC Task Team, 2007, p. 2). However, with the exception of Save the Children which is co-leading Education cluster with UNICEF, global clusters remain until this very day UN- and IOM-led (UN organisations are the global CLAs). The same applies at country level. IFRC acts as a “convener” in the global Shelter cluster in natural disasters, whereas at field level some NGOs have assumed leading roles (Stoddard et al., 2007).

Specifically for partnerships the findings of Evaluation 1 showed that, although the partnerships of CLAs with international NGOs slightly improved, the same does not apply for the national NGOs and actors, who did not have enough opportunities for funding and partnerships

through clusters (Stoddard et al., 2007). Basically, the level of participation and partnership with local NGOs was the same as before the introduction of the cluster approach; the new coordination system did not appear to have added value in engaging national NGOs within the clusters while providing support, funding and capacity building. The same applies for the countries with sudden onset disasters, as in Mozambique, Pakistan and Yogyakarta where local NGOs were condemned to seclusion at even greater lengths, since there was lack of translation and interpreting at the meetings and of the minutes (Stoddard et al., 2007).

On the other hand, CLAs at field level encouraged capacity building via their partners, as UNICEF has successfully done in Uganda, and have integrated capacity building in their strategic planning: the Shelter cluster trained local NGOs and local authorities in Somalia (Stoddard et al., 2007). In both Uganda and DRC the capacity building of national bodies was possible, since there was strong governmental participation in the clusters.

The Perspective of the NGOs

IFRC declares its commitment to the humanitarian reform process and the cluster approach as a medium to improve humanitarian response and serve the affected populations. Although the Federation believes effective coordination within the system can augment and maximise the role and the impact of a number of UN and non-UN organisations, it clearly mentions that partnerships amongst relevant stakeholders at country level remain weak (Mister, 2007). Specifically, the Federation draws attention to the importance of the engagement of the national authorities, the IFRC and the ICRC, since “a mechanism that excludes organisations cannot be an effective mechanism” (Mister, 2007, p. 17).

With regards to global clusters, the involvement of non-UN agencies/NGOs was minimal, something which was quite the contrary at country level. Issues with NGOs’ mandate and their will to remain independent and neutral should not pose a problem on the global clusters, since they are partners at the country cluster level (ActionAid, 2006). However, the problem was mitigated up to some point when UNHCR made efforts to address partners in the Pakistan earthquake in 2005 for the CCCM cluster (ActionAid, 2006).

Although there is a general feeling that host governments, local authorities, civil society and NGOs are actively engaged in the cluster decision-making and strategy planning, a number of reports by several stakeholders state that their participation is highly limited (Mercy Corps, 2006). Until the first phase of the cluster approach, that is until 2007 with the benchmark of Evaluation 1, several NGOs referred to the clusters as purely UN dominated, especially at the global level.

3.1.4. Accountability to and Participation of the Affected People

The first years of the cluster approach the focus during humanitarian responses was mostly on upward accountability (accountability towards the global CLA, the country CLA, the HC and the donors) and was strongly connected and dependent upon proper and efficient leadership by the global or country CLA. Later on, and especially after the Transformative Agenda in 2011, the focus shifted towards downward accountability (accountability to the affected people) and to the importance of participation of the affected in the decision-making mechanisms. This does not mean however that various NGOs and UN agencies did not make reference in theory and practice

to the need for AAP. Nonetheless, the AAP resulted officially through the IASC body from 2012 onwards and was officialised as a prerequisite for all humanitarian responses via specific guidelines and technical guidance coming from the IASC Principals mostly through the documents *AAP the Operational Framework* (2012) and *Collective Accountability to Affected People* (2017c).

Upward Accountability

With regards to upward accountability the clusters (the senior director of each CLA) are ultimately accountable to the HC, while the HC is accountable to the ERC for the humanitarian response within a specific country. The evaluation team came up with the conclusion that as a whole accountability towards the HC was limited, and that the process of accountability being institutionalised is relatively slow; that is accountability is still perceived as an individual rather than an agency responsibility (Stoddard et al., 2007). A typical example is in the Logistics cluster led by WFP, where the terms of reference were still being prepared at the time of the evaluation, whereas in some cases the responsibilities of the clusters had not been incorporated in the policies of the agencies: e.g. UNHCR was preparing internal guidelines at the same period of the Evaluation (Stoddard et al., 2007). UNHCR from its part, refers to the need for the formal incorporation of accountability within the cluster approach system, so that responsibilities of the clusters are exercised effectively (Bourgeois et al., 2007). Evaluation 1 observed that institutional/agency accountability towards the HC was weak in all clusters and countries they assessed (Stoddard et al., 2007).

Downward Accountability

With regards to downward accountability, Evaluation 1 makes reference to the need to see the bigger picture of accountability to beneficiaries in the “themes and issues to be addressed” (Stoddard et al., 2007, p. 56), but does not mention any specific findings through the evaluation of the cluster approach; one of the reasons is that Evaluation 2 that would follow in 2010 would examine in more detail the AAP.

In the *Real-time evaluation of UNCHR's IDP operation in Uganda (2007)*, attention is brought to the need of examining and including in the implementation planning the findings and proposals of the Women's Commission report, which focuses on cultural activities, livelihoods and education (Bourgeois et al., 2007), something which basically calls for action through the active engagement of the community to programme implementation. Mercy Corps on the other hand criticises the cluster approach for weak participation and consultation of the affected people in the decision-making (Mercy Corps, 2006).

3.2. Second Phase of the Cluster Approach 2008-2010

3.2.1. Evaluation 2 and the Other Reports

Although the first years there was opposition to the structure and purpose of the cluster approach, the evaluations and reports that followed (second phase) did not encounter disagreements with the approach as such, including the IFRC (that acts as a convener in the

Shelter cluster) and the observer (independent) and out of the UN system MSF. Many international NGOs recognised the improvements that the cluster approach brought in terms of more rapid and efficient humanitarian response and the overall coordination and communication between all relevant stakeholders (ACF, 2010). However, as we will see below, both UN and non-UN agencies recognised and reported the weaknesses of the system, and proceeded with several assessment and reports in order to improve the overall global humanitarian response and relief aid to affected populations.

The evaluations and assessments that were used for the second phase (2008-2010) of the cluster approach are shown in Table 3.2.

Table 3.2. Teams/organisations which performed the evaluations and assessments in the years 2008-2010, and the equivalent countries and disaster/crisis.

Evaluating teams/organisations	Methodology	Countries Studied
Evaluation 2: in-depth evaluation of the operational effectiveness of the cluster approach commissioned by the IASC.	The team draws its findings from case countries, global and regional interviews, surveys among international and national NGOs, literature and document analysis.	Chad, DRC, Haiti, Myanmar, the occupied Palestinian territory (oPt), Uganda
ACF	The findings come from a series of internal consultations (Heads of Mission).	Afghanistan, CAR, Chad, Ethiopia, Haiti, Myanmar, Nepal, oPt, Philippines, Sudan, Zimbabwe
Oxfam	The findings come from its own and partner's operational experience, key informant interviews with UN agencies, national and international NGOs, 70 meetings, 20 coordination meetings and numerous FGDs with IDPs.	Pakistan
Synthesis Report 1: commissioned by the NGOs (ActionAid, CAFOD, CARE, International Rescue Committee, Oxfam and Save the Children – together with the International Council of Voluntary Agencies) and the Humanitarian Reform Project.	The findings come from interviews with UN, non-UN agencies, donors, national authorities and with members of the community, desk reviews, workshops and meetings. More information was collected from the participation of NGOs in Cluster Co-leadership.	Afghanistan, DRC, Ethiopia, Sudan, Zimbabwe

3.2.2. Coordination within the Cluster Approach

According to the findings of Evaluation 2, implementing humanitarian actors complained about the number, time-consuming nature and ineffectiveness of the coordination meetings, while quite often other coordination mechanisms exist (Steets, et al., 2010). Additionally, the general sense was that information-sharing was “lost” (due to absence of and/or rotating participants), while bad facilitation led to the impression that clusters were mostly a form of reporting rather than places for joint decision-making and strategic planning (Steets et al., 2010). In general, coordination mechanisms within the cluster approach were seen as places for information provision to CLAs, as lacking strategic focus and interest for concrete issues of the field. Exceptions to this and examples of good coordination practices were the Health clusters in Myanmar and the oPt, and several clusters in Haiti and DRC (Steets et al., 2010).

With regards to needs assessment, although clusters did share and promote assessment findings amongst humanitarian actors, phenomena of duplication and problems in the quality of the procedure were observed; typical examples are Uganda and Myanmar where various needs assessments took place by several separate actors (Steets et al., 2010). On the other hand, all implementing actors talked about the importance of effective coordination mechanisms that will improve humanitarian response.

Even if cooperation between HCs and clusters is minimum and weak in most cases, in DRC and up to some point in the oPt, the strengthened role of the HC improved coordination mechanisms and humanitarian response: the clusters were assisted by the feedback of the HC, whereas the latter relied on clusters for receiving valuable input. The importance of OCHA for an effective cluster coordination is clearly stated by the IASC, something which was observed throughout the Evaluation. In the countries the team assessed, OCHA provided guidance on the cluster approach via participation and preparing the agenda for coordination meetings, enhanced accountability to HCs and HCTs, was active in the processes of information sharing and ensured that the cluster approach was implemented (Steets et al., 2010). Nonetheless, in most countries it failed to promote a coordination system that discusses and promotes cross-cutting issues through inter-cluster coordination; in Uganda and Myanmar for example cross-cutting issues were often not addressed, whereas quite often the evaluation team observed cluster overlaps (Education and Health clusters overlapping with WASH) (Steets et al., 2010).

Oxfam from assessing the cluster approach in Pakistan (2009) concludes that coordination of the response was efficiently and impartially promoted due to the appointment of a HC and the re-establishment of an OCHA office, both of whom managed to create inclusive processes (as far as cross-cutting issues are concerned) and improved mechanisms. While challenges remained with regards to accountability and commitment to common decisions by the members, the HCT “made significant progress in identifying and discussing strategic response issues at its weekly meetings” (Oxfam, 2009, p. 14).

In the case of DRC, the NGO mapping study (2009) observed that coordination was difficult and challenging for both UN and non-UN agencies due to the size of the country and the vast amount of information gathered and to be processed. As stated, one of the major impediments for successful coordination was the reluctance of NGOs to participate in the clusters, something which resulted from the improper functioning of the cluster approach (lack of consistency in programme implementation). Additionally, OCHA needs to make sure that the agendas of the meetings include strategic issues, while ensuring efficient chairing and minutes-sharing with all humanitarian agencies (Mowjee, 2009).

ACF provides more strict criticism coming from field-based personnel and experience, and states that at their vast majority the coordination mechanisms that operate within the cluster system are basically “forums” where implementing partners/NGOs inform and report to the UN agencies, and not “platforms” where constructive technical and operational strategies can be developed (2010). Although coordination was pursued by NGOs, the bureaucratic procedures led to more meetings or to the development of various coordination levels which ultimately made the process complicated, as it happened in Chad (ACF, 2010). ACF observed that inefficient cluster structures resulted in duplication in coordination mechanisms. An example of this was the case of Central African Republic, where NGOs proceeded with individual and outside of the UN/cluster system mapping of the activities and operations that were implemented, in an effort to avoid

further duplications and fill the gaps (ACF, 2010). Moreover, the close cooperation between the CLAs, the HC and OCHA is fundamental for the early phases of an emergency (Haiti and Myanmar are examples of good practice), as well as for the proliferation of meetings where cross-cutting issues are discussed and where all clusters can collaborate, share information and proceed with possible programme and response adaptations (ACF, 2010).

Coordination with Host Governments and Local Authorities

The IASC clearly states the responsibilities of CLAs as ensuring, supporting and enhancing the coordination with the governments and the local authorities, while at the same time reinforcing the capacity of local actors and national NGOs (IASC, 2006a).

The findings of Evaluation 2 conclude that the coordination between CLAs, cluster members and existing coordination mechanisms from governments is weak and undermined (Steets et al., 2010). In most countries clusters operated autonomously, while sector and cluster groups did not cooperate but rather functioned as two parallel bodies. Characteristic examples were the cases of Chad, Uganda and Haiti, where existing coordination mechanisms and sectors were actually undermined and weakened by the implementation of the cluster approach (Steets et al., 2010). The reasons for this as observed by the evaluation team were: implementation of cluster approach entails minor opportunities and flexibility for integration to existing mechanisms; in cases of emergency, clusters are implemented with little or no prior examination and analysis of the coordination mechanisms of the countries facing a disaster; often local authorities lack the capacity to lead the response and the coordination of the aid. Exception to this was the WASH cluster in the oPt, where the cluster collaborated closely with the authorities and benefited from the existing mechanisms (Steets et al., 2010).

Additionally, the clusters as a whole (both CLAs and implementing partners/international and national NGOs) have failed largely in assisting, creating the required communication links and in integrating the national authorities in the collective provision of humanitarian aid, in a manner that has undermined the latter and any existing coordination mechanisms. In countries, such as Uganda, the oPt and DRC, the authorities were rarely consulted regarding programme implementation and operating strategies; in Haiti, the parallel sector and cluster meetings were taking place at the same time, excluding thus coordination between the two bodies (Steets et al., 2010). Even in cases where clusters succeeded in engaging with the local actors and authorities (Education cluster in Chad, Protection cluster in Uganda, WASH cluster in the oPt), the commitment of the latter was not strong due to lack of capacity (Steets et al., 2010). National NGOs in most countries rarely participated in coordination mechanisms and meetings, mostly due to language barriers, use of technical jargon by the cluster members, minimal access to technology, lack of staff to attend the meetings, and minimum interest about the subjects that were discussed (Steets et al., 2010).

The Perspective of the NGOs

The overall aspect coming from DRC is that government authorities participate in the cluster coordination system; on the other hand, national NGOs have limited and often no presence at coordination meetings, due to technical challenges (e.g. restricted technology and email access, which leads to minimum information about the meetings, the minutes and any relevant

documents) (Mowjee, 2009). Moreover, quite often they refrain from participating in the coordination mechanism, since there is a perception that the discussions focus on programme implementation and funding, which does not apply to them (Mowjee, 2009). Additionally, as Antonio Donini observes, national NGOs quite often were concerned about the number and the duration of the meetings being held, the specific ad hoc subjects being discussed (OCHA-related topics) and the feeling that “decisions seem to be pre-cooked by the bigger players” (2009, p. 19). Local actors and NGOs are mostly marginalised from the humanitarian reform and the cluster approach, and thus cannot influence the strategies and policies that have already been developed mostly by the UN (NGOs & HRP, 2010).

There is however the other side of the things which is mentioned clearly by ACF. In many cases and usually in volatile environments and armed conflict areas, the coordination with the national authorities can compromise and even jeopardise information sharing, the strategy and the actual implementation of the humanitarian response. In the case of the Philippines for example, the government has co-leadership in all sectors and influences all aspects of the response in a manner which often overlooks immediate needs and does not favour criticism and disagreements from the cluster members (ACF, 2010). Similarly, in Ethiopia, Sudan and Afghanistan coordination proves to be weak and difficult between humanitarian actors and authorities due to the UN-integrated missions (ACF, 2010).

3.2.3. Leadership and Partnerships

The importance of co-leadership and partnerships between UN and non-UN agencies was included by the IASC as a fundamental element of the cluster approach in 2007, after strong criticism by several international NGOs, which referred to the humanitarian reform as UN-centred and top-down system.

The cluster approach has reinforced partnerships between the UN CLAs and international NGOs, something which can often be compromised by the selection for allocation of funding/resources and in cases where UN agencies work side by side with UN peacekeeping forces in an armed conflict zone. Typical examples of co-leadership of clusters at country level are the following: Oxfam International/Intermon (WASH in the oPt; WASH/Health/Nutrition in Chad); Oxfam GB (WASH in DRC); Action Contre la Faim (Nutrition and Food Security in DRC); NRC (Education in DRC; Shelter in the oPt); Handicap International (Disability in the oPt) (Steets et al., 2010). Overall such examples of co-leadership and partnerships have enhanced commitment and credibility of NGOs, with regards to getting access to areas where UN agencies faced problems reaching, mostly due to security reasons, while at the same time they provided a common place for the creation of joint strategies, policies and activities (Steets et al., 2010). Moreover, they developed a stronger platform for joint advocacy, as in the case of Myanmar where the Protection cluster was able to open dialogue with the government regarding the protection of the affected populations.

On the other hand, partnerships with NGOs can be jeopardised or undermined in cases where the CLAs decide actively for the allocation of funds, or in clusters which are inefficiently managed or led (Steets et al., 2010). In some cases, humanitarian agencies decided to opt out from being co-leaders due to the fact that they did not have sufficient resources or because there was a belief that UN CLAs would undermine them (Steets et al., 2010).

The Perspective of the NGOs

The years before 2010, participation of NGOs in the management and co-leadership of clusters at country level had already begun. According to the Review of 2010 prepared by implementing non-UN agencies, the participation of NGOs in the cluster approach has not been consistent, and this was obvious even in cases of co-leadership, since there has been an obscure picture about the roles of the cluster co-leads resulting in ineffective coordination mechanisms (NGOs & HRP, 2010). Moreover, the humanitarian actors state that the UN system lacks experienced and efficient leadership.

More specifically, in Ethiopia the strong role of the government in terms of co-leading and co-managing the clusters led to lack of clarity regarding the role of NGOs that had co-leading duties, something that can be minimised through assistance from the part of the UN (NGOs & HRP, 2010). In Zimbabwe, the problem of adequate funding to enable co-leading roles from the part of NGOs arose, as co-leadership requires extra resources and funds; in Afghanistan lack of capacity, experience and familiarity with the cluster approach led to minimal participation of national NGOs in the co-leadership of the clusters (NGOs & HRP, 2010).

On the other hand, co-leadership in DRC offers a good example of improvement of cluster procedures with effective management and constructive utilisation of lessons learnt, while NGOs' capacities were better matched to the strategic priorities of the cluster (NGOs & HRP, 2010). The same Review observes that in Zimbabwe NGOs managed to fill the gap until the UN CLA assumed its responsibilities, whereas in Ethiopia NGOs managed to enhance capacity building of the national government which participated fully in the clusters (2010).

3.2.4. Accountability to and Participation of the Affected People

Upward and Peer Accountability

The cluster approach promotes and theorises accountability mostly as a hierarchical accountability towards the HC and the HCT, including at the same time peer accountability which enhances overall performance from cluster lead agencies and members of the clusters and implementing partners. Evaluation 2 concludes that, with the exception of DRC, in all cases "accountability to the Humanitarian Coordinator is minimal" (2007, p44), mostly because the HC had minimum interactions with the clusters. The reasons for this were several and range from lack of technical humanitarian professional background from the part of the HCs leading to restricted guidance, to heavy workload attached to the role of HCs as they cover duties for the Resident Coordinators as well, and problematic and uncertain direct reporting communication between HC and cluster coordinators (Steets et al., 2010).

On the other hand, the cluster system (although not being specific about it and not directly and officially promoting it) has proved to enhance peer accountability at great lengths, ensuring thus the quality of programme implementation and humanitarian response; and in an indirect way assisting the role of the HC. This is mostly due to the fact that on a local level, members within the clusters exchange and share information, but also discuss technical challenges and issues, increasing thus performance and the level of discussions and later implementation (Steets et al., 2010). Additionally, in some cases (Haiti and Myanmar) lessons learnt and valuable experience coming from challenges or successes are being communicated to clusters of other countries.

Downward Accountability

The Generic Terms of Reference as issued by the IASC (2006c) specifically mention the significance of the inclusion of community-based and participatory methods in all phases of the humanitarian programme cycle as being promoted by the cluster leading agencies to all humanitarian actors. However, as a whole and with a few exceptions of specific clusters only, the evaluation team observed that in essence the participation of the affected populations to the decision-making and the various activities was minimal, while there is no evidence that the clusters promoted community-based approaches (Steets et al., 2010). This was observed both from the part of the CLAs (which did not promote actively accountability and participation of the affected population to their members nor did they include the relevant methods in their programmes) and from the part of the members/implementing agencies as well (Steets et al., 2010). Often the strategic planning or already made decisions were not discussed with or communicated to the affected people in a timely manner, as happened in Chad. Apart from some geographical and contextual constraints (e.g. remote places, difficulties in access, emergency challenges), the failure was due to the fact that UN agencies/CLAs are not in most cases field-based and work through implementing partners, failing thus to directly communicate with the affected or ensure implementation of participatory methods (Steets et al., 2010).

The cluster approach in terms of accountability towards the affected was strongly criticised by various international NGOs the same period Evaluation 2 was commissioned and published. More specifically ACF, while accepting the importance of the cluster approach as a system that improves humanitarian response in order to meet the needs of the affected, at the same time it clearly states the need for specific measures from the part of the UN and the IASC that will promote and enhance accountability to the affected populations proactively (ACF, 2010). Additionally, ACF continues and clearly accepts CLAs as being responsible for the overall coordination and response by identifying gaps in the programmes so that disaster-stricken people are served in the most appropriate and efficient fashion (2010). The need for evaluations and accountability mechanisms towards the affected is of the utmost importance.

In a mapping study in Afghanistan commissioned by NGOs and the Humanitarian Reform (Donini, 2009), the findings are quite similar. The strong disappointment of the community and local authorities was strongly observed, as they felt the distance between them and the humanitarian actors, and affirmed that decisions about programme design and implementation were taken without their participation (Donini, 2009). At the same time although aid agencies did up to some point consult the populations with various surveys and focus group discussions, the views and proposals of the community were not taken into consideration. This resulted in feelings of distrust and disbelief towards the humanitarian actors and their objectives. Another study in DRC came up with similar results, if not worse (Mowjee, 2009). Specifically, the affected populations were not consulted regarding their needs and relief provision, several of their needs were not met through the implementing programmes, the information flow towards the communities was minimal, and although some feedback and complaints mechanisms were in place, the disaster-affected never received any feedback or response regarding the issues they had raised, leading to perceptions of fraud and corruption from the part of UN and non-UN agencies alike (Mowjee, 2009).

The Synthesis Report commissioned by the same bodies for the years 2008-2010 reach the same conclusions and criticise strongly the cluster approach. The lack of downward

accountability mechanisms, monitoring systems, follow-up action points that measure and ensure accountability and at the same time foster commitment and responsibility from the part of the CLAs and NGOs is evident throughout the surveys (NGOs & HRP, 2009). Basically, the system was weak in terms of tools and mechanisms that examine progress, improvement and lessons learnt with regards to accountability to the affected people. Although agencies individually may have developed their own feedback mechanisms, there is a lack of a coordinated and collective accountability system that will be monitored and constantly promoted by the CLAs, while at the same time giving voice to the people in need (NGOs & HRP, 2009).

3.3. The Cluster Approach after the Transformative Agenda (2011-2017)

3.3.1. Evaluations, Reports and Assessments from UN and non-UN agencies

The Transformative Agenda was introduced in December 2011 by the IASC Principals in order to address the weaknesses of the cluster approach. It focused on adequate coordination and leadership mechanisms, on supporting and building the existing capacities of the national authorities and on accountability to the affected populations.

The findings presented below come from a number of evaluations and reports by OCHA and several UN and non-UN agencies. The evaluations and assessments that were used for the third phase (2011-2017) of the cluster approach are shown in Table 3.3.

Table 3.3. Teams/organisations which performed the evaluations and assessments in the years 2011-2017, and the equivalent countries and disaster/crisis.

Evaluating teams/organisations	Methodology	Countries Studied
OCHA and Cluster Coordinators	Quantitative analysis of data from the Cluster Description Mapping.	Afghanistan, Burkina Faso, Cameroon, Chad, Colombia, CAR, DRC, Ethiopia, Guatemala, Iraq, Libya, Mali, Mauritania, Myanmar, Niger, Nigeria, oPt, Pacific, Pakistan, Senegal, Somalia, South Sudan, Sudan, Syria, Turkey, Ukraine, Yemen
ALNAP: a system-wide network dedicated to improving the performance of humanitarian action	The findings came from literature, reports and documentation review, interviews, online questionnaire and review of Evaluations 1 and 2.	Afghanistan, Chad, DRC, Haiti, Pakistan, the Philippines, Somalia, South Sudan, Sudan, Turkey, Yemen, Zimbabwe
Brookings-LSE: Project on Internal Displacement	The findings came from field studies, interviews and desk research.	Syria, Colombia, Pakistan, Kenya, Haiti, DRC, Somalia
CDA (Collaborative Learning Projects)	The listening teams consisted of more than 125 organisations, 150 donors, governments and academics, and the findings came from FGDs, surveys, consultation and key informant interviews with the affected communities (over 6,000 people expressed their opinion through the project).	Afghanistan, Ethiopia, Lebanon, Mali, Philippines, Myanmar, Zimbabwe
Community of Practice (CoP)	Mapping and consultation survey in the Philippines, based on key informant interviews and FGDs with members of the community.	Philippines

Evaluating teams/organisations	Methodology	Countries Studied
FAOWFP Joint Evaluation	The findings came from data collection, interviews and field visits.	Colombia, Bangladesh, Pakistan, Mali, South Sudan, Chad, the Philippines, Afghanistan, DRC, Sudan
Global Public Policy Institute (GPPi)	The findings came from document analysis and interviews with several relevant stakeholders.	Philippines, South Sudan, CAR, Sudan, Yemen
Inter-Agency Humanitarian Evaluation (IAHE)	The findings came from interviews and consultation of stakeholders, listening to the affected people, user-engagement and mixed method data collection.	CAR
IFRC	The findings came from desk reviews, field visits and interviews.	Philippines
Humanitarian Practice Network (Independent forum)	Study based on interviews, field visits and participant observations.	CAR
K4D Helpdesk	Literature review	Lebanon, South Sudan
Listen, Learn, Act project (LLA): partnership between DanChurchAid, Save the Children Denmark and Ground Truth Solutions along with CHS	The findings came from FGDs, surveys and key informant interviews.	Mali, Ethiopia, Lebanon
MSF	The findings came from MSF's response to emergencies, key informant interviews and literature review.	Jordan, South Sudan, DRC
Norwegian Refugee Council	Research study based on interviews, field visits and participant observations.	CAR
Plan International	Ethnographic, qualitative approach with a sample of 221 participants in interviews and participant observation.	CAR
SAVE (Secure Access in Volatile Environments)	The findings came from field visits, FGDs with the community, surveys, 121 individual interviews, extensive review of reports and documentation.	Afghanistan, Somalia, South Sudan, Syria
Save the Children	Findings for the global Education cluster through its desk and field experience, documentation and reports review and interviews.	N/A
Synthesis Report 2: commissioned by the NGOs (ActionAid, CAFOD, CARE, International Rescue Committee, Oxfam and Save the Children – together with the International Council of Voluntary Agencies) and the Humanitarian Reform Project.	The findings come from case countries, interviews with UN, non-UN agencies, donors, national authorities and with members of the community.	Pakistan, Somalia, Côte d'Ivoire, Zimbabwe

3.3.2. Coordination within the Cluster Approach

Humanitarian aid after the introduction of the cluster approach and especially with the Transformative Agenda improved in terms of effectiveness and basically developed a unified coordination system for the humanitarian response, while in the past none existed. Additionally, awareness for the needs of IDPs has increased within the humanitarian community, and this was largely due to the Protection cluster which managed to protect more people and alleviate suffering (Ferris, 2014). Coordination at global level was improved, improvements in coordination were also illustrated at country level, while through the Transformative Agenda CLAs were motivated to focus on coordination, something which has extended to the field (Krüger et al., 2016).

The coordination system of the cluster approach is by its nature centralised and therefore remains far from national and local actors and the affected populations. This applies even to subnational coordination mechanisms, even if there is more flexibility due to the context and the proximity to the field. One of the negatives and weaknesses of this centralised system is that valuable information from the field is often lost (Campbell, 2016). Complaints about the numerous and time-consuming meetings within the clusters have been reported throughout many evaluations and assessments, but the truth is that coordination cannot happen without meetings; time is required and this means time taken away from programme implementation (Ferris, 2014). With regards to subnational coordination there is an evident gap in the coordination structure, since it is not directly connected to structural coordination, it is inconsistent and often lacks resources; this is mostly due to the lack of a standardised and official approach to subnational coordination, something which provides flexibility but has weaknesses (Campbell, 2016). Moreover, the cluster approach has not managed to incorporate cross-cutting issues within the system, resulting in different coordination approaches depending on the country and the context (Campbell, 2016).

Nonetheless, the UN coordination mechanism reached its limitations in complex and large scale emergencies, as was the case with the earthquake in Haiti in 2010 where there were a vast number of local, national and international organisations along with the UN agencies with different mandates, capacities and experience (Stumpfenhorst et al., 2011). Coordination was almost impossible, while coordination meetings were overcrowded, and a clear picture of the humanitarian landscape was difficult to obtain (Stumpfenhorst et al., 2011). Characteristically MSF state that “the response to the 2010 earthquake in Haiti conjures up the images of chaos, a failure of coordination on the part of the government and the UN” (Brauman & Neuman, 2014). Coordination between local NGOs and UN and non-UN agencies was missing, something which led basically at two bodies working simultaneously but separately (Duplat & Parry, 2010).

In CAR although national NGOs found cluster coordination successful, UN and non-UN agencies were more sceptic. UN agencies reported several problems in coordination related to strategic policies and objectives, human resources and coordination mechanisms, whereas international NGOs criticised the UN leadership and coordination model of the clusters as being bureaucratic, political and far from the fields (Lawday et al., 2016). In Jordan, South Sudan and DRC apart from the insufficient technical capacity in the clusters, there were significant deficiencies in programme implementation with regards to addressing the needs of the affected populations and failure in information sharing (MSF, 2014).

Operational Coordination - Identifying and Addressing Gaps

As a general consensus, both international and national NGOs refer to the cluster approach as a forum of information sharing and exchange rather than a system where joint decision-making takes place regarding the humanitarian response (Steets et al., 2014). While the weaknesses of the approach are obvious in this remark, at the same time the majority of the evaluations observe that most cluster members and participants agree that clusters have proven successful in effective best practices, lessons learnt and information sharing, as well as prevention of duplications in programming and implementation (Clarke & Campbell, 2015). At the same time, in cases where clusters were not activated information sharing was lacking and evident.

Addressing duplication is by default a lot easier within the information-sharing system and consequently the clusters, than it is to address gaps, because usually gaps in programming entail limited resources. On the other hand, although identification of duplication is quite easy, addressing the problem and mitigating it might prove a bit more complicated. In Central African Republic both the affected populations and international NGOs reported duplications in programming. More specifically, the capital suffered from duplication whereas remote areas were subjected to gaps in relief provision, something which led to opposing views between UN agencies and international NGOs as to who was ultimately responsible (Lawday et al., 2016). According to international NGOs, in the cases where duplication was prevented, this was due to their effective coordination among them, rather than a result of the cluster coordination itself (Lawday et al., 2016).

Coordination with National and Local NGOs

Overall the cluster approach has proved weak and failed to a great extent to engage national NGOs in decision-making and coordination mechanisms. As a general consensus, local NGOs do not participate in the clusters due to language barriers, technology restrictions, lack of capacity and resources, and because of the UN-specific agendas of the coordination meetings (Clarke & Campbell, 2015). Usually the HCT coordination meetings take place in the capitals or big cities of the host country, something which hinders significantly several local NGOs in terms of resources and timing to travel and allocate personnel for the otherwise valuable attendance. Additionally, the meetings are almost exclusively held in English and in the humanitarian terminology; many grassroots organisations are not familiar with the technical jargon and therefore refrain from attending and participating in the clusters (Clarke & Campbell, 2015). Lack of resources often means restricted access to information technology and emails, and this can result to late receipt of agendas and shared documents.

In Zimbabwe, Pakistan, Somalia and Côte d'Ivoire, although international NGOs had access to the clusters and the HCTs, the majority of their national and local counterparts remained far from the coordination mechanism and the overall decision-making (NGOs & HRP, 2013). Exception were the few national NGOs that had proceeded with partnerships with cluster members; these were more actively participating in the clusters, although up to some point. In Côte d'Ivoire, both national and international NGOs reported that the HCT coordination meetings were UN-dominated, the decisions had already been taken and there was little room to actually influence decision-making; moreover in Somalia and Pakistan meetings were scheduled not on a regular basis and agendas were distributed at the last minute, leaving little time to prepare and offer feedback and consultation (NGOs & HRP, 2013). On the other hand, lack of coordination

amongst national and international NGOs in order to create a collective and common advocacy and presentation of their perspective, was clearly evident.

Similarly in Jordan, South Sudan and DRC, the clusters have not provided assistance and support to local NGOs and actors, although the latter were responding to the emergencies effectively. In Jordan specifically, many grassroots organisations although they offered valuable aid relief to the affected, operated outside the UN system since they lacked the human resources and organisational capacity to attend the meetings and fulfil the bureaucratic UN reporting processes (MSF, 2014).

Coordination with Host Governments and Local Authorities

There are some general misconceptions and perhaps not much insight and knowledge between humanitarian agencies and host governments regarding the nature of their work and their capacities: NGOs quite often may regard government and local authorities corrupt and with no real capacities to deal with a crisis, whereas the latter consider international agencies as overpaid foreigners who are donor-driven (Harvey, 2010). Quite often and mostly in the cases where the clusters operated successfully in terms of coordination, the cluster coordinators have acted as mediators during the meetings between local authorities and international agencies/members of the clusters in order to mitigate the feelings of mistrust and develop a common ground for all stakeholders (Clarke & Campbell, 2015).

Additionally, the mistrust of foreign presence (even if this might be solely on a humanitarian basis) from the part of the national authorities, often leads to their reluctance to incorporate others in their coordination mechanisms, something which is enhanced by the quite often different definitions and perceptions regarding national (depending on the host government in question) and international (IASC) coordination (Clarke & Campbell, 2015). On the other hand, although governments have the prime responsibility to protect their populations and provide humanitarian response and even in most cases where they are willing to do so, often they have limited capacities and objectively cannot stand up to a disaster mostly due to restricted resources (Clarke & Campbell, 2015). This can create challenges and difficulties for the NGOs when they have to collaborate within a weak existing coordination mechanism. The aforementioned observation is enhanced by concerns from the part of international organisations that the host states and local authorities might misuse resources and funding, and therefore quite often take the lead in coordinating the response and do not engage closely with the governments (Idris, 2017).

In cases of armed conflict, the fact that host governments and local authorities might be active participants in the conflict, can and actually does hamper coordination to a great degree. For example in Nigeria and Ethiopia the political nature of the governments led to the mistrust from the part of the NGOs and a reluctance to coordinate with the former (Clarke & Campbell, 2015). On the other hand, in some cases a host government might be concerned with taking the lead at a response to a crisis, in order not to be held accountable for a possible failure, as happened in Zimbabwe during the cholera response (Clarke & Campbell, 2015).

There is however the other side of the coin. With regards to the refugee crisis in Lebanon (Syrian response) and coordination, Mansour (2017) points out that coordination has been highly

affected and challenged from the internal dynamics and tensions that exist within the cluster approach. The power struggle that exists amongst several UN agencies and between international NGOs and UN agencies is often related to funding (Mansour, 2017). Moreover, although there is a general consensus that coordination between all actors is fundamental, quite often the concept of coordination may vary and signify different things amongst organisations, both UN and non-UN (Mansour, 2017).

3.3.3. Leadership and Partnerships

The Synthesis Report 2 which was conducted in Côte d'Ivoire, Pakistan, Somalia and Zimbabwe concluded that national NGOs did not have leadership roles within the cluster approach system despite their willingness to take more active roles. The general perception was that the UN approach marginalises them, and this proved problematic in terms of cluster coordination, HCTs and NGOs meetings (NGOs & HRP, 2013). Some of the challenges (and consequently reasons that prevented their participation) that were expressed by national NGOs in all four countries were the perceived lack of trust to national NGOs, the unfamiliarity with the specific terminology of the working groups and meetings, the perception that their mandate and advocacy were not respected, the irrelevant to their programmes agendas (NGOs & HRP, 2013). Thus, national agencies did not allocate personnel to attend the meetings on a regular basis nor did they offer alternative agendas, but in reality their allocated seats for the HCTs meetings were limited: two in Pakistan and Côte d'Ivoire, one in Somalia and Zimbabwe (NGOs & HRP, 2013). On the other hand, international NGOs participated in the meetings of the HCTs and in some cases managed to influence policies and strategies, as in Côte d'Ivoire where they advocated against armed escorts in some parts of the country as was required by the UN. Additionally, international NGOs proceeded with capacity building and provision of leadership trainings to national NGOs in all four countries. Both national and international NGOs stated that HCT meetings were a place of information sharing and not a forum for strategic and operational planning (NGOs & HRP, 2013).

With regards to partnership, according to Synthesis Report 2 the national NGOs perceived partnerships (which were rare) with UN agencies and international NGOs as subcontracts and implementing partnerships, since the projects had already been predefined and designed before their partnership, thus minimising the ownership through such an engagement (2013). In Côte d'Ivoire, the MoUs between UN agencies and national NGOs often did not include principles of partnership and usually were nothing more than subcontracting agreements, whereas the respective MoUs with international NGOs reflected a more evident willingness to develop partnerships, although often of short-term nature (NGOs & HRP, 2013). In many cases partnerships between international and national NGOs were undermined by the perception of the latter that they had less opportunities, resources and access to international funding than their international counterparts. In Pakistan, Côte d'Ivoire and Somalia, directors of several national NGOs reported that international donors had the perception that they were not impartial and could not deal with issues of fraud, while international NGOs and donors made reference to limited capacities from the part of national NGOs (NGOs & HRP, 2013). The cluster approach has failed to a great extent in terms of creating ownership among NGOs (Humphries, 2013). Nonetheless, in countries with often security issues and armed conflicts, such as Pakistan and Somalia, national NGOs are in better position than their international counterparts to provide field presence and programme implementation.

Cluster Description Mapping by OCHA in 2016

For 2016 we notice an improved situation and a slightly increased number of non-UN agencies participating in the HCTs and the clusters at country level.

In 2016, OCHA performed a cluster description mapping in 27 countries where the cluster approach was activated, and concluded the following with regards to partnerships and participation in the HCTs (Figure 3.1): UN agencies make up the 41.29% of the HCTs (which amounts to 46% reduction in comparison with the year 2014); International NGOs make up 26.04% (6% increase compared to 2014); National NGOs make up 6.63% (whereas in 2014 their participation was 75); and donors 9.12%.

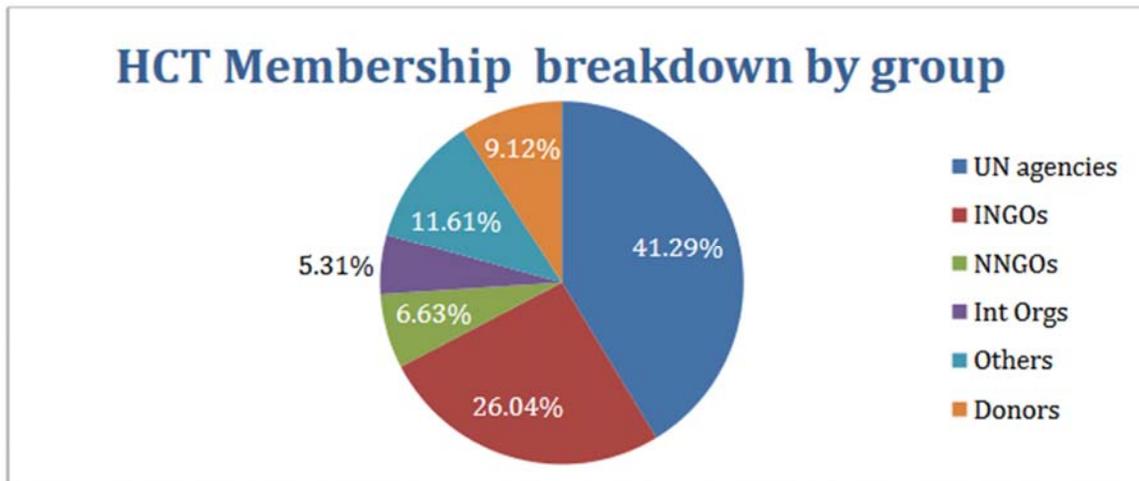


Figure 3.1. Group membership in the HCTs in the 27 countries were OCHA performed cluster description mapping.

Source: (OCHA, 2016).

With regards to cluster co-leadership at country level, OCHA's findings after mapping 194 clusters/sectors in 27 countries are the following (OCHA, 2016): 13% of the clusters are co-led by an international or national NGO (Save the Children, ACTED, Danish Refugee Council, International Rescue Committee, Norwegian Refugee Council and Colombian Red Cross), whereas as far as co-facilitation is concerned the percentage increases to 42%. For the subnational clusters (605 in total for the 27 countries) international and national NGOs make up 23% of coordination roles, whereas the percentage for governmental bodies and national authorities is 22%.

Global Cluster Co-leadership – Save the Children

As already mentioned, the global clusters are led by UN agencies, with the exception of Education global cluster which is co-led by UNICEF and the international NGO Save the Children. This is the only case where an NGO shares leadership of a global cluster with a UN agency until today. The Memorandum of Understanding, which laid the foundation and the terms of partnership between the two organisations, was signed in November 2007. Since then, the Education cluster has enhanced visibility and the importance of the cluster in the education and humanitarian

communities (Save the Children, 2012). At the same time, the two agencies managed to maximise their impact via their joint resources, have advocated more effectively for children who do not have access to education due to various disasters and crisis, and have combined and mobilised their different networks of stakeholders and NGOs (Save the Children, 2012). As Save the Children explicitly state in their report *Lessons in Leadership* which was issued in 2012, “This report confirms what we already instinctively knew to be the case: that UN-NGO co-leadership of the Education Cluster makes for a better, more diverse and more effective network working on behalf of children in emergencies” (2012, p. 2).

At the structural and strategy level, Save the Children via co-leadership was able to influence humanitarian strategies and policies in Education at both global and country level by providing the NGO perspective, enhanced and improved coordination at all levels, promoted community communication inside the cluster due to its humanitarian mandate, and as such advocated in favour of partnerships between UN and non-UN agencies (Save the Children, 2012).

3.3.4. Accountability to and Participation of the Affected Populations

With the adoption of the Transformative Agenda in December 2011 a whole new chapter opened for the humanitarian community regarding downward accountability, that is the Accountability to the Affected People (AAP). The IASC Principals developed and approved five Commitments to Accountability to Affected Populations, which would act as integral part of the guidelines and the operational policies of the clusters: leadership/governance, transparency, feedback and complaints mechanisms, participation of the affected populations in all phases of the humanitarian programme cycle including design, monitor and evaluation.

Several UN agencies but mostly international NGOs stated the importance and advocated strongly in favour of the AAP in the past, but 2011 was basically the official benchmark which changed significantly the inclusion of the AAP in strategies, policies and operational implementation in the humanitarian community. In several reports and assessments that were conducted since 2011, both UN and non-UN agencies have included AAP as indicator of good or poor performance. The general findings, as we will see below, are indicative of weak results and limited collective approaches in AAP (NGOs & HRP, 2013).

Generally speaking, AAP was mostly seen as responsibility of the agencies and lacked a common framework. The *Review of the Transformative Agenda* commissioned by the IASC and several donors (2016) concluded that as a whole AAP has been poorly introduced in the humanitarian response, few HCTs have developed action plans and a common framework for AAP, while complaints and feedback mechanisms were still at an early stage and did not provide a connection between the global clusters and the field (Krüger et al., 2016). On the other hand, Save the Children talk about the greater and improved accountability to the affected children that has been achieved in the Education cluster via their co-leadership with UNICEF, but do not provide any data or more explicit information to support this (Save the Children, 2012).

In 2013 during the Haiyan response in the Philippines, although the focus was more on the upward rather than downward accountability and the Shelter cluster (with IFRC as convener) did not mention explicitly AAP, the response included accountability mechanisms and initiatives (Davidson, 2016). However, these mechanisms that were in place did not always lead to action plans by the organisations (Ong et al., 2015).

In Pakistan, many international and national NGOs improved AAP approaches via a number of activities and institutionalised processes even before the Transformative Agenda, whereas in Zimbabwe, Somalia and Côte d'Ivoire some international NGOs performed accountability initiatives (as this was seen as part of their usual work, but lacked at strategic level), contrary to their national counterparts who were not familiar with the institutionalised AAP (NGOs & HRP, 2013). Various trainings to national NGOs were held in order to introduce AAP in their programme implementation. In Somalia, the regular security incidents and instability limited the performance of the international NGOs with regards to participation of the affected populations in the decision-making.

On the other hand, in Zimbabwe, Somalia and Côte d'Ivoire the national NGOs, due to their constant field presence and better interaction with the affected, strongly believed that they performed better in terms of participation of the affected and AAP, but lacked the relevant theoretical framework and terminology (NGOs & HRP, 2013). With regards to the three aforementioned countries, AAP was not a priority among the HCs and the HCTs, despite the commitments of the Transformative Agenda, while the lack of interaction between headquarters and the field concerning AAP was apparent (NGOs & HRP, 2013).

Communities in Afghanistan, Ethiopia, Lebanon, Mali, Myanmar and Zimbabwe reported that they feel a gap in information sharing regarding project objectives, deadlines and donor/funding requirements, and provision from the humanitarian community (Anderson et al., 2012). At the same time, they state that the feedback loop system is weak (receiving feedback from the agencies regarding their concerns, proposals and discussions), while they criticise the information provision mostly to community leaders and representatives, who usually do not disseminate the information received back to the community (Anderson et al., 2012). Moreover, the SAVE report concluded that the majority of the communities state that only key leaders and representatives were interviewed, whereas the large part of the population remains uninformed and is not consulted by the agencies; in fact in the question "Did aid agencies consult you about the aid you received?" from 3,313 respondents 35% replied "yes" in Afghanistan, in Syria 15%, in South Sudan 7% and in Somalia only 4% (Ruppert et al., 2016).

AAP in Central African Republic was poorly applied with regards to all five commitments of the Transformative Agenda, since it was not present at the strategic level, while both UN representatives and the HCT did not promote it appropriately. The existing gaps in national monitoring and evaluation and the transparency issues led to the failure of listening to the affected people with regards to programme design and strategic implementation (Lawday et al., 2016). At the same time, international NGOs performed accountability activities, needs assessments and participation approaches as part of their usual work, but had little awareness of the CAAP, whereas the collective AAP approach was not present and therefore not applied (Lawday et al., 2016). There was no inter-agency feedback and complaints mechanism in place, something which led to the frustration and concern of many IDPs with many NGOs, because they could not channel their problems and receive appropriate feedback (HPN, 2014). Although some agencies had their own complaints mechanisms, a common framework of AAP was absent leading to mistrust and limited accessibility of the relatively few mechanisms (NRC & Renouf, 2015). Additionally, the affected populations expressed the need for better communication from and with the organisations, since no Communication with Communities activities existed (NRC & Renouf, 2015). Generally speaking, the information sharing was performed based on persuasion of the affected populations rather than listening to them, since there is a general misconception that the

agencies and experts always know better, something which led to minimum community participation (if at all) at the decision-making and to the determination of the needs of the affected almost exclusively from the agencies (Lawday et al., 2016).

Moreover, the OCHA Cluster Description Mapping came up with the result that 66% of the clusters have discussed about the need to reinforce AAP, but this percentage does not show anything about the actual impact on programme implementation (OCHA, 2016). On the other hand, only half of the clusters reported that they have a PSEA mechanism in place, something which proves quite alarming.

The fact that AAP and participation of the affected populations in the overall decision-making is still at early stage in the humanitarian community, is clearly stated by the Grand Bargain (a set of reforms and commitments by a great number of UN, non-UN agencies and donors/countries in the World Humanitarian Summit -WHS- that took place in May 2016 in Istanbul). In the Grand Bargain the participants, recognising the gap in AAP and participation, committed to include affected people in the decisions that affect their lives through strengthened dialogue and transparent feedback, take actions after the respective feedback, develop a systematic community engagement approach, and improve leadership of clusters which will lead to AAP and the full engagement of the affected (Grand Bargain, 2016). Similarly, the Secretary General in his report for the WHS states “Successful crisis and conflict prevention or resolution require the robust engagement of people. [...] Leaders should promote and require the inclusion of women and women’s groups into decision-making at all levels. Unquestionable evidence proves that meaningful participation by women increases the effectiveness of humanitarian assistance” (UN General Assembly, 2016, p. 12).

Nonetheless, although in the final report of the WHS emphasis was given to the need for women and youth participating in the decision-making (WHS, 2016), the results of the summit were poor in terms of AAP. Accountability was not central in the discussion, whereas there was no common commitment for a common and coordinated community participatory approach by all participants (Aly, 2016). Oxfam, although it acknowledges the progress made, clearly criticises the absence of key leaders in the summit and claims that “governments have continued to only pay lip service to accountability” (Oxfam, 2016). Moreover, the WHS failed to refrain from generalities and proceed with more concrete and well-specified actions to be taken with regards to AAP and community participation (Jacobs, 2016).

At this point we should mention that several steps have been taken towards the integration of downward accountability in the humanitarian response and we must say that almost all agencies have set feedback and complaints mechanisms. The problem lies with the degree these steps have been successful, while the importance of constant improvement should be stated.

The IASC Task Team prepared a mapping study of AAP/PSEA initiatives and projects of several UN and non-UN organisations in 2016 (IASC Task Team, 2016b): **The Pakistan Accountability Learning and Working Group** (a forum of agencies that promotes accountability in aid response); **Inter-Agency Working Group on Quality and Accountability East and Central Africa** (shares best practices and lessons learnt on AAP among participants); **The Ethiopia Inter-Agency Accountability Working Group** (promotes participatory methods and enhances AAP learning); **The Adamawa State Information and Feedback Task Team**

(developed by OCHA in order to enhance bilateral communication with the affected populations); the **Community of Practice on Community Engagement in the Philippines** after the Bopha typhoon (a pilot project that promotes community participation and AAP); the **CHS support group Bangladesh** (a support group with regards to AAP); The **Communication and Community Engagement Platform** (an initiative developed by OCHA, IFRC, UNICEF and several other agencies, which addresses and promotes the idea of a systematic approach and implementation of community participation in all stages of the humanitarian programme cycle).

A successful initiative of the Community of Practice on Community Engagement took place in the Philippines from May to July 2017 with the support of the HCT. The consultation and mapping survey collected data from six cities regarding the preferred mode of aid to the communities, the response capacities of the administrative divisions and identified gaps in local response; all results came from surveys and key informant interviews with the communities (HCT CoP, 2017). The findings are to be used in future disasters and crisis.

Another encouraging initiative is the pilot Listen, Learn, Act (LLA) which aims at gathering information from the communities and bridge the gap between the affected people and the humanitarian agencies by actively listening to the populations (Featherstone, 2016). The findings from the report (as studied in Mali, Lebanon and Ethiopia) verify the weak participation of the affected populations and state that the communities had very limited knowledge and awareness of the projects being implemented and of how to provide feedback on them (Featherstone, 2016). However, through the LLA project agencies managed to enhance community participation, reflect on feedback provision and even proceeded with providing feedback to the affected regarding their concerns.

Chapter 4.

The Cluster Approach and the UN-Integrated Missions

The cluster approach promotes and has at its core the coordination with the governments and national authorities of the respective disaster-stricken country, although in armed conflicts this can be truly challenging and at times problematic when the host government is part of the conflict (Idris, 2017). The challenges and difficulties of integrated missions with regards to humanitarian aid have been mentioned from various sides with intensity, extensive argumentation and logical reasoning.

According to the United Nations: “An integrated UN presence is the configuration of the UN system in all conflict and post-conflict situations where the UN has a country team and a multi-dimensional peacekeeping operation or Special Political Mission/office, regardless of whether this presence is structurally integrated”, while “a multi-dimensional peacekeeping operation is a peacekeeping mission comprising a mix of military, police and substantive civilian components working together to implement a mandate from the Security Council” (UN, 2013, p. 4). With regards to hierarchy and coordination, the Special Representative of the Secretary General (SRSG) is responsible for the UN-integrated mission, while one of its deputies very often combines the roles of the Humanitarian Coordinator (responsible for the cluster approach at country level), the UN Resident Coordinator and the Deputy Special Representative of the SRSG. This triple and over-burdened role can have implications on the independent decision-making on humanitarian priorities (Oxfam, 2014).

On the other hand, efficient and successful coordination between the humanitarian organisations (both UN and non-UN) with peacekeeping forces and political actors can enhance the recognition of human rights in practice and protect the civilians (Oxfam, 2014). Additionally, “the more representative and legitimised international organisations are and the more efficiently they operate, the more they contribute to international order and stability” (Blavoukos & Bourantonis, 2010, p. 2). The main challenge and concern with the UN-integrated missions is that the integration of the humanitarian response in the overall UN mission politicises humanitarian aid, making the required distinction between peacekeeping response and the neutrality and impartiality of the humanitarian actors (UN and non-UN) blurry (Weir, 2006).

Several findings from Evaluation 2 and criticism from NGOs show that the cluster approach can threaten humanitarian principles and quite often restrict humanitarian response to the affected populations. Humanitarian agencies regularly face the problem of remaining impartial and independent when humanitarian aid is used in UN-integrated missions as a means to strengthen peacekeeping and stabilisation strategies (Ferris, 2014).

Quite often in armed conflict situations, close interaction and coordination of the CLAs with governments that are active parties in the conflict within the UN-integration and peacekeeping missions, the humanitarian principles of neutrality, impartiality and independence can be compromised (Steets, et al., 2010). This inevitably influences the response by NGOs either because they are cluster members, and as such safeguarding the humanitarian principles of neutrality, impartiality and independence is not always feasible, or because they depend on

funding from the CLAs. ACF with regards to the politicisation of the funding mechanisms states that “Important concerns arise from the potential confusion between the political and donor agendas of the UN. It is understood that UN agencies and donors inevitably have a political agenda but the difference remains in the fact that UN agencies are bound by their mandate to interact with host governments (ACF, 2010). ACF expresses its concern for the politicisation of humanitarian aid and its implications on the coordination system. Specifically, in the Somali area of Ethiopia, restricted access minimised the independent and transparent provision of humanitarian aid, whereas in Sudan, Afghanistan and Zimbabwe the coordination process proved difficult due to the close interaction of the UN agencies with the governments (ACF, 2010).

Moreover, political issues influence greatly the Protection cluster. Humanitarian agencies have strict protocols of confidentiality with regards to information sharing relating to protection issues with stakeholders that are involved in the conflict. For example, several NGOs do not participate actively in the Protection cluster (as has happened in Chad, Afghanistan and Somalia), because the High Commissioner for Human Rights, who attends protection meetings, serves at the same time as Head of human rights in the peacekeeping missions (Steets, et al., 2010). The IFRC withdrew from the Protection cluster in Haiti because of its cooperation with the UN peacekeeping mission. Moreover, UN and non-UN agencies were forbidden to access certain areas in DRC because they were perceived by the population as partial (Mowjee, 2007). The Early Recovery clusters suffer from similar problems, since the CLA UNDP is in constant cooperation with governments that are actively involved in conflicts (Steets, et al., 2010).

4.1. The case of Pakistan

The cluster approach was first introduced in December 2005 after the earthquake in Pakistan. In 2009 more than three million people were displaced in the country due to armed conflict between the governmental military and armed insurgents. While IFRC and MSF have tried to retain their impartiality and neutrality refraining from being correlated with political or military agendas, the majority of the humanitarian actors suffer from the lack of common strategy for interaction with the government and the military (Oxfam, 2009). A typical example of this failure resulted in the inability to provide aid to several displaced people due to unfair registration criteria which was performed by the government of Pakistan (Oxfam, 2009). As Action Aid points out from interview findings “the role of the military is inherently problematic in the longer term as it is not an apolitical institution and there are difficulties with it carrying out roles which are normally associated with civilian administration” (ActionAid, 2006, p. 13).

Moreover, the placement of an army official by the government in charge of the humanitarian response proved problematic in terms of coordination from the part of the international NGOs, since the army was actively involved in the conflict and consequently the displacement of civilians (Oxfam, 2009). Specifically, NGOs found problematic the fact that decision-making was often based on political and military agendas, instead of solely on need and humanitarian principles: agencies did not have access to some army-controlled areas, several people were not registered and consequently could not receive aid due to criteria of origin and tribe (Oxfam, 2009). The IFRC and several international NGOs advocated intensely for the registration on the grounds of displacement and need, whereas UN agencies were more hesitant to raise any concerns and proceeded with the provided registration lists (Oxfam, 2009). On the

other hand, several attempts have been made by the HC and the HCT to develop a common strategy that promotes humanitarian principles, which did not always succeed in practice.

4.2. The case of Afghanistan

In Afghanistan, the United Nations Mission in Afghanistan (UNAMA) was established in 2002 due to long armed conflicts and with the purpose of the political stability and peacekeeping of the country, and continues until today. As such, until 2014 the UNAMA has been interacting on political and humanitarian matters with the Karzai government excluding other belligerents. The Mapping Study in Afghanistan in 2009 commissioned by NGOs and the Humanitarian Reform Project concludes that the UN agencies/CLAs are seen as supporting the government, compromising thus their impartiality and neutrality something which is problematic in terms of the humanitarian response: WFP uses intelligence from International Security Assistance Forces for their convoys, while half of their programmes are implemented via the government; UNHCR and UNICEF (both have exclusively humanitarian mandate) interact closely with the government for programme implementation and this often creates the perception of the alignment of CLAs with the coalition and the government (Donini, 2009).

This perception is problematic and extends to NGOs as well. For example, the advocacy activities of some organisations for human rights and the international humanitarian law risk being perceived as political and unilateral (Donini, 2009). In this context, humanitarian organisations have difficult choices to make, most of which relate to their humanitarian mandate, the humanitarian principles of impartiality and neutrality and their participation in the UN cluster approach (Donini, 2009). Coordination among CLAs and NGOs is difficult and complicated. On the other hand, the IFRC and MSF (since 2009 when it returned to Afghanistan), have been able to interact with all sides and belligerents, creating thus a sense of trust from all parties and were therefore able to offer medical aid to areas where other UN and non-UN agencies are not willing or do not have access (Donini, 2010).

Several NGO personnel were worried about the perceived loss of neutrality and impartiality of the NGOs: *“Many people think the NGOs are the eyes of the occupier. If we are neutral, we can be safe. Independence protects you. One national NGO has a clinic up near Tora Bora, a Taliban area, but the Taliban don’t bother them because of the good relationship of the NGO with the community”* (Donini, 2009, p. 30). There is a general confusion in the Afghan community regarding the differentiation of humanitarian actors from any political end, something which is reinforced by the fact that aid relief is mostly provided in towns controlled by the government (Donini, 2010). This consequently, influences humanitarian response, since the agencies cannot, mostly due to security reasons, reach other areas, and thus protection and vulnerability issues cannot be addressed appropriately and everywhere (Donini, 2010). Moreover, armed attacks to humanitarian aid workers have restricted the access to remote places, led to programme suspension in insecure areas, something which directly affects the communities (Donini, 2009).

The IASC Task Team reviewed the impact of the UNAMA in humanitarian action from December 2014 until February 2015, and the findings have not been positive. The team found that there is a general perception that UNAMA “has maintained a partisan stance in the conflict”,

something which results in the “disengagement from UN-coordinated humanitarian processes in Afghanistan” (IASC Task Team, 2015, p. 44). Concerns have been raised by both UN and non-UN agencies, although some of the latter have chosen to operate outside the cluster system and engage in dialogue with all parties to the conflict. Additionally, the review highlights the risk that several NGOs may decide to disengage from the UN system, something which will directly affect humanitarian response in the country (IASC Task Team, 2015). Overall, negotiating humanitarian access with all parties in Afghanistan has been difficult and challenging; even the NGOs that have gained access to areas which are Taliban-influenced acknowledge the risk and precarious nature of their work (Jackson & Giustozzi, 2012).

Chapter 5.

Discussion and Conclusions

Humanitarian relief provision, after the introduction of the cluster approach and especially after the Transformative Agenda, improved in terms of coordinating humanitarian actors and basically developed a unified coordination system for the humanitarian response, while in the past none existed. The IASC-led humanitarian system has continued to develop and adapt with constant revised and improved guidance notes and instructions, in an effort to address the crucial issues of coordination, accountability and participation of the affected in the decision-making.

During the research and review of extensive literature, reports and assessments, we came up with three general assumptions. Firstly, the complex nature of the cluster approach and the practical difficulties of measuring the effectiveness of the three parameters examined here (coordination, accountability and participation) in quantitative terms. The majority of the assessments and evaluations developed by UN bodies and international NGOs base their findings in qualitative data coming mostly from interviews and field visits. The limitations to this, is that in a humanitarian response there is a great range of factors that play major role and influence any potential negative or positive effect of the cluster approach. Nonetheless, the great number and the quality of the reports and assessments produced the last years by professionals, researchers and organisations allow us to reach several conclusions and present the findings with a relative certainty. Secondly, the three parameters/aspects of the cluster approach examined in the dissertation are inter-dependent and inter-connected with each other. Coordination is a prerequisite for and often leads to the other two, whereas participation is interwoven with the concept of AAP.

Thirdly, the intense criticism comes mostly from professionals working either directly or indirectly within this system, and the ultimate objective of this is the improvement of the system and not its substitution with another one. Proposals for improvement of the cluster approach came as early as the introduction of the new humanitarian response system and this was basically the intention of the evaluations from all relevant parties. Although the first years there was opposition to the structure and purpose of the cluster approach, the evaluations and reports that followed did not encounter disagreements with the approach as such, including the IFRC and the observer-independent MSF, and actually many international NGOs recognised the efficiency of the cluster approach in terms of coordination of all relevant stakeholders. To this end, several renewed and improved versions of guidelines and tools were developed by the IASC in an attempt to address the concerns, constructive criticism and feedback coming directly from the field.

This first overarching parameter examined in this dissertation is coordination. One of the major achievements of the cluster approach was that it managed to institutionalise and make official the older ad hoc and unofficial coordination mechanisms through the responsibility of CLAs and cluster members to attend and collaborate via coordination meetings, highlighting thus the need for continuous dialogue and coordination between humanitarian actors and their counterparts. The importance of the cluster mechanism via coordination meetings was confirmed to a great extent even by the independent actors MSF and ICRC, both of which participated in the meetings and shared valuable information regarding the responses. Nonetheless,

coordination of so many stakeholders with various and different agendas (UN and non-UN agencies, national authorities, affected populations) is something difficult and for some impossible. Coordination under such circumstances is by default labour-intensive. It requires human resources, time and the will to find common ground, and joint objectives which must always be the alleviation of suffering, the safeguarding of humanitarian principles and the centrality of the affected people. Ultimately, coordination is a medium to an end, not the ultimate objective and goal.

The coordination system of the cluster approach is by its nature centralised and therefore remains far from national and local actors and the affected populations. This applies even to subnational coordination mechanisms, even if there is more flexibility due to the context and the proximity to the field. The cluster approach did improve sharing of lessons learnt, best practices and information, and managed to identify and address effectively gaps with regards to programme implementation within the relief aid in the field, while it managed to improve coordination and discussions about priority interventions which proved more efficient and quicker. On the other hand, the majority of relevant stakeholders complained and raised concerns with regards to the number and the time-consuming nature of HCTs' and coordination meetings, whereas quite often there are other coordination mechanisms in place that work in parallel leading to duplication of meetings. Although this may be true, we must recognise the fact that efficient coordination cannot take place without several meetings. Coordination is by default a time-consuming process and one which requires human resources and good planning.

Additionally, several aspects of the coordination mechanism led to the limited presence of national and grassroots NGOs in the meetings: programme implementation and funding-specific agendas; the use of English as the "official" language and the lack of interpreters in the host language; the extensive usage of technical humanitarian jargon; budget and resources limitations which led to inability to allocate personnel for the meetings. Overall the cluster approach has proved weak and failed to engage national NGOs in decision-making and coordination mechanisms. The cluster approach has failed to a great extent in terms of creating ownership among national NGOs. In general, national NGOs do not have leadership roles within the cluster approach system, despite their willingness to take more active roles. Their partnerships with UN agencies and international NGOs are usually subcontracts and implementing partnerships, since the projects are predefined and designed before their partnership. There is a problematic rhetoric here which leads to this finding. The general feeling (quite often true) is that many international NGOs and donors believe that national organisations lack the capacity to deal with issues of fraud and funding management, while sometimes they are not impartial.

As a rule of thumb national authorities were not consulted for the introduction of the cluster approach neither were they integrated in the collective provision of humanitarian aid and strategic implementation, although governmental and local bodies were engaged up to a point as co-leaders of the country clusters and as participants in the coordination meetings. The existing misconceptions between humanitarian agencies and host governments have a negative impact on coordination. That is, NGOs quite often may regard government and local authorities as corrupt and with no real capacities to deal with a crisis, whereas national authorities may mistrust foreign presence and be reluctant to integrate UN and non-UN agencies in their own coordination mechanisms. Moreover, the cluster approach has been criticised by several stakeholders as operating as a forum of information sharing and exchange where implementing partners report to the CLAs, rather than a system where joint decision-making takes place with strategic focus and

interest for concrete issues of the field. Several reports recorded the concern that the cluster system is regularly UN-dominated, leaving little room to international and especially national NGOs to influence actively decision-making. Directly connected to this is the fact that until today the global clusters are led exclusively by UN agencies, with the exception of Education global cluster which is co-lead by UNICEF and Save the Children. Through the new system however, leadership and coordination improved significantly in terms of clusters at country level, but only in cases where the CLA had field presence and provided resources and capacity to other cluster members. Admittedly, when implementing partners are engaged in coordination roles within the clusters the overall response, needs assessment and information sharing is more effective.

The cluster approach has been effective in the coordination of humanitarian actors and other relevant stakeholders in comparison to older ad hoc coordination mechanisms. On the other hand, the IASC-led system reached its limitations in terms of coordination in complex and large scale emergencies. Such was the case with the earthquake of 2010 in Haiti, where there was a vast number of local, national and international organisations along with the UN agencies with different mandates, capacities and experience. The cluster system proved weak in those circumstances, something which needs to be addressed further by the UN.

The second and third parameters analysed side by side in the dissertation are accountability to the affected populations and their participation in the decision-making. The Transformative Agenda in December 2011 revolutionised the concept of accountability by shifting the focus from upward to downward accountability with the officialization of AAP as a prerequisite for all humanitarian responses and the importance of participation of the affected in the decision-making mechanism. Since then, several positive steps towards downward accountability and participation of the affected have been taken, especially with the World Humanitarian Summit in 2016 and the Grand Bargain, as well as with various initiatives and projects that operate all over the world. There is a general tendency towards integrating AAP in all phases of the humanitarian programme cycle by the humanitarian community, and undoubtedly some improvement has been observed, but the effectiveness of such initiatives remains ambiguous.

The vast majority of the reports and evaluations conclude that AAP and the participation of the affected people in the overall decision-making of the humanitarian response remain two of the biggest weaknesses of the cluster approach. Although AAP resulted officially through the IASC, overall the cluster approach has failed to integrate and engage the affected communities in programme design and implementation. As a whole, AAP has been poorly introduced in the humanitarian response, few HCTs have developed action plans and a common framework for AAP, while complaints and feedback mechanisms did not provide a connection between the global clusters and the field. Often the strategic planning or already-made decisions were not discussed with or communicated to the affected people in a timely manner, or were communicated mostly to community representatives and leaders and not to the majority of the affected populations.

At the same time, CLAs proved weak in terms of communicating with the affected or ensuring implementation of participatory methods. The system failed to a great extent in terms of tools and mechanisms that examine progress, improvement and lessons learnt as far as AAP is concerned. Although, agencies individually may have developed their own feedback mechanisms, there is a lack of a coordinated and collective accountability system that will be monitored and constantly promoted by the CLAs. Often the affected populations were not

consulted regarding their needs and relief provision, several of their needs were not met through the implementing programmes, the information flow towards the communities was minimal. Although some feedback and complaints mechanisms were in place, the majority of the disaster-affected did not receive feedback or responses regarding the issues they had raised. Several assessments concluded that the majority of the communities state that only key leaders and representatives were interviewed, whereas the large part of the population remains uninformed and is not consulted by the agencies. This weakness and often neglect of feedback loop from the part of the organisations has been clearly stated in several reports as a common concern of the affected people. Failure to provide feedback to the communities leads to perceptions of fraud and corruption from the part of UN and non-UN agencies.

Admittedly, AAP and participation of the affected in the decision-making in all phases of the humanitarian programme cycle is a complicated process and one that requires extensive resources and time, access and constant field presence. This however should not put off the humanitarian community from fulfilling the core humanitarian standard which states that “communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them” (Sphere Association, 2018, p. 63).

Beyond the abovementioned conclusions, an important issue emerged during the research and literature/report review, and this is the fact that UN-integrated missions pose serious concerns and often have negative impact on the coordination of aid provision in several aspects. Firstly, the cluster approach may endanger humanitarian principles, since the main challenge is that the integration of the humanitarian response in the overall UN missions politicises humanitarian aid, making the required distinction between peacekeeping response and the neutrality and impartiality of the humanitarian actors unclear. Often in armed conflict situations, close interaction and coordination of the CLAs (working within the UN-integrated mission) with governments that are active parties of the conflict may compromise the humanitarian principles of neutrality, impartiality and independence. Several international NGOs and UN agencies have raised their concerns with regards to cooperating and coordinating the response with the military -a non-apolitical institution by default- since there is an inherent or perceived impact on the neutrality and operational independence of an organisation. This often creates the perception of the alignment of the CLAs and the NGOs with governmental bodies that are parties to the conflict. At the same time, CLAs are bound by their mandate to be in close coordination with host governments, something which can lead to possible tension with cluster members/NGOs or to the disengagement from UN-led responses. Several NGOs may decide to disengage from the UN system and choose to operate outside the cluster system in order to engage in dialogue with all parties to the conflict, something which will directly affect humanitarian response in the country. To this end, often IFRC and MSF have tried to retain their impartiality and neutrality refraining from being correlated with political or military agendas, however the majority of the humanitarian actors suffer from the lack of common strategy for interaction with the government and the military.

Secondly, the actual or perceived politicisation of the humanitarian response can and often does hamper AAP and the participation of the affected in the decision-making and in several activities organised by humanitarian actors such as community meetings, FGDs, community committees. The reason can be two-fold. On one hand, NGOs find precarious the fact that decision-making is often based on political and military agendas, instead of solely on need and humanitarian principles: one of the implications is that agencies have restricted access (if at all) to some army- or other party-controlled areas. This however can be problematic with regards to

the indiscriminate protection of the affected populations and the independent relief provision. On the other hand, there is a general confusion in many disaster-affected communities regarding the differentiation of humanitarian actors from any political end, something which is reinforced by the fact that aid relief is often provided in towns controlled by host governments or other political forces that are parties to the conflict. When the affected populations perceive humanitarian response as political and partial, they do not trust humanitarian organisations. This directly affects the overall AAP, whereas the communities are reluctant to participate in the humanitarian activities provided by the perceived political and partial humanitarian agencies.

Thirdly, there is another aspect to the UN-integrated missions. The actual or perceived alignment of the humanitarian actors with the CLAs and consequently with the UN peacekeeping forces poses security risks for the organisations. The generalised perception of aid workers as partial to a conflict often results in life-threatening attacks to humanitarian actors as has happened in the past in Afghanistan. This in turn leads to protection and vulnerability issues which cannot be addressed appropriately and everywhere, to programme suspensions and withdrawal of organisations from a country; endangering thus the humanitarian response and ultimately affecting the conflict-stricken populations. On the other hand, efficient and successful coordination between humanitarian organisations with peacekeeping forces and political actors can enhance the recognition of human rights in practice and protect the civilians. Nonetheless, given the difficult and complicated contexts of armed conflict areas, there is a need for the disassociation of the cluster approach and the UN peacekeeping forces, since “influence of political interests and stabilisation objectives is alarming to humanitarian actors due to integration arrangements” (IASC Task Team, 2015, p. 10).

Nowadays there is no fundamental or principled opposition to the cluster approach within the humanitarian community. Generally, we could say that the weaknesses of the cluster approach in terms of effective coordination, accountability and participation remain relatively the same since its introduction in 2005. Problems remain central and need further exploration and the common ground to be addressed by the humanitarian community as a whole. The IASC cluster approach has great potentials for improving even more humanitarian response and ultimately alleviate the suffering of the affected people globally. One of the positive characteristic is that the responsible bodies (OCHA, IASC) listen to the voices of the people working in the field and proceed continuously with improved versions of guidelines, tools, operational guidance notes, and the development of institutionalised concepts such as AAP and PSEA. As we have seen, theory is almost perfect and stands on good and reasoned grounds. However, reality proves quite different. Implementation of these, otherwise efficient, instructions and guidelines is challenging and its success depends upon a number of factors. Significant progress has been made, but there is a long way in front of the humanitarian community yet to be covered. After all, “the success of the cluster approach will be judged in terms of the impact it has on improving the humanitarian response to those affected by crises” (IASC, 2006a, p. 2).

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Appendix A.

Code of Conduct – International Federation of Red Cross and Red Crescent Societies

Core Principles

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavour not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve programme beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects (IFRC, 1994).