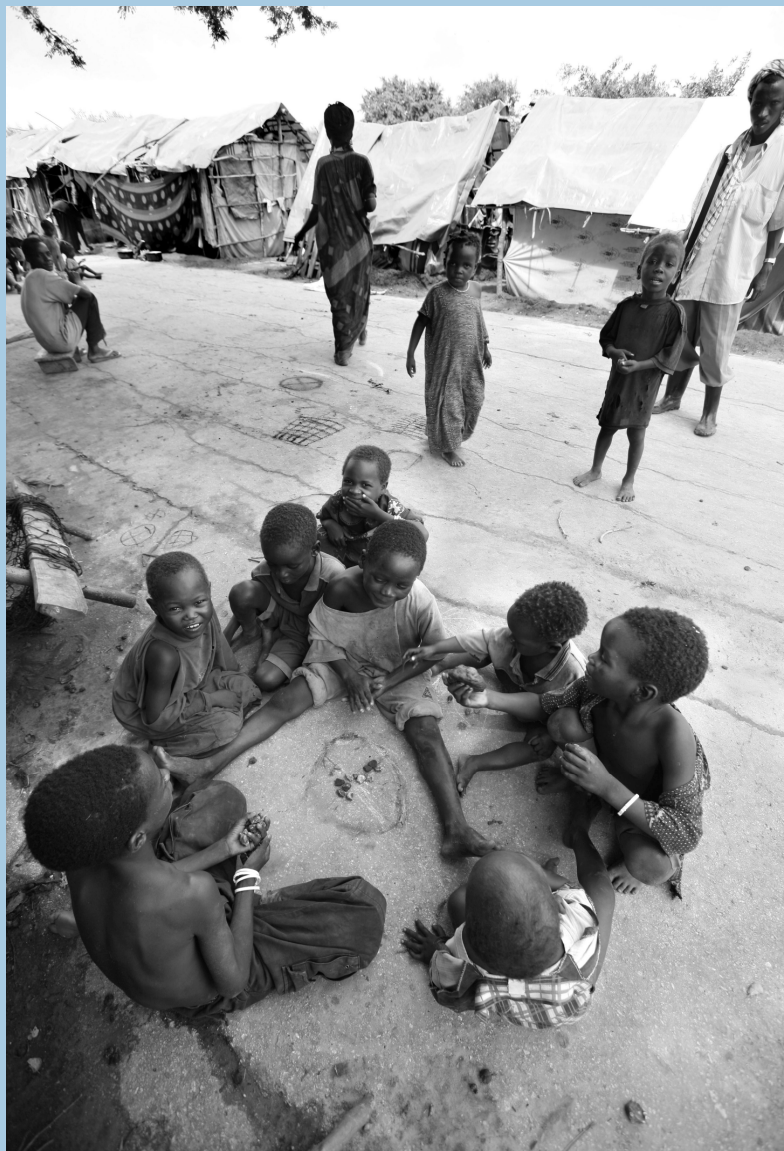


# Report on Implementation of Global Cluster Capacity-Building

1 April 2006 - 31 March 2007



IRIN/Manocheh Deghafi/SOMALIA/2006

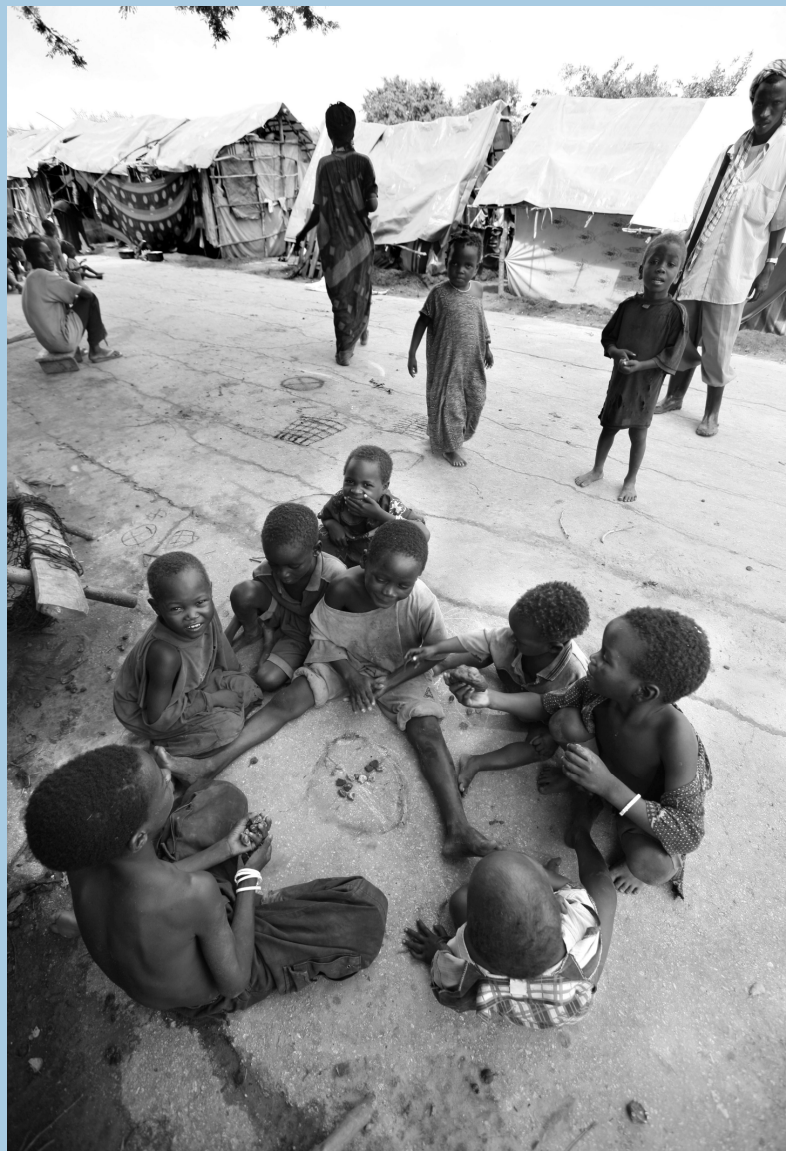


UNITED NATIONS



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## INTRODUCTION

### 1. THE HUMANITARIAN REFORM AGENDA

The Humanitarian Reform Agenda aims to dramatically enhance humanitarian response capacity, predictability, accountability, and partnership. It represents an ambitious effort by the international humanitarian community to reach more beneficiaries, with more comprehensive, needs-based relief and protection, in a more effective and timely manner. While the real impact of this effort can only ultimately be measured in the field, the overall reform package has necessitated an initial investment of additional resources at the headquarters level to take on new responsibilities and strengthen capacity.

The reform has four main objectives:

1. Sufficient humanitarian response capacity and enhanced leadership, accountability and predictability in 'gap' sectors/areas of response (ensuring trained staff, adequate commonly-accessible stockpiles, surge capacity, agreed standards and guidelines);
2. Adequate, timely and flexible humanitarian financing (including through the Central Emergency Response Fund [CERF]);
3. Improved humanitarian coordination and leadership (More effective Humanitarian Coordinator [HC] system, more strategic leadership and coordination at the inter-sectoral and sectoral levels);
4. More effective partnerships between United Nations (UN) and non-UN humanitarian actors.

### 2. THE CLUSTER APPROACH

The Cluster Approach is one element of the reform package and is designed to contribute to objectives 1, 3 and 4. It aims to strengthen overall response capacity as well as the effectiveness of the response in five key ways:

- First, the approach aims to ensure **sufficient global capacity** is built up and maintained in key gap sectors/areas of response, with a view to ensuring timely and effective responses in new crises;
- Second, the approach identifies **predictable leadership** in the gap sectors/areas of response. Cluster leads are responsible for ensuring response capacity is in place and that assessment, planning and response activities are carried out in collaboration with partners and in accordance with agreed standards and guidelines. Cluster leads also act as the "provider of last resort", in line with the *Inter-Agency Standing Committee (IASC) Generic Terms of Reference for Sector/Cluster Leads at the Country Level*;
- Third, the approach is designed around the **concept of 'partnerships'** (i.e. 'Clusters') between UN agencies, the International Red Cross and Red Crescent Movement<sup>1</sup>, international organisations and NGOs. Partners work together towards agreed common humanitarian objectives both at the global level (preparedness, standards, tools, stockpiles and capacity-building) and at the field level (assessment, planning, delivery and monitoring). Partnerships facilitate improved inter-agency complementarity by maximising resources;
- Fourth, the approach strengthens **accountability**. Cluster leads are accountable, at the global level, to the Emergency Relief Coordinator (ERC) for building up a more predictable and effective response capacity in line with IASC agreements. At the field level, in addition to their normal institutional responsibilities, cluster leads are accountable to HCs for fulfilling agreed roles and responsibilities for Cluster leadership, such as those listed in the *IASC Generic Terms of Reference*. The approach also strengthens accountability to beneficiaries through commitments to participatory and community-based approaches, improved common needs assessments and prioritisation, and better monitoring and evaluation;
- Fifth, the approach should help to improve **strategic field-level coordination and prioritisation** in specific sectors/areas of response by placing responsibility for leadership and coordination of these issues with the competent operational agency.

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<sup>1</sup> The International Committee of the Red Cross (ICRC) has stated that its position on the cluster approach is the following: "Among the components of the Movement, the ICRC is not taking part in the cluster approach. Nevertheless, coordination between the ICRC and the UN will continue to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict and other situations of violence. At the global level, the ICRC participates as an observer in many of the cluster working group meetings."

Since July 2005, nine cluster working groups have been meeting regularly at the headquarters level to map capacity gaps at the global level, and to elaborate and implement action plans to address these gaps.

### 3. THE CLUSTER APPEAL 2006

The *Cluster Appeal for Improving Humanitarian Response Capacity*, launched in March 2006 and updated in May 2006, consolidated the budgets for each of the nine clusters' global-level capacity building requirements. Field-level costs associated with implementing the approach have been or will be incorporated into revisions of the consolidated appeals and into flash appeals for new emergencies.

The resources identified in the *Cluster Appeal* included the priority requirements needed to address capacity gaps identified by each cluster working-group, which could not be covered by existing or previously mobilised resources. Activities/projects included in the *Cluster Appeal* cover global-level capacity-building to address response capacity gaps of the following type:

- Trained, deployable staff/surge capacity;
- Adequate commonly-accessible stockpiles;
- Agreed standards, guidelines, frameworks, systems and tools.

The revised total requested for the appeal cycle 1 April 2006 to 31 March 2007 was: **US\$<sup>2</sup> 38,573,194**. By 31 January, the appeal is 65% funded.

The present report provides an overview of each cluster's progress against its objectives to date, measured against indicators and benchmarks outlined in the May Update To The Appeal. The report also outlines the impact of late- and under-funding as well as other challenges to the global cluster capacity-building effort. Finally, and where appropriate, each cluster has reported on its progress in mainstreaming diversity issues (including gender and age) as well as multi-sectoral issues (HIV/AIDS and environment).

A *Cluster Appeal* for the period April 2007- May 2008 will be launched in early April 2007. Thereafter, global capacity-building costs will be incorporated into agencies' regular programmes and budgets.

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<sup>2</sup> All dollar figures in this document are United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, [fts@reliefweb.int](mailto:fts@reliefweb.int)), which will display its requirements and funding on the CAP 2007 page.

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**CONSOLIDATED FINANCIAL TABLES**

**Notes**

In the following table, and all tables in the present *Report*, the columns 'funds spent as at 31 January', 'expected expenditures up to 31 March' and 'expected carry-over' are all best estimates as at 31 January and as such are subject to confirmation by individual agencies.

Programme support costs levied by agencies have been included in the total amounts recorded in these tables (as per the Financial Tracking Service procedures).

**Table 1: Contributions, Expenditure and Expected Carry Over by Cluster**

<b>GLOBAL CLUSTER</b>	<b>Revised requirements as listed in May 2006 Appeal Update)</b>	<b>Contributions as at 31 Jan 2007</b>	<b>Pledges as at 31 Jan 2007</b>	<b>% Funded contributions</b>	<b>Funds spent as at 31 Jan 2007</b>	<b>Expected expenditure 1 Feb – 31 March 2007</b>	<b>Expected carry over beyond 31 March 2007</b>
Camp Coordination & Camp Management	3,498,965	3,548,741	0	101%	1,109,941	1,101,479	1,337,321
Early Recovery	2,235,000	1,376,000	445,000	62%	55,639	891,928	873,433
Emergency Shelter	1,108,573	1,108,573	0	100%	201,996	123,100	783,477
Emergency Telecommunications	6,700,000	3,108,831	0	46%	1,794,071	222,215	1,092,545
Health	4,250,000	1,990,342	0	47%	538,009	582,197	870,136
Logistics	9,052,980	4,532,979	0	50%	4,155,473	67,732	309,774
Nutrition	5,440,276	3,253,881	0	60%	243,101	664,425	2,346,355
Protection	2,927,400	2,927,400	0	100%	705,186	117,223	2,104,991
Water, Sanitation & Hygiene	3,360,000	3,146,199	0	94%	244,872	2,170,715	730,612
<b>TOTAL</b>	<b>38,573,194</b>	<b>24,992,946</b>	<b>445,000</b>	<b>65%</b>	<b>9,048,288</b>	<b>5,941,014</b>	<b>10,448,644</b>

**REPORT ON IMPLEMENTATION OF GLOBAL CLUSTER CAPACITY-BUILDING**

**Table 2: Donors by Cluster**

GLOBAL CLUSTER	Revised requirements	Contributions	Outstanding requirements	% Funded	Australia	Canada	Denmark	Finland	Ireland	Netherlands	Norway	Sweden	UK	US
Camp Coordination & Camp Management	3,498,965	3,548,741	-49,776	101%						210,479	1,087,767	37,500	1,712,995	500,000
Early Recovery	2,235,000	1,376,000	859,000	62%			500,000		250,000		320,000	306,000		
Emergency Shelter	1,108,573	1,108,573	0	100%						272,571	158,983	17,500	409,519	250,000
Emergency Telecommunications	6,700,000	3,108,831	3,591,169	46%	381,679			1,273,720	254,452		398,980	800,000		
Health	4,250,000	1,990,342	2,259,658	47%	572,492				263,505		562,204	592,141		
Logistics	9,052,980	4,532,979	4,520,001	50%	572,520	530,973	660,000		254,543		654,664	1,334,951	525,328	
Nutrition	5,440,276	3,253,881	2,186,395	60%		265,488	500,000		254,453		476,940	757,000		1,000,000
Protection	2,927,400	2,927,400	0	100%						721,950	317,965	35,000	1,102,485	750,000
Water, Sanitation & Hygiene	3,360,000	3,146,199	213,801	94%		265,488					400,000	115,000	1,865,711	500,000
<b>TOTAL CONFIRMED</b>	<b>38,573,194</b>	<b>24,992,946</b>	<b>13,580,248</b>	<b>65%</b>	<b>1,526,691</b>	<b>1,061,949</b>	<b>1,660,000</b>	<b>1,273,720</b>	<b>1,276,953</b>	<b>1,205,000</b>	<b>4,377,503</b>	<b>3,995,092</b>	<b>5,616,038</b>	<b>3,000,000</b>

N.B. Table 2 excludes an as-yet unfulfilled Canadian pledge of \$445,000 to the Early Recovery cluster.

## EXECUTIVE SUMMARY

The present Report consolidates in one document the successes achieved and challenges confronted by each of the nine cluster working groups as they endeavoured over the past year to build global humanitarian response capacity in line with their agreed work plans. Each global cluster working-group has provided an update on its financial situation, achievements against objectives, indicators, field impact, attention to cross-cutting issues and risks and challenges. Cluster leads have confirmed that their cluster partners have been consulted on the content of the inputs provided to this report.

The present executive summary highlights some of the common themes emerging from efforts of the nine cluster working groups, in particular those relating to the preliminary impact of the global capacity-building effort on the timeliness and effectiveness of field-level humanitarian action.

An over-arching theme raised of this report is that the wider humanitarian reform, and the cluster approach in particular, has challenged humanitarian actors to adopt a new working culture. This effort to change mindsets and working methods may not require specific funds, but it does require true commitment by the relevant agencies, in particular the cluster leads. The cluster working groups have all noted that this challenge has been critical, and those who have made the greatest advances in realising new, partnership-oriented working methods have also reported reaping the greatest rewards, in terms of streamlining and coherence of effort towards commonly agreed goals.

### 1. FUNDING AND FULFILMENT OF OBJECTIVES

Although the *Cluster Appeal* was eventually 65% funded, most clusters' ability to fulfil objectives outlined in their work plans were severely affected by late pledges and contributions (in one case, a pledge is still outstanding). Almost no funds were committed until July 2006, and most were not received until the autumn, over six months into the appeal cycle. Given that many clusters were not able to rely on existing internal resources for their more ambitious work plan objectives, this inevitably led to significant downscaling of performance. In the latter months of 2006, most clusters were at last more fully able to begin wide-scale implementation of their agreed work plans, and a number have reported that they will be able to spend over two-thirds of the funds that they have received by the end of the present appeal cycle (31 March 2007). All clusters, however, had to seek no-cost extensions to enable carry-over of funds received beyond this date. (See Table 1 above).

These hurdles were further compounded in some cases by the speed with which the original appeal was put together, before all clusters had identified and brought into discussions all relevant partners. As the cluster working groups began to consolidate and form cohesive working teams over the course of summer 2006, a number of clusters significantly adjusted (and improved) their original work plans later in the year to take account of the concerns, capacities and competencies of new partners. In general – as working relationships and common understanding of humanitarian reform goals improved over the course of the year – this led to much greater clarification of capacity gaps and cluster objectives than had been evident in the original appeal submissions.

Despite initial delays in establishing effective funding modalities, four clusters reported very positive experiences with pooled funding mechanisms, whereby the cluster lead received all donor funds for global capacity-building, and then passed these on (either with no or low overheads) to appropriate cluster partners, following consultation on commonly agreed priorities. These clusters reported that the priority-setting and disbursement discussions helped build further trust and increased the sense of true partnership that the cluster concept is meant to foster. Three other clusters are now considering utilising similar pass-through mechanisms for the next appeal.

### 2. ACHIEVEMENTS IN GLOBAL CAPACITY-BUILDING AND FIELD IMPACT

There was general consensus that the regular meetings of the nine global cluster working groups significantly enhanced coherence and synergies between different operational agencies involved in similar sectors/areas of response. As 2006 progressed, most clusters also significantly increased their level of participation, indicating that formerly hesitant non-governmental partners began to appreciate the added value of joining the working groups as these began to focus more on products and results and less on composition and work planning. A few clusters also forged effective

partnerships with relevant global-level governmental and private sector actors (e.g. the US Centre for Disease Control and Prevention [CDC] and Ericsson Response) involved in the specific aspects of response.

Most clusters report having a much clearer understanding of global capacity and ongoing gaps as the year progressed, and many confirmed that the work on common standard-setting and harmonisation of tools, guidelines and training programmes, had led to greater pooling of knowledge and sharing of best practice among the various actors, better contingency planning, and more effective use of existing resources.

A number of clusters report that their efforts have improved predictability (in terms of clarifying who will do what in new emergencies) and accountability for the sector/area of response concerned, and most report that their work will, down the line, significantly improve adherence to common response standards and procedures. Finally, most clusters also report that their common training programmes and roster-development initiatives will improve the humanitarian community's ability to respond in a more timely and effective way to new emergencies. It is also commonly accepted that the inter-agency Cluster/Sector Lead Training programme, once launched in March 2007, will significantly widen the pool of reform-minded people able to lead response in new emergencies.

Clearly, the ultimate test of the utility of global capacity-building efforts will be in the field. While it is still too early – given implementation delays caused by late- and under-funding – to judge the field-level impact of the global capacity-building effort, it is clear that the past 18 months of work at the global level has borne some initial and important fruit. The cluster working groups' reports on this front also tally with several of the findings of the *IASC Interim Self-Assessment of Implementation of the Cluster Approach in the Field*.

Most clusters report that their efforts at the global level have led to significantly improved partnerships at the field level, indicating that the cluster approach, as intended, has positively impacted the working culture and communication between UN and non-UN actors. Cluster leads in particular noted that the partnership-building effort at the global level, once properly disseminated, has led to changed attitudes and improved collaboration on the ground. Some clusters note that the initial application of the approach in the field (e.g. Pakistan) was premature, since the concept of partnership, the efforts to increase capacity, and agreement on standards and roles were not yet in place at the global level let alone disseminated effectively to field colleagues. However, as 2006 progressed, cluster working groups engaged more actively in advising and supporting field responses such as Lebanon, Yogyakarta (Indonesia) and the Philippines, and many report that the resulting responses were more effective and predictable as a result of agreements and procedures that had been hammered out at the global level.

A few examples of concrete field impact of the capacity-building effort follow:

- The **Camp Coordination and Camp Management (CCCM)** cluster deployed experts to support CCCM coordination at the on-set of the recent crises in Ethiopia, Yogyakarta (Indonesia), Philippines and Timor-Leste, as well as in protracted emergencies in Uganda (including specifically on camp closure strategy) and Somalia. These initiatives led to more effective distribution of tasks, enhanced interface with national authorities on camp coordination issues, and thus to a consequent reduction of the potential for protection and assistance gaps in the camps;
- **Early Recovery** experts were deployed to support more effective recovery planning in Indonesia, Liberia, the Philippines, Somalia and Uganda. These deployments led to the inclusion of common strategies on early recovery in the appropriate country-strategy and appeal documents. An inter-agency early recovery rapid needs assessment took place in Uganda (Lira district) and in the Philippines. In the Democratic Republic of Congo (DRC), a mapping of UN and non-UN reintegration/post-conflict/poverty reduction programmes was carried out to identify gaps;
- **Emergency Shelter** experts were deployed by the cluster to Lebanon, Timor-Leste, Yogyakarta (Indonesia), Somalia and Pakistan, leading to a more timely and effective shelter response in these emergencies, as well as a unified interface with national governments on the shelter response, so as to ensure better coordination with and support to national efforts;

- The **Emergency Telecommunications** cluster provided operational support for the inter-agency response in Lebanon, Mitwaba crisis (DRC) and Yogyakarta (Indonesia), resulting in predictable communications services being activated in a more timely manner than has been previously possible;
- The **Logistics** cluster was activated in the DRC, Ethiopia, Kenya, Lebanon, Pakistan, the Philippines, Somalia, and Yogyakarta (Indonesia), on a varying scale ranging from an information-sharing platform only, to this platform plus common ocean, air and overland transport services and warehousing. In Pakistan, the logistics cluster transported over 26,000 passengers and 3,800 metric tonnes (MTs) of non-food consignments, and set up and coordinated supply routes and aid/overland transport assets out of the regional hubs;
- Field-level **Health** clusters have been established to ensure joint planning and joint action, stakeholder, and gap mapping, and common resource mobilisation and management in DRC, Liberia, Somalia and Uganda, and were also established in response to the sudden-onset crises in Lebanon Pakistan, and the Philippines. This has led to better planning and enhanced complementarity in response;
- The **Nutrition** cluster guided the implementation of the cluster approach in the Lebanon crisis through weekly teleconferencing, emailing and technical support. Through weekly global consultations, gaps were identified and guidance was provided. The deployment to Lebanon of international nutritionists with appropriate skills by Non-Governmental Organisation (NGO) cluster members resulted in the development of joint policy statements on infant and young child feeding, and the production of training and education materials. Significant guidance was provided to the cluster implementation in Somalia with very positive results in mapping of partners, identification of gaps and quality of actions and collaboration among cluster members;
- Under the auspices of the **Protection** cluster's capacity-building efforts, ten qualified and experienced Senior Protection Officers (SPOs) were recruited and deployed on 16 different assignments to protection-mandated agencies in ten countries. In five of these countries, the role of the SPOs has been to support the implementation of the cluster approach. 57 standby experts from the rosters of Save the Children (SC) (Denmark, Norway and Sweden), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), RedR and Austcare have been trained through the inter-agency ProCap training, and over half of those trained have been deployed in the field to support UN protection-mandated agencies in countries including Lebanon, Liberia, Nepal, Pakistan, Sri Lanka, Sudan, and Timor Leste. Training workshops/programmes implemented by members of the Protection cluster working group have also enabled NGOs to assist and advocate for IDPs, and have strengthened their capacity to monitor their protection needs, in particular in areas with restricted access for UN agencies (Central African Republic [CAR], Somalia);
- **Water, Sanitation & Hygiene (WASH)** cluster partners developed joint response strategies in Lebanon, Liberia and Yogyakarta (Indonesia), leading to significantly improved coordination of response, more effective programming and greater clarity on roles and responsibilities. Cluster activities also brought increased capacity to the WASH response in the DRC.

### 3. RISKS AND CHALLENGES

Despite these positive impressions of field impact, most clusters have also noted the challenge of translating the new partnership ethos fostered at the headquarters level to the field. For the technical, service-providing clusters (Emergency Telecommunications and Logistics) clarifying the services they can and cannot provide to field teams in new emergencies, as well as how their support differs from other common services, has been a challenge, and they report that efforts on this will be re-doubled in 2007. For the other clusters, establishing clear relationships with field-level sectoral/cluster groups has also proven complex, in part due to delays in effective dissemination of the whole humanitarian reform agenda to the field level and in part due to lack of internal coherence on global to field cluster communications. Most clusters will prioritise working with field counterparts to define more clearly what services, capacity, and other support they can offer to the field in 2007. In addition, it is clear that there is further progress to be made in some clusters in firmly establishing the attitudinal and cultural shifts necessary for the cluster approach to succeed.

In this connection, several clusters note they will need to work extensively in 2007 on ensuring that the guidelines, tools and procedures that have been agreed to are systematically field-tested and applied, and to establish better mechanisms for monitoring and evaluating the impact of the global cluster capacity-building on the field response. This is critical to ensure that the implementation of the humanitarian reform agenda, including the cluster approach, is fully field-driven and responsive to field-level requirements.

Many clusters reported positive engagement with national authorities at the field level, noting the advantages of providing one single, accountable focal point for the authorities and the Humanitarian Coordinators on a certain sector/area of response. Nevertheless, it is clear that the objectives and added-value of the global capacity-building exercise must be better explained to member states at the New York and Geneva levels as well as to national authorities at the field level. OCHA will take a lead role in this effort in 2007. Active participation by non-governmental partners in the global clusters has, in some clusters' views, been constrained by lack of resources at the headquarters level. Finding creative ways to ensure continued effective engagement by key NGO actors – whose programmes often form the majority share of response to emergencies, together with national-led responses – will be critical to ensuring the relevance of the global capacity-building exercise.

Funding was, of course, a critical challenge to the successful implementation of the global capacity-building effort. Late and under-funding severely constrained several clusters' implementation of agreed priorities. Moreover, several agencies have expressed concern about how best to incorporate funding requirements for their new cluster commitments and responsibilities into their regular budgets from 2008 onwards. Donor support on confronting these two issues early in 2007 will be welcome.

## CHAPTER 1: CAMP COORDINATION AND CAMP MANAGEMENT

### Section 1: Cluster Resources and Financial Implementation

#### a) Funds received, disbursements to partner(s), expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised Requirements	Contributions as at 31 Jan 2007	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditures 1 Feb - 31 March 2007	Expected carry-over beyond 31 March 2007
Funds appealed for directly by Cluster Co-lead UNHCR	1,538,965	1,534,905	0	100%	413,931	426,743	694,231
Funds appealed for by Cluster Co-lead IOM (includes 100,836 channelled to IOM by UNHCR)	1,190,000	1,243,836	0	105%	241,010	460,736	542,090
Funds appealed for directly by Cluster Partner NRC	770,000	770,000	0	100%	455,000	214,000	101,000
<b>TOTAL</b>	<b>3,498,965</b>	<b>3,548,741</b>	<b>0</b>	<b>101%</b>	<b>1,109,941</b>	<b>1,101,479</b>	<b>1,337,321</b>

NRC has an agreement with the Norwegian Ministry of Foreign Affairs (MFA) that the Norwegian contribution to NRC can be spent through April 2007, which is one year after the receipt of the funding. Unspent money by 30 April 2007 should normally be returned to the Norwegian MFA.

#### b) Donors

Appealing Organisations (and organisations which received funds via cluster lead)	Revised Requirements	% Funded (contributions)	Netherlands	Norway	Sweden	UK	US
Funds appealed for directly by UNHCR	1,538,965	100%	109,643	99,467	37,500	788,295	500,000
Funds appealed for directly/indirectly by IOM (includes 100,836 channelled to IOM by UNHCR)	1,190,000	105%	100,836	218,300		924,700	
Funds appealed for directly by Cluster Partner NRC	770,000	100%		770,000			
<b>TOTAL</b>	<b>3,498,965</b>	<b>101%</b>	<b>210,479</b>	<b>1,087,767</b>	<b>37,500</b>	<b>1,712,995</b>	<b>500,000</b>

- c) Impact of under-/late-funding; carry-over; lessons learned
- In its first year of operation, the CCCM cluster made good progress in achieving its outlined 2006 objectives through multiple activities at the field and global levels. Field-level activities involved capacity building through training for field personnel and support for information management in specific countries as enumerated in field support below. Global-level activities centred on establishing a clear policy framework, setting out roles and responsibilities, defining concepts and establishing a 'virtual' secretariat operated by the two cluster leads (United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM)). The 2006 objectives were framed by the CCCM partners in a work plan, which formed the basis for the appeal. The appeal was successfully funded enabling the three main appealing CCCM partners - UNHCR, IOM and NRC – to commence the implementation of key activities;
  - While the appeal was successful, the funds calendar differed with the financial and programming calendar (January to December 2006) of the participating agencies. Cluster funding was disbursed from April 2006 and partners implemented activities accordingly. However, the majority of the funding was not received until mid summer 2006; the varying funding time necessitates a roll-over of cluster funds to cover those activities which could not be completed by December 2006 into the first half of 2007;
  - In general, 2006 was successful as the first year of existence for the CCCM cluster with several partners coming together at the global and field levels to define roles and responsibilities and to assume several tasks. There is much potential for the CCCM cluster to reach out to more partners, especially NGOs, who will join to further develop the cluster so that it may reach its overall goal of ensuring effective and efficient coordination of humanitarian response in those situations where displaced communities are forced to live in camps. In 2007, CCCM cluster will continue to reach out to more partners to consolidate the achievements of 2006.

## Section 2: Cluster Objectives and Results

**Global Cluster Leads:** UNHCR (conflict situations) and IOM (natural disasters). UNHCR and IOM co-chair the cluster working-group at the global level;

**Global Cluster Partners:** OCHA, NRC, International Rescue Committee (IRC), Shelter Centre, Lutheran World Federation (LWF) and CARE International.

### Objectives/Achievements

1. **Effective common policy framework (policies, guidelines, best practices, and tools) guiding international partners' delivery of CCCM response in selected ongoing situations and all new emergencies, leading to better delivery of protection and services in camps and avoidance of different standards of camps in same region**

The global CCCM cluster represents a new concept, which first required a clear definition. The cluster, therefore, aimed at defining the key concepts of CCCM and developed the basic concepts defining effective coordination and management as well as roles and responsibilities for the various actors where displaced persons are hosted in camp or camp-like situations. Key concepts defined are 'camp coordination', 'camp management', and 'camp administration.' These definitions and concepts were developed pursuant to a broad consultative process with field-based personnel from a variety of international and national organisations. Under this main objective of a sound policy framework, the main components are:

- Drafting a handbook on 'best practice' in camp management/coordination, a guidance note for Humanitarian Coordinators/Country Teams to ensure that CCCM issues are properly addressed, and a camp phase-out/closure guidance note. The usage and roll-out of the policy framework, tools and concepts to field operations remains to be done in order to prove its added value, leading to better delivery of protection and services in camps and avoidance of different standards of camps in the same region;
- The process of disseminating and clarifying these concepts to all partners has been initiated, and the agreed concepts are being used e.g. in the revised Camp Management Toolkit. The cluster will



continue this process, in particular at the field/national level, in order to ensure more effective actions by the humanitarian community.

**2. Increased number of staff sufficiently trained on CCCM**

Training and capacity building play a key role in the cluster's commitment to raising standards in humanitarian response within camp settings. Training in the CCCM cluster group was developed on the premise that trained camp managers and stakeholders in camps will improve the quality of camps, and that skilled staff will be better able to identify gaps in assistance and protection, and respond to the needs of displaced communities. Within this context, the CCM cluster tasked the NRC to facilitate Camp Management Training globally for camp managers, as well as to conduct Training of Trainers (ToT) to expand the roster of qualified trainers.

**3. Strengthened donor and national actors' awareness of roles and responsibilities in CCCM, leading to more effective actions by humanitarian community**

The cluster engaged in advocacy at various levels, including through workshops with field personnel, deployment of CCCM experts on missions to cluster pilot countries to work with national actors and sensitise them on CCCM and issued the updated version of a CD Rom on "Internally Displaced Persons (IDP) key resources" which includes CCCM definitions, policy framework and tools. The CD Rom was disseminated to all cluster partners as well as field personnel in ongoing IDP situations. The cluster hopes to undertake more advocacy initiatives in 2007.

Indicators/benchmarks	Comment/update
i) Capacity building for field personnel: 40-50 trained CCCM trainers; 200 trained camp management and camp coordination staff from different UN agencies, international organisations and NGOs.	<b>Achieved:</b> ToT workshops held in Addis Ababa (Ethiopia) and Manila (the Philippines) resulting in 40 new trainers from nine different NGOs, UN agencies and international organisations. Four CCCM trainings, with 84 qualified camp staff, were held between September 2006 and January 2007 in Oslo (Norway), Bamako (Mali), Kordofan (Sudan) and Panama City (Panama). In addition, two trainings will be held in Cairo and Amman in February and March 2007, with a total of approximately 46 participants. Training specifically on camp coordination responsibilities for cluster leads will be a priority in 2007.
ii) Core group of resource persons: Over 40 resource persons drawn from various organisations in different field locations who are well versed in CCCM and assist the global cluster in defining and implementing CCCM in new and existing emergencies.	<b>Achieved:</b> Three validation workshops held with 60 resource persons to address the concepts of CCCM and how they practically apply for various camp situations in conflict as well as natural disaster contexts. Two workshops took place in 2006 in Entebbe, Uganda in April 2006 and in Islamabad, Pakistan in November 2006. These two workshops were a follow-up to the first CCCM workshop, which was funded by UNHCR in December 2005 to initiate the process of defining the concepts, roles and responsibilities.
iii) CCCM included as a profile/competency in existing rosters maintained by various agencies.	<b>Underway:</b> UNHCR has selected 11 staff with relevant CCCM experience from the IDP emergency roster, for possible deployment to IDP operations. NRC has identified 16 persons with relevant CCCM experience on its Emergency Roster and trained additional nine staff in 2006 for possible deployment. IOM has identified ten staff with relevant CCCM experience for its emergency roster for deployment to new operations. All three partners are targeting the identified staff for specific training on CCCM as well as keeping these staff abreast with cluster developments.
iv) Common understanding of CCCM as a sector by camp residents, practitioners, donors & authorities.	<b>Partially Achieved:</b> The third edition of CCCM digital reference library 'IDP Key Resources' was issued and disseminated, in cooperation with the Protection and Emergency Shelter clusters. It contains a range of documents related to camp management and coordination. CCCM cluster workshops involving field staff were organised in Uganda and Pakistan. A section on 'camp settings' was included in the inter-agency frameworks including NAF and the inter-agency Gender Handbook.
v) Development of standards, tools and policies.	<b>Partially Achieved:</b> The CCCM cluster has been working on a variety of issues for camp situations. The main focus has been developing common roles and responsibilities for camp coordinators, camp managers, and camp administrators. A best practices tool in camp situations is now being developed as are policies and tools for collective centres, camp mobile teams and camp closure.

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Indicators/benchmarks	Comment/update
vi) Revised Camp Management Toolkit (edited by the NRC on behalf of the Camp Management Project - DRC, IRC, NRC, OCHA, UNHCR).	<b>Underway:</b> The draft chapters of the revised Camp Management Toolkit were sent out in December 2006 for review. The revised version (English language) will be printed and distributed in the first half of 2007. It will also be translated into French and Arabic. While the Toolkit is technically under the Camp Management Project, the CCCM Cluster collaborates closely with Camp Management Project; the Camp Management Toolkit is one of the clusters key documents.
vii) Appropriate CCCM information management tools developed shared with all partners.	<b>Underway:</b> Camp coordination/management requires information and data sharing at the operational level. Hence, the global cluster started to support an Information Management pilot project in Uganda. Three consultants were deployed and an information management workshop with key partners held in Gulu, Uganda in October 2006. This project (with similar initiatives being supported in Somalia and Myanmar) will continue in 2007. The project aims at developing a model that enhances effective information management for camps including data on demography, protection needs, community participation and humanitarian gaps. The model would be used in other IDP situations.
viii) Development and dissemination of standardised assessment and monitoring mechanisms.	<b>Pending:</b> This activity relates to vi) above. While in Uganda, Somalia and Myanmar assessment and monitoring forms are the basis of the data/information management system, a standardisation of these forms/tools needs to be achieved – hence different operations would use a uniform format for data collection and analysis.
ix) Training modules for governments/authorities, as well as for camp residents, camp committees/representatives, camp leaders and host communities have been developed.	<b>Underway:</b> NRC has developed new learner profiles at the three levels – government/authorities, leaders of camp residents and host communities. The training modules targeting these learner profiles are currently under development and they will be used in training workshops in 2007.
x) Regional contingency and preparedness strategies in place.	<b>Partially Achieved:</b> Global CCCM cluster members have been deployed to field operations where support in terms of camp management/coordination has been required. Regional offices are developing contingency plans in line with the cluster approach and CCCM objectives.

**a) Field impact:** The global capacity building and activities of the CCCM cluster have highlighted that assistance and protection to displaced populations living in camps/camp-like situations has to be properly addressed. In countries where camp-situations occur, the cluster leads have advocated for the activation of CCCM cluster or for CCCM issues to be covered in some structure in line with the country team agreement. The CCCM cluster was activated in some pilot countries like Liberia, Uganda (as a sub-cluster under protection cluster) as well as new emergencies like Pakistan. In 2007, the cluster will engage in increased advocacy to create awareness among IASC Country Teams on the importance of activating the CCCM cluster for more efficient response to camp situations.

A significant number of field-based personnel from a variety of agencies have been trained on camp management during the reporting period. Eight trainings have been organised through the CCCM cluster, and trainers who had been trained through cluster funds gave eleven additional trainings. With an increased number of trained staff, the cluster has strengthened its ability to respond to request for qualified staff to support field operations.

A core group of resource persons drawn from various field locations has also been established and worked jointly with the global cluster to validate the key concepts of CCCM. This core group will continue to work with the cluster in 2007 and will be expanded to ensure that a sizeable number of resource persons are maintained. Some of these resource persons are deployed to coordinate camp management activities at the field level. Support was provided to coordinate these activities in Bossaso, Puntland, Somalia in July-August 2006.

Additionally, staff has been deployed to emergency missions to provide assistance at the on-set of emergencies including in Ethiopia, Yogyakarta (Indonesia), Philippines, and East Timor as well as in protracted situations like Uganda and Somalia. Support was provided also to protracted IDP operations with standards and guidance on camp closure and phase-out strategies. Uganda received

initial support of an assessment of the camp closure strategy and requested further support from the cluster in 2007.

Information management tools for CCCM were developed and shared with numerous partners at the field level including the digital library 'CD Rom on Key IDP Resources' disseminated widely to over 300 field personnel. To enhance camp coordination/management information and data sharing at the operational level, the global cluster supported an Information Management pilot project with a workshop for all partners held in Gulu, Uganda in October 2006 followed by an implementation of a Geographic Information System (GIS)/mapping and database support for camp management agencies working in various camps in northern Uganda. An information management project in Somalia focussing on GIS/mapping and population movement tracking was also supported by the global cluster in 2006. Support was also provided through field missions to Myanmar and Central Africa Republic to improve information management focusing on the IDP protection-monitoring tool for effective data collection and analysis.

**Risks and challenges:** The CCCM cluster is a new concept that is not fully appreciated by many actors and the cluster has a continuous advocacy role to ensure a common understanding at the global and field levels. The cluster has remained fairly small in 2006 with low NGO participation at the start but as advocacy efforts continued, there was increased participation towards the end of the year. The main challenges of the CCCM cluster are:

- ✓ To encourage more partners, particularly NGOs, to participate in the cluster;
- ✓ To secure activation of the cluster at national/field level in appropriate crises, or alternatively ensure effective coverage of CCCM issues by the Protection Cluster;
- ✓ To clarify the responsibilities between the sectoral agencies and the camp management agencies;
- ✓ To ensure that cross-cutting issues (gender, Human Immuno-Deficiency Virus / Acquired Immune Deficiency Syndrome [HIV/AIDS], environment, protection) are properly mainstreamed in CCCM;
- ✓ To develop and apply indicators to measure the added value of the cluster at field level;
- ✓ To assess how training impacts at the field level and how those who have been trained in camp coordination and camp management use their skills.

**Cross-cutting Issues:** The CCCM as a cross-cutting cluster has the challenge of ensuring that other clusters adequately consider their initiatives for camp situations. The cluster has also prioritised mainstreaming of cross-cutting issues of gender, protection, environment and HIV/AIDS, in all activities and tools being developed, for example cross-cutting issues are fully integrated into the different chapters of the Camp Management Toolkit. In addition, CCCM cluster representatives have been involved in the Cross-Cutting Review Team to develop a common model to integrate and mainstream cross-cutting issues within the cluster approach. In order to ensure a better understanding and coordination among clusters, CCCM participants are members of other clusters, i.e. protection, emergency shelter.

With regards to gender, the CCCM cluster has been represented at the IASC Gender and Humanitarian Task Force and contributed to the revised IASC Gender Handbook. Gender and community specialists from cluster partners have provided advice on age, gender and diversity aspects in the various documents and tools that have been developed by the CCCM cluster. The cluster has involved HIV/AIDS specialist in discussions, through which they have provided advice on HIV/AIDS issues pertaining to camp management/coordination and reviewed CCCM documents to ensure that HIV/AIDS issues are properly addressed. The cluster is also focusing on the full integration of Age, Gender and Diversity Mainstreaming throughout its various initiatives.

**b) Activities**

- ✓ CCCM workshops organised in field locations to elaborate and validate key concepts and principles;
- ✓ Core resource group of CCCM practitioners at the field level established and worked with the global cluster in validation of key concepts;
- ✓ Dialogue and advocacy with other organisations to increase the number of partners within the cluster;
- ✓ CCCM digital reference library CD (3rd version) in 12 months issued and disseminated;
- ✓ Translation of key documents into French;
- ✓ Training: Two sessions of ToTs, with 40 staff trained from nine different NGOs, UN agencies and international organisations. Six CCCM trainings, including one in French. 130 new camp management staff trained;

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- ✓ Development of key concepts: roles and responsibilities of actors involved in camp responses;
- ✓ Deployment of CCCM support to Yogyakarta (Indonesia), Ethiopia, Uganda, Somalia and the Philippines. Operational data management in Myanmar, Somalia, Uganda, as of January 2007 in Cote d'Ivoire;
- ✓ Focus on cross-cutting and cross-cluster issues, including representation on the gender task force, work with the HIV/AIDS team and out reach to other clusters including WASH, Shelter, Protection and Health;
- ✓ Mainstreaming CCCM issues in inter-agency thematic notes and tools including in the IASC Gender Handbook, IASC Practical Guidance on Mental Health and Psychosocial Support in Emergencies, and the Needs Analysis Framework;
- ✓ Development of Camp Coordinator Training Modules.

**CHAPTER 2: EARLY RECOVERY**
**Section 1: Cluster Resources and Financial Implementation**

## a) Funds received, disbursements to partners, expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007 (Funds channelled on to partners)	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditure 1 Feb - 31 March 2007	Expected carry-over beyond 31 March 2007
Funds appealed for and received by Cluster Lead - UNDP	1,950,000	1,091,000	445,000	56%	55,639	711,928	323,433
Channelled to UNDP (Direct contributions & Joint Programme Funds)	935,000	590,000	195,000	63%	46,500	543,500	0
Joint Programme funds for FAO	245,000	117,000	0	48%	0	69,050	47,950
Joint Programme funds for ILO	445,000	187,000	0	42%	9,139	99,378	78,483
Joint Programme funds for UNFPA	80,000	80,000	0	100%	0	0	80,000
Joint Programme funds for UN-HABITAT	245,000	117,000	0	48%	0	0	117,000
Joint programme funds for UNEP	n/a	0	125,000	N/a	0	0	0
Joint programme funds for UNOSAT	n/a	0	125,000	n/a	0	0	0
Direct contribution to OCHA	40,000	40,000	0	100%	0	0	40,000
Direct contribution to UNICEF	245,000	245,000	0	100%	0	180,000	65,000
<b>TOTAL</b>	<b>2,235,000</b>	<b>1,376,000</b>	<b>445,000</b>	<b>62%</b>	<b>55,639</b>	<b>891,928</b>	<b>428,433</b>

## b) Donors\*

Appealing Organisations (And organisations which received funds via cluster lead)	Revised requirements	% Funded (contributes)	Denmark	Ireland	Norway	Sweden
Funds appealed for and received by Cluster Lead - UNDP	1,950,000	56%	215,000	250,000	320,000	306,000
UNDP (Direct contribution & Joint Programme Funds)	935,000	63%	215,000	250,000	105,000	20,000
Joint Programme funds for FAO	117,000	48%	0	0	14,000	103,000
Joint Programme funds for ILO	445,000	42%	0	0	121,000	66,000
Joint Programme funds for UNFPA	80,000	100%	0	0	80,000	0
Joint Programme funds for UN-HABITAT	245,000	48%	0	0	0	117,000
Joint programme funds for UNEP	n/a	N/a	0	0	0	0
Joint programme funds for UNOSAT	n/a	n/a	0	0	0	0
Direct contribution to OCHA	40,000	100%	40,000	0	0	0
Direct contribution to UNICEF	245,000	100%	245,000	0	0	0
<b>TOTAL</b>	<b>2,235,000</b>	<b>62%</b>	<b>500,000</b>	<b>250,000</b>	<b>320,000</b>	<b>306,000</b>

\*N.B. A Canadian pledge of \$445,000 has not yet been received.

c) Impact of under-/late-funding; carry-over; lessons learned  
Funding contributions for the work of the Cluster Working Group on Early Recovery (CWGER) were received very late in the year (latest contribution: mid-December) and some pledges are still pending. By 31 December, only 50% of contributions were received. Agencies started to implement the cluster work plan with their own funds but without the additional resources requested in the Global Appeal, as a result objectives were only partially met at the end of the reporting period. It is to be noted that the disbursement of funds in December and January should enable significant progress in reaching the cluster objectives during the period January to March 2007.

A Joint Programme was set up to receive funding for the whole cluster including a coordination mechanism to identify priorities and allocate funding accordingly. The cluster lead was assigned as the administrative agent. The programme now provides a single channel for donor funding and reporting, as well as improved coordination of cluster-donor relations.

## Section 2: Cluster Objectives and Results

a) **Global Cluster Lead:** United Nations Development Programme (UNDP)

b) **Global Cluster Partners:**

Food and Agriculture Organization (FAO), International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), IOM, OCHA, OHCHR, United Nations Population Fund (UNFPA), UNHCR, United Nations Children's Fund (UNICEF), World Food Programme (WFP), World Health Organization (WHO), International Labour Organization (ILO), International Strategy for Disaster Reduction (ISDR), United Nations Development Group Office (UNDGO), United Nations Environmental Program (UNEP), United Nations Programme on Human Settlement (UN-HABITAT), United Nations Operational Satellite Applications Programme (UNOSAT), United Nations Volunteers (UNV).

c) **Objectives/Achievements**

In 2006, the cluster focused on the development and adaptation of tools for early recovery, and on achieving conceptual clarity at the global level.

Following feedback from pilot implementation of the Cluster approach in Pakistan and other rollout countries, a new configuration for the Early Recovery (ER) Country Level Cluster was agreed upon by the CWGER. This was due to the multi-dimensional and cross-cutting nature of ER. Rather than creating a separate, independent cluster group, the CWGER developed the concept of an early recovery "network" model which allows more flexibility and respects existing structures. It was endorsed by the IASC in November 2006.

The cluster set itself three main objectives for the reporting period. Progress against these is outlined below:

1. **Effective capacity at the global level to respond to any new major emergency; to support the field in planning recovery in an integrated, inclusive manner at a very early stage of a crisis, based on common assessments, agreed methodologies and compatible knowledge management systems.**

Significant progress has been made towards this objective in particular in the development of methodologies and tools (see indicator i); several activities (see indicators iii and v) have been initiated and are due for completion this year; the adaptation of common assessments and information management systems to address early recovery needs will require renewed efforts in 2007.

2. **Sufficiently trained inter-agency surge/rapid deployment capacity, at the global level, to provide technical expertise in priority areas of early recovery planning in at least one new emergency (500,000 beneficiaries) and four ongoing crises, in 2006.**

The CWGER was able to support the rapid deployment of early recovery technical expertise to Yogyakarta (Indonesia), Somalia, Lebanon, Uganda, and Philippines emergencies. Due to late funding, the development of the surge mechanism was delayed and will be completed during 2007. The development of training materials has also been initiated and will support leadership training during 2007.

**3. Effective joint emergency/recovery planning interface is developed by December 2006, focusing particularly on key 'neglected' areas: livelihoods; community-driven approaches; housing, land and property; social services; rule of law; disaster risk management and governance.**

Work towards reaching this objective is on going in all areas mentioned above with the exception of rule of law where discussions with the Peace Building Support Office to assume leadership of this initiative are currently underway.

Indicators/benchmarks	Comment/update
<p>i) Methodologies and tools developed and tested</p>	<p><b>Partially achieved:</b> Development of tools to fill identified gaps has started in all areas. A major achievement is the development of a <u>Guidance Note on Early Recovery</u> for actors at the country level addressing both natural disaster and conflict settings. This ER Guidance will be part of a comprehensive Transition Guidance Note developed together with the UNDG-Executive Committee on Humanitarian Affairs (ECHA) Working Group on Transition. The Guidance Note will include a link to an inventory of tools for early recovery that is currently being finalised. This inventory will be a resource for country-level planning and programming in early recovery situations. Additionally it will assist HQs in identifying gaps for the development of future tools.</p> <p>The cluster in collaboration with the international Recovery Platform (IRP) has entered into an agreement with Economic Commission for Latin America and the Caribbean (ECLAC) as an implementing partner for the development of a <u>Post-Disaster Needs Assessment (PDNA)</u>. A Technical Oversight Committee has been established to facilitate broad ownership and participation in the PDNA process.</p> <p>The cluster has also actively been involved in the review of the <u>Post-Conflict Needs Assessment (PCNA)</u> which is now completed and ready for publication.</p> <p>A technical working group has been established to develop guidance for country teams on an <u>Area-based approach for Local Level recovery programming</u>. The cluster is currently conducting a review of existing resources and experiences in local/community-level approaches examining their applicability to early recovery, and develops an Integrated Rapid Livelihood Assessment. These exercises will help produce an integrated area-based programming framework for use at the country-level and will help to define further roles and responsibilities in the areas of livelihoods, local-level assessment and community-driven recovery.</p> <p>A global monitoring and evaluation framework is under development and will be completed shortly.</p>
<p>ii) Inter-agency surge capacity in place and training piloted</p>	<p><b>Underway:</b> Standard Operating Procedures (SOPs) for the activation of an Early Recovery network and the deployment of recovery support have been developed. Initial thinking on the major components and operational mechanisms for global surge capacity in the form of a first draft design of the system is near conclusion. This will be further developed after the Inter-Agency Surge Capacity Manager has been hired. This recruitment was unavoidably delayed due to the late arrival of funds and is now expected to be completed by March 2007. In spite of the limited capacity, the cluster was able to provide support to the ER planning and response in Pakistan, Indonesia, Uganda, Lebanon, Syria, Colombia and the Philippines.</p>

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Indicators/benchmarks	Comment/update
iii) Training inventory completed and training modules for specific aspects of ER developed	<p><b>Underway:</b> An on-line database of relevant training resources for disaster recovery is now available on the internet. The main objective of the database is to provide an open, clear and user-friendly inventory of available resources worldwide, including institutions and their respective training tools and packages at the international, regional, national and local levels.</p> <p>The cluster is working with OCHA to include a module on the coordination of early recovery into the forthcoming cluster/sector leadership training (CSLT) programme. The programme will strengthen the leadership and coordination abilities of current and new cluster/sector leads at country-level to implement the humanitarian reform. A dedicated ER training module is also currently under development with Capacity Development for Disaster Reduction Initiative (CADRI), targeted at country teams. ER has also been included in the Humanitarian Coordinator training. Two specific training packages have been developed: Disaster Risk Reduction within the framework of sustainable local development for Central American and Caribbean countries, and Integration of community-driven development approach into local economic recovery for Indonesia.</p>
iv) Best practices and lessons learned consolidated and posted online	<p><b>Partially achieved:</b> A dedicated CWGER website has been set up. Apart from sharing of information on on-going issues, best practices and lessons learned are also shared on this site. These include internal cluster lessons e.g. the Pakistan earthquake experience, as well as other lessons such as: the publication “Learning from Disaster Recovery” by the IRP which outlines, lessons and good practices from a variety of countries and provides practical recovery advice to key decision makers in government.</p>
v) Inter-agency partnership arrangements reviewed and adapted as appropriate	<p><b>Partially achieved:</b> The CWGER has undertaken an inventory of existing inter-agency agreements between members of the cluster, at both global and field level. This stocktaking exercise will inform the development of the inter-agency surge capacity mechanism and will also help to clarify the distribution of roles and responsibilities at country-level.</p>
vi) Early recovery needs included more comprehensively in Consolidated Appeals	<p><b>Achieved:</b> With support from the CWGER, both through missions and virtual collaboration, early recovery needs have systematically been included in the consolidated appeals for the complex emergencies in Somalia, where they form one of two pillars of the CAP 2007, and in Uganda. They have also been systematically included in appeals following new emergencies, like the Yogyakarta (Indonesia) earthquake in Indonesia or the typhoons in the Philippines.</p>
vii) Information management systems harmonised	<p><b>Pending:</b> The CWGER has contributed to the current global efforts for improving information management for all clusters through participation in the integrated cluster information management working-group. Knowledge sharing has been systematised within the cluster with a dedicated website established and regular information sharing mechanisms in place and a community of practice for early recovery is evolving.</p>

**d) Field impact**

- The early recovery approach has been rolled-out in Pakistan, Indonesia and in the Philippines following natural disasters, and to a limited number of existing post-conflict situations, currently in Colombia, DRC, Lebanon, Liberia, Somalia and Uganda;
- Coordination of actors in early recovery has proven to be one of the most pressing needs and coordination mechanisms have been established in all cluster countries. However, the mechanism for each country was set up in accordance with and adapted to the local needs and context. In DRC, the existing coordination mechanism established under the Return, Reintegration and Recovery Group was used for early recovery. In new emergencies such as Pakistan, Indonesia and the Philippines, ER Clusters were established and coordination mechanisms were developed



with support from staff deployed for this purpose (e.g. Early Recovery Support Officer in Liberia; Early Recovery Coordinator in Indonesia; similar posts have been created for Uganda, Somalia and the Philippines);

- Attempts to mobilise resources for ER were supported by providing dedicated support for the development of ER frameworks and the inclusion of ER activities in the Appeals for Uganda, Somalia, Yogyakarta (Indonesia) and Philippines;
- An Inter-Agency Early Recovery Rapid Needs Assessment took place in Lira District, Northern Uganda, covering issues of access, security, local administration, livelihoods, water and sanitation, shelter, health and general damage patterns. A similar assessment took place in the Philippines. In DRC, a mapping of reintegration/post-conflict/poverty reduction activities/programmes of UN agencies and other organisations was carried out to inform on gap areas;
- These and other assessments have fed into common strategies (UN common strategy on reintegration in DRC), recovery frameworks (Somalia) or Action Plans (Pakistan and DRC).

**e) Risks and challenges**

Based on lessons learnt from rollout countries and new crises, and on the mid-year review of the cluster work plan, the following main challenges have been identified:

- Lack of understanding of the need to initiate recovery planning and programming during the humanitarian phase;
- The “tyranny of rush” to meet humanitarian needs competes with efforts to effectively mainstream risk reduction and cross-cutting issues into ER programmes and ongoing humanitarian programmes;
- Securing predictable funding for the implementation of early recovery programmes at country level: this is specially challenging when ER needs are competing for funding with life-saving humanitarian activities, which show quick outputs often more “attractive” to donors;
- Increasing field-level ER response demands created by new emergencies while tools and other HR capacities are being developed and operational capacity is being built;
- Developing effective global partnerships for ER with NGOs, International Financial Institutions and governments and achieving more buy-in from these actors at field level;
- Ensuring that there is no potential for or perception of a conflict of interest between the Cluster leadership role and the management of the operational and programmatic role of the Lead agency;
- Delays with setting up the joint programme and the late arrival of some funds have affected the start-up of planned initiatives;
- A particular “conceptual” challenge is that the CWGER is not of the same nature as the other clusters, i.e. it is not “sectoral” but cross-cutting. The relation between ER and the other clusters and how ER as an approach is to be taken into account in all other clusters is under clarification.

These challenges will be addressed by a) increasing advocacy efforts for an enhanced understanding of ER, with specific focus on high risk countries (six aimed at for 2007), b) the preparation of quick interim tools and measures for use while the more comprehensive tools are under development, and c) by engaging with IFIs and other stakeholders to agree on clear roles and responsibilities in ER.

**f) Cross-cutting issues**

The cluster has secured funding in 2006 for the integration of Gender and Environment in ER, and a focal point has been identified for HIV/AIDS, financed with core funds. Gender, Environment and HIV/AIDS focal points participated in ER meetings to discuss effective ways for mainstreaming these cross-cutting issues into the work of the ER cluster; their recommendations have been included in the

Guidance Note for Early Recovery. Discussions are being carried out in developing specific tools and training capacity on issues related to human displacement and return and reintegration.

Furthermore, the cluster is instrumental in the work of a Cross-Cutting Review Team tasked by Cluster Leads to develop a comprehensive approach to integrating cross-cutting issues within the cluster approach. The group has formulated recommendations for a common working model to integrate cross-cutting issues into the work of the clusters at both global and country levels. This will be further developed at a workshop scheduled for February 2007.

**g) Activities**

**Guidance, Methodologies, and Tools**

- ✓ Development of Guidance Note on Early Recovery;
- ✓ Development of SOPs;
- ✓ Development of PDNA, consultative process launched with workshop in Turin, Nov 2006;
- ✓ Review of existing tools, training resources and methodologies for ER;
- ✓ Adoption of PCNA to ER needs.

**Capacity Building**

- ✓ Development of Terms of Reference (TORs) and facilitation of recruitment of ER Coordinators/Advisors;
- ✓ Support to include ER needs in CAPs and/or Flash Appeals in Uganda, Somalia, Yogyakarta (Indonesia) and Philippines;
- ✓ Support to local level needs assessment in Uganda;
- ✓ Support to development of ER frameworks in Somalia and Uganda.

**Policy, Conceptual Clarity and Advocacy**

- ✓ Initial review and analysis of capacities and gaps to identify focus areas for 2006;
- ✓ Organisation of workshop to monitor implementation of work plan and review country level impact with participants from the roll-out countries, June 2006;
- ✓ Second workshop to review progress in 2006 and plan for 2007, Nov 2006;
- ✓ Paper "Implementing Early Recovery" to clarify the concept of and advocate for ER;
- ✓ Review of existing inter-agency agreements to identify gaps;
- ✓ Development of approach to mainstreaming of ER across all clusters (to be adapted for other cross-cutting issues like gender, environment and HIV/AIDS);
- ✓ Development of knowledge sharing mechanisms (CWGER website, monthly news update);
- ✓ Establishment of working group on local level programming to incorporate livelihoods and community-driven recovery issues into a common approach.

## CHAPTER 3: EMERGENCY SHELTER

### Section 1: Cluster Resources and Financial Implementation

#### a) Funds Received, Disbursements to Partner(s), Expenditures and Carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007	Pledges as at 31 Jan 2007	% funded (pledges and contributions)	Funds spent as at 31 Jan 2007	Expected Expenditure 1 Feb - 31 March 2007	Expected carry over beyond 31 March 2007
Funds appealed for directly by Cluster Lead UNHCR	748,573	748,573	0	100%	57,536	80,000	611,037
Funds appealed for directly by Cluster Partner IOM	180,000	180,000	0	100%	44,460	23,100	112,440
Funds appealed for directly by Cluster Partner UN-Habitat	180,000	180,000	0	100%	100,000	20,000	60,000
<b>TOTAL</b>	<b>1,108,573</b>	<b>1,108,573</b>	<b>0</b>	<b>100%</b>	<b>201,996</b>	<b>123,100</b>	<b>783,477</b>

#### b) Donors

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	% Funded (pledges & contributions)	Netherlands	Norway	Sweden	UK	US
Funds appealed for directly by Cluster Lead: UNHCR	748,573	100%	272,571	158,983	17,500	49,519	250,000
Funds appealed for directly by Cluster Partner IOM	180,000	100%				180,000	
Funds appealed for directly by Cluster Partner UN-Habitat	180,000	100%				180,000	
<b>TOTAL</b>	<b>1,108,573</b>	<b>100%</b>	<b>272,571</b>	<b>158,983</b>	<b>17,500</b>	<b>409,519</b>	<b>250,000</b>

c) Impact of under-/late-funding; carry-over; lessons learned  
Primarily because of late funding, some of the activities planned by the Emergency Shelter Cluster during 2006 were delayed, leading to lower expenditure than foreseen. Also, building inter-agency consensus around the goals, policies, strategy, activities and *modus-operandi* for the Global Emergency Shelter Cluster took more time than anticipated and resulted in slower than planned implementation. The IFRC has managed to set up a designated structure within the organisation to be able to co-chair the cluster meetings, together with UNHCR, since October 2006. The two agencies are in the process of discussing modalities on how they will cooperate to jointly chair the Cluster. This should accelerate implementation of the planned activities in 2007. It should be noted that the IFRC's Emergency Shelter Cluster operations for natural disasters are separately funded.

## Section 2: Cluster Objectives and Results

a) **Global Cluster Leads:** UNHCR leads the Emergency Shelter Cluster in the area of conflict-generated IDPs while IFRC<sup>3</sup> has agreed to provide a leadership role in the provision of emergency shelter in natural disasters.

b) **Global Cluster Partners:** IOM, UN-Habitat, OCHA, UNICEF, UNDP, WFP, NRC, DRC, OXFAM, Care International, Shelter Centre, Catholic Relief Services (CRS), the latter representing International Council of Voluntary Agencies (ICVA)/ Steering Committee for Humanitarian Response (SCHR)/ InterAction. ICRC also participated in the discussions as an observer. The Cluster also established an "Emergency Shelter Reference Group" which also includes non-cluster member NGOs and individuals who have expertise in emergency shelter action.

### c) Objectives/Achievements

1. **IDPs' emergency shelter needs are covered more effectively and in a shorter period of time through rapid deployment of sufficient numbers of qualified experts and quick release of adequate quantities of pre-positioned stockpiles of shelter materials and related NFIs.**

Shelter and coordination experts were deployed by Emergency Shelter cluster partners to three conflict-generated IDP situations (Lebanon, Timor Leste and Somalia) and to two natural disaster IDP situations (Indonesia [Yogyakarta] and Pakistan). From the early stage of the emergencies, experts were deployed and this has led to a more timely and effective coordination of the emergency shelter actions in the above emergencies.

The Emergency Shelter Cluster developed an initial draft list of non-food items required for response to an emergency of some 500,000 persons. At the present time, UNHCR has stockpiles at its global warehouses to serve an emergency shelter action involving 250,000 persons. Funding permitting, the target is to scale the stockpile up to cover some 500,000 persons. Shelter and related Non-Food Items (NFIs) including lightweight emergency tents were mobilised and used from these stockpiles for the emergency shelter action in Lebanon.

2. **Gaps in assistance are reduced to a minimum**

Timely and effective coordination by the Emergency Shelter Cluster in all major new emergencies during 2006 at the field has led to reduced gaps in the provision of emergency shelter assistance.

3. **Technical integrity of the Cluster's actions is upheld by having trained and qualified staff, utilising agreed strategies, guidelines, and tools for assessments, action and monitoring**

Technical integrity of the Emergency Shelter Cluster's actions is enhanced by having trained and qualified staff, utilising agreed strategies, guidelines, and tools for assessments, action and monitoring. Working documents were produced by the cluster working group on Lessons Learned from Pakistan Earthquake, Guidelines for Assessment in Emergencies and draft Monitoring and Reporting Tools. A Reference Group comprising NGOs and individual experts was established as a forum to widen the participation in the Emergency Shelter Cluster.

To benefit from the already existing best practices within UNHCR, a Shelter Resource Group composed of UNHCR staff members with technical/managerial skills in shelter action was established

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<sup>3</sup> IFRC has made a commitment to provide leadership to the broader humanitarian community in Emergency Shelter in disaster situations, to consolidate best practice, map capacity and gaps, and lead coordinated response. IFRC has committed to being a 'convener' rather than a 'cluster lead'.

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to support UNHCR lead role in the Emergency Shelter Cluster. A training workshop on emergency shelter cluster was conducted for the said group in November 2006 in Geneva. In addition, training module specific to Emergency Shelter Cluster is being developed and one such a trial training was conducted at the UNHCR WEM (Workshop on Emergencies in September 2006) also attended by some NGOs, e.g. DRC and NRC. Both UNHCR and IFRC established roster of emergency shelter coordinators within their respective agencies to be mobilised in future emergencies.

Indicators/benchmarks	Comment/update
i) Guidelines, assessment tools, policy frameworks, standards and indicators and SOPs produced	<b>Partially Achieved:</b> The Cluster has collected existing documents from all major recent shelter emergencies and is now in the process of developing these into generic tools. Guidelines for Assessments have already been developed and agreed by the Cluster.
ii) Two training consultants hired to develop different tools including training modules for shelter experts, physical planners and shelter coordinators with cooperation of UNHCR own technical experts.	<b>Achieved:</b> Consultants have been hired and inter-agency training strategy has been agreed by the Cluster. Development of training modules is scheduled to start in 2007.
iii) A few agreements reached on sharing resources	<b>Partially Achieved:</b> Modality as to how to manage cluster operations (such as stockpiles and rosters) is under discussion among cluster members.
iv) A total of 60 individuals from UN/NGO/other agencies trained.	<b>Underway:</b> The training activities will be continued in 2007.
v) Inter-cluster linkages and mechanisms established.	<b>Achieved:</b> The Cluster has actively engaged with the Camp Coordination and Camp Management Cluster and will continue to work towards ensuring coherence and alignment to the operations of the different Clusters
vi) Four workshops held on Emergency Shelter management including site selection and planning.	<b>Partially Achieved:</b> Two training workshops on Emergency Shelter Cluster were successfully conducted, i.e. one on Emergency Management (UNHCR WEM) and one for UNHCR Resource Group respectively. Other workshops being planned for the Cluster Leads and Technicians.
vii) At least two meetings per quarter	<b>Achieved:</b> Regular emergency shelter cluster working group meetings were held approximately every 2-3 weeks attended by large number of cluster members.

### d) Field impact

During 2006 the Cluster was activated in Lebanon, Pakistan, Indonesia (Yogyakarta) and Somalia.

Shelter and coordination experts were deployed by UNHCR to Lebanon and Somalia, by IFRC to Yogyakarta (Indonesia) and by IOM to Pakistan. This led to more timely and effective coordination of the emergency shelter actions in these emergencies. UNHCR currently have stockpiles in place to serve an emergency shelter action involving 250,000 persons. The target is to scale up to cover 500,000 persons.

UNHCR dispatched experts to the Emergency Shelter Cluster in Lebanon which was coordinated and led by UNHCR. As a result, all efforts were made to harmonise shelter actions by humanitarian community and led to adoption of common policy and strategy determination for the rehabilitation process. In implementing shelter programmes, the strategy agreed by the Emergency Shelter Cluster was followed by several agencies. In Somalia, the Shelter Cluster was conceptualised and jointly established by UNHCR and UN-Habitat.

IFRC convened the Cluster following the 27 May 2006 earthquake in Yogyakarta (Indonesia). The Emergency Shelter Cluster in Yogyakarta (Indonesia) has achieved its goals and fulfilled its mandate in the provision of emergency shelter.

As shelter is one of the fundamental human rights and often requires large-scale responses during humanitarian crisis, global capacity-building and related activities have focused on how best to support field responses. Through the cluster approach Emergency Shelter Clusters/Sectors/Working Groups

were set up immediately in the field and provided a forum for all actors involved in shelter activities. In Pakistan, Yogyakarta (Indonesia), Timor Leste, Lebanon and Somalia the emergency shelter clusters became the fora where the shelter actors came together and also which provided the interface with the national government to ensure that the humanitarian community worked alongside the national and governmental response. Challenges still remain in engaging more actors involved in various aspects of emergency shelter actions.

Through lessons learned from various field operations, the emergency shelter cluster is able to refine its working plan to ensure that activities being carried out at the global level directly assist the needs of the field.

Increased capacity at the global level also allows for proper preparation of shelter standards and increases the partnerships, which directly benefits the field. Headquarters colleagues are able to deploy immediately to field crises with a full understanding of the new inter-agency approach. Additionally, headquarters experts of the cluster partners are able to assist day-to-day operations to improve the level of expertise and keep fielded missions updated on the newest standards and agreements.

**e) Risks and challenges**

The main challenge at the global level was arriving at an effective *modus operandi* around which the Emergency Shelter Cluster could be able to combine wide inter-agency participation and ownership to the process with ability to deliver productive results. Towards the end of 2006, a coordination mechanism was agreed in the Emergency Shelter Cluster, with Working Groups meetings taking place quarterly, while smaller inter-agency teams would work on specific projects such as training development, incorporating environmental concerns and field consultations. This new approach should enable the Cluster to improve functional delivery at the global level.

In addition, the Emergency Shelter Cluster Working Group identified the provision of global strategic stockpiles as one of the most critical gaps. The main component of global stockpiles will be held by UNHCR and by IFRC.

**f) Cross-cutting issues**

Cross-cutting issues are taken into account in all operations, as well as in tools and guidelines produced by the Cluster. During 2006 concrete examples of how this is done can be found in the Guidelines for Assessment in Emergencies and the inputs on shelter for the revised NAF. The shelter cluster has worked closely with other clusters particularly the Camp Coordination and Camp Management Cluster where there are clear overlaps. In the meantime, the UNHCR focal point on Age, Gender and Diversity Mainstreaming has participated in the Cluster meetings to ensure the mainstreaming of relevant issues. Equally, other cross-cutting issues such as Environment, HIV/AIDS and Human Rights were discussed and will be further incorporated into the work of the Emergency Shelter Cluster. In addition, the Participatory Assessment documents produced by UNHCR Community Development, Gender Equality and Children Section (CDGECS) was presented and distributed to the Cluster members.

**g) Activities**

- ✓ Created a permanent inclusive forum of emergency shelter sector of seven UN agencies and six non-UN actors;
- ✓ Drafted TOR for the cluster at global level;
- ✓ Listed the key NFIs required for emergency shelter;
- ✓ Defined requirement of preparedness for one emergency of 500,000 at global level;
- ✓ Mapped capacity of several key cluster members;
- ✓ Created a matrix on cross-cutting issues;
- ✓ Collected existing tools applied in all recent major shelter emergencies;
- ✓ Evaluated cluster action in Pakistan to collect lessons-learned;
- ✓ Established the Shelter Reference Group which also includes non-cluster NGOs and individual experts;
- ✓ Initiated inter-agency discussion on response depending on climatic conditions;
- ✓ Developed and agreed Guidelines for Assessment in Emergencies;
- ✓ Developed draft inter-agency standards for shelter & NFIs;
- ✓ Developed draft monitoring & reporting tools;

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- ✓ Conducted two training workshops on Emergency Shelter, i.e. one on WEM, and one for the UNHCR Resource Group on Emergency Shelter;
- ✓ An Emergency Shelter website is being created;
- ✓ Deployed shelter experts to support Cluster operations in Lebanon, Somalia, Pakistan and Yogyakarta (Indonesia).

## CHAPTER 4: EMERGENCY TELECOMMUNICATIONS

### Section 1: Cluster Resources and Financial Implementation

#### a) Funds received, disbursements to partner(s), expenditures and carry-over

Appealing Organisations	Revised Requirements	Contributions as at 31 Jan 2007	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditure 1 Feb – 31 March	Expected carry-over beyond 31 March 2007
Funds appealed for by OCHA	438,000	384,295	0	88%	17,751	83,735	282,809
Funds appealed for by UNICEF	3,600,000	1,188,718	0	33%	585,528	52,600	550,590
Funds appealed for by WFP	2,662,000	1,535,818	0	58%	1,190,792	85,880	259,146
<b>TOTAL</b>	<b>6,700,000</b>	<b>3,108,831</b>	<b>0</b>	<b>46%</b>	<b>1,794,071</b>	<b>222,215</b>	<b>1,092,545</b>

#### b) Donors

Appealing Organisations	Revised Requirements	% Funded (contributions)	Australia	Finland	Ireland	Norway	Sweden
Funds appealed for by OCHA	438,000	88%		257,069	127,226		
Funds appealed for by UNICEF	3,600,000	33%		502,512	127,226	158,980	400,000
Funds appealed for by WFP	2,662,000	58%	381,679	514,139		240,000	400,000
<b>TOTAL</b>	<b>6,700,000</b>	<b>46%</b>	<b>381,679</b>	<b>1,273,720</b>	<b>254,452</b>	<b>398,980</b>	<b>800,000</b>



c) Impact of under-/late-funding; carry-over; lessons learned

Emergency Telecommunications Cluster (ETC) funds were included in the overall Cluster Appeal and no agency made a direct appeal to donors. As agreed, donor funds were given directly to the respective agency, and funds were not channelled to other organisations.

The ETC has received only 46% of the funds requested and these were made available to the Agencies between September and December 2006. Seed funding was critically important for implementing the ETC plan because the required capacity and funds for staff and equipment did not previously exist. Consequently many of the activities in the work plan were started late and were either partially completed or not completed. Nonetheless with the funding made available the ETC was able to procure some of the required equipment and initiate limited training, roster-development, standby arrangements and activities for establishing standard operating procedures.

In response to the late and under funding the ETC project objectives were reprioritised, thus scaling down the capacity to support three large emergencies per year, two of which would be concurrent, to one single large emergency.

The full implementation of the original twelve-month plan was initiated upon receipt of funds starting in September 2006. Of the funds made available those dedicated for procurement of equipment are expected to be disbursed by March 2007; however expenditures for staffing and ongoing activities such as training and travel will continue throughout the year.

The experience gained to date has confirmed that funding by donors directly to each of the three lead agencies is most efficient and effective and it is recommended that this approach be continued. It was also found that the role of the ETC and services provided are not well understood at the local level and within other clusters and partners. Thus an improved advocacy strategy and plan is being developed in line with the broader cluster advocacy initiatives.

## Section 2: Cluster Objectives and Results

a) **Global Cluster Leads:** The ETC is led by OCHA as Process Owner and two Services Providers: WFP for Security Communications and UNICEF for Data Communications.

b) **Global Cluster Partners:** UNHCR, UNDP, United Nations Department of Peace Keeping Operations (DPKO), WHO, United Nations Department of Safety and Security (UNDSS), IFRC, ICRC, Swedish Rescue Services Agency (SRSA), NRC, DRC, United Nations Institute for Training and Research (UNITAR)/UNOSAT, RedR Australia, *Télécoms Sans Frontières*, Ericsson Response, NetHope (consortium of 18 international NGOs), Global VSAT Forum

### c) Objectives

The principle objective of the ETC was to provide clearly defined services to ensure timely, predictable, and effective inter-agency telecommunications for humanitarian agencies involved in three large emergencies per year, two of which would be concurrent. The priorities of the workplan were to address the identified gaps in: human resources, capacity building, training, global strategic equipment stockpiling, partnerships and response. As the ETC did not have existing dedicated resources, the workplan was established relative to a start date defined as the date at which funds would be made available to the Cluster. Due to the late arrival of funds in the last quarter of 2006 and only partial receipt of funding, it was necessary to reprioritise and scale down the scope of the planned activities. However, within these constraints progress was made under the main objectives in each of the priority activity areas (see activities in section (g) below).

#### 1. **Effective and well-trained technical and surge capacity is available, at the global and regional levels, to deploy in a predictable and timely fashion to support the emergency telecommunications needs of the international humanitarian community.**

- In the area of building response capacity, dedicated staff capacity at the global level was established, in addition to the identification of technical emergency responders. Existing standby partnerships were revised and new partnerships established for the provision of services in emergency response. An emergency simulation exercise was completed and ETC-focused training programmes were outlined and development initiated;

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- In the area of operational support, the cluster conducted a needs assessment and developed a budget for staffing, training and equipment requirements; an emergency preparedness and response framework was reviewed and the development of 2007 implementation plans was launched; emergency simulation exercises were completed; and the ETC responded to three emergencies.
- 2. Appropriate, standardised, inter-operable pre-positioned telecommunications equipment is immediately available to support the inter-agency response effort in up to two major emergencies at any one time in an efficient and cost-effective manner.**
- In the area of standard pre-positioned equipment, given the funding constraint, equipment standards were developed and the minimum equipment required for a single large emergency has been procured for pre-stock;
  - In the area of standards and policy setting, technical standards and standard operating procedures were revised and tested, and effective information sharing and collaboration platforms implemented.

Indicators/benchmarks	Comment/update
i) Dedicated inter-agency emergency telecommunications capacity established, at HQ, regional and field levels.	<b>Partially achieved:</b> Staffing and equipment requirements have been identified and partial procurement and recruitment has been completed or initiated in line with available funds. Four dedicated staff have been recruited and recruitment is underway for seven additional ETC posts (conditional on availability of funding).
ii) Inter-agency roster established, including additional Cluster partners	<b>Underway:</b> Roster capability is being established using an existing Web based system, and a minimum number of responders have been identified to date.
iii) Capacity mapping at the global, regional and selected countries level	<b>Partially achieved:</b> Capacity requirements at the global and regional levels have been identified and addressed at the global level but only partially addressed at the regional and country level.
iv) Standard equipment procured and pre-stocked	<b>Partially achieved:</b> Equipment for a single large emergency has been procured and pre-stocked, whereas the objective is to have capacity to respond to three large emergencies.
v) Training plan and modules developed	<b>Underway:</b> An initial training plan has been developed and work is underway on developing the curriculum and associated modules.
vi) Cluster activation process agreed	<b>Partially achieved:</b> Cluster activation procedure agreed in line with the IASC Guidance note at the Global Cluster Level and work to address the requirements at the Regional and local level is underway.
vii) Updated standard operation procedures adopted	<b>Partially achieved:</b> SOPs have been established and tested during two simulation exercises and based on this experience work is currently underway to further define these.
viii) Participation in simulation exercises and common training activities	<b>Achieved:</b> Two simulation exercises were successfully completed, and seven training events were held involving approximately 80 participants.
ix) Information management project for collaboration tools initiated.	<b>Partially achieved:</b> An information management environment based on the existing WGET IM tools was established for collaboration and information sharing among ETC members. However more advanced IM facilities are required and only preliminary work in this area has been initiated.

### d) Field impact

Previously the Inter-Agency Emergency Telecommunications (IAET) mechanism was used to provide common emergency telecommunications services. This process introduced delays in responding and the services were available on an ad-hoc or best effort basis due to the lack of a permanent structure with dedicated resources, a clear mandate and standard operating procedures. The ETC has made progress in streamlining the process, clearly defining roles and responsibilities and has introduced standard operating procedures. Mechanisms are being put in place to regularly review and improve on these.

ETC response projects are activated rapidly within pre-defined timeframes and service delivery models, that create a predictable, systematic approach with clear guidelines and procedures to ensure effective and timely emergency response, which undoubtedly have an impact at the field level. The ETC currently has the capacity and ability to respond to one large emergency in a timely and

predictable manner within 48 hours, because of the progress made in establishing the stockpile of equipment, standby partnership agreements for provision of services and the standardisation of emergency response implementation.

**e) Risks and challenges**

- Delays in local cluster activation increase the risk of emergency telecommunications services not being immediately available to meet the critical needs of the humanitarian response;
- The transition from the IAET to the ETC has not been fully achieved and some issues remain to be addressed to ensure that the three main agencies work together smoothly as a single Cluster;
- The objective established for the ETC by the IASC is to have the capacity to respond to three large emergencies each year, two of which are concurrent. The ETC currently has the capacity to respond to one single large emergency; thus without the required funding there is a risk the ETC objective will not be achieved.

**f) Cross-cutting issues**

As a service provider to the other clusters and other members of the humanitarian community during emergency operations, a direct correlation between the work of the cluster and the cross-cutting issues has not been identified. However, the ETC maintains an awareness of the cross-cutting issues for other clusters through participation in all relevant Humanitarian Reform Support Unit (HRSU) fora and integration of the conclusions as well as participation in cluster coordination meetings and activities at the local level.

**g) Activities**

The major activities of the ETC to date include:

**Standards and policy setting**

- ✓ In-depth review of technical standards and best practices and the development of response guidelines, policies, procedures and standards, including accountability structure. The technical standards have been developed and tested in conjunction with ETC partners (UN Agencies, NGOs, standby partners and private sector);
- ✓ Implementation of information management and collaboration tools to support ETC operations, which provide common repository for sharing documents and information, and standard survey and assessment templates which use an automated data collection tool.

**Building response capacity**

- ✓ Training programmes were reviewed and developed/redesigned to focus on ETC coordination, technical and operational response requirements and targeted at both institutional and partner capacity building;
- ✓ Dedicated staffing capacity was developed to improve predictability of response at the global level. Support for ETC activities was also institutionalised. Job profiles were developed and recruitment is either completed or underway for a total of eleven posts in the three Agencies;
- ✓ Global response capacity has been strengthened through enhancing existing and establishing new partnership agreements with the private sector and NGOs for the provision of ETC resources and services; collaborative research, development and refinement of guidelines and procedures; provision of maps, and identification of training support (curriculum development, trainers, training manuals). There are currently nine such agreements;
- ✓ Standard hardware requirements have been defined, procurement plans established and a minimum pre-stock procured to meet the ETC requirements for one large emergency. Locations have been identified for equipment storage and arrangements are underway for pre-stocking of equipment;
- ✓ ETC standards, policies, procedures were tested and fine-tuned through participation in two major emergency response simulation exercises, one for data communications response in Norway and one full ETC deployment during Triplex 2006 Exercise in Finland;
- ✓ Assessments have been conducted of the ETC response in the Indonesian earthquake and the Lebanon crisis that will contribute to lessons learnt and refinement of best practices for future emergency deployments.

**Operational support**

- ✓ A needs assessment was conducted whereby required staffing resources and training needs were identified. A minimum budget was developed for staffing, training and equipment required for preparedness and emergency response based on existing organisational capacities and limited funds from the Cluster Appeal;
- ✓ A review of emergency preparedness and response framework for the provision of security communications services was conducted, and a Data Communications response approach and project plan has been developed;
- ✓ Advocacy and resource mobilisation were undertaken through participation in an Emergency Response Simulation, the Triplex 2006, International Conference on Emergency Communications in Finland, HRSU newsletter, and at the regional level in ITU disaster communication conferences, NGO, governmental and private sector fora;
- ✓ ETC response was undertaken for the Indonesian Earthquake, the Lebanon crisis, and the crisis in Mitwaba, DRC.

## CHAPTER 5: HEALTH

### Section 1: Cluster Resources and Financial Implementation

#### a) Funds received, disbursements to partner(s), expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007 (contributions channelled on to partners by cluster lead)	Pledges as at 31 Jan 2007	% funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditures 1 Feb - 31 March 07	Expected carry over beyond 31 March 2007
<b>Funds appealed for by WHO as Cluster Lead</b>	<b>4,250,000</b>	<b>1,990,342</b>	<b>0</b>	<b>47%</b>	<b>538,009</b>	<b>582,197</b>	870,136
Funds channelled to and used by WHO directly		1,821,102			538,009	412,957	870,136
Funds channelled to International Medical Corps		78,910			0	78,910	0
Funds channelled to Merlin		70,330			0	70,330	0
Funds channelled to Harvard Humanitarian Initiative		20,000			0	20,000	0
<b>Funds appealed for directly by Cluster Partners</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>4,250,000</b>	<b>1,990,342</b>	<b>0</b>	<b>47%</b>	<b>538,009</b>	<b>582,197</b>	<b>870,136</b>

#### b) Donors

Appealing Organisations (and organisations which received funds via cluster lead)	Revised Requirements	% Funded (contributions)	Australia	Ireland	Norway	Sweden
<b>Funds appealed for by WHO as Cluster Lead</b>	<b>4,250,000</b>	<b>47%</b>	<b>572,492</b>	<b>263,505</b>	<b>562,204</b>	<b>592,141</b>
<i>Funds channelled to and used by WHO</i>			423,252	263,505	542,204	592,141
<i>Funds channelled to International Medical Corps</i>			78,910			
<i>Funds channelled to Merlin</i>			70,330			
<i>Funds channelled to Harvard Humanitarian Initiative</i>					20,000	
<b>Funds appealed for directly by Cluster Partners</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>4,250,000</b>	<b>47%</b>	<b>572,492</b>	<b>263,505</b>	<b>562,204</b>	<b>592,141</b>

c) Impact of under-/late-funding; carry-over; lessons learned

The groundwork of the Health Cluster in 2006 was carried out with energy and resources from all partners. Health Cluster partners met regularly to develop the mission statement, to define objectives and action points, and most importantly to build relations that began to bear fruit during the latter part of the year. The limited funding that was required early on for the meetings and document preparation was provided by WHO as Cluster Lead and by individual partners who paid for their own staff time, travel costs and teleconference charges. By the end of 2006, the Health Cluster had received only 48% of its original requirements. Given the limited funding, varying partner capacities and the time remaining under the 2006 appeal, the Health Cluster invested further efforts in re-prioritising its work plan, allocating responsibilities to subgroups, and engaging in intensive, dedicated work on cluster products. While the Health Cluster has so far spent or obligated only 36% of the funds received for 2006 (with 100% allocated to specific outputs), the tangible advances it has made ensure that the remaining funds will be spent quickly in the first quarter of 2007. It should be noted that while the Health Cluster was able to reorganise its work plan around the funding limitations, it was further constrained by the initial ending date of most contributions that made longer term contracts impossible to issue for required project managers, consultants and staff. This was solved late in the year with the no-cost extension granted by donors.

The Health Cluster found that the pooled funding mechanism best supports its collaborative framework by affording a great deal of flexibility to continually prioritise and plan over time, taking into account the strengths and constraints of individual partners, lessons learned from assessments and information from Health Cluster country level staff. To support the Health Cluster decision to work with pooled funding, WHO, as Cluster Lead, has developed the internal mechanisms to transfer funds quickly and efficiently to partners. It should be noted that many partners have financial constraints that make participation in the global meetings difficult, especially when these same partners also participate in the meetings of other clusters.

## **Section 2: Cluster Objectives and Results**

a) **Global Cluster Lead:** WHO

b) **Global Cluster Partners:** African Humanitarian Action (AHA), American Medical Doctors Association (AMDA), CDC, FAO, Harvard Health Initiative (HHI), International Centre for Migration and Health (ICMH), International Council of Nurses (ICN), ICVA, IFRC, International Medical Corps (IMC), Inter Action, IOM, International Rescue Committee (IRC), Johns Hopkins University (JHU), Merlin, OCHA, Office of U.S. Foreign Disaster Assistance (OFDA), OHCHR, Representative of the Secretary-General on Internally Displaced Persons (RSGIDP), SC-UK, SC-USA, SCHR, Terre des Hommes (TDH), UNDP, UNFPA, UNHCR, UNICEF, WFP, World Vision International (WVI).

c) **Objectives/Achievements**

In 2006, the Health Cluster succeeded in establishing new partnerships, building a collaborative working model and making significant progress on developing the specific products it has identified as most useful for building global level capacity to support the country level emergency health response. For health actors at the global and country levels, the cluster approach represented a new way of working; the required framework of collaboration for joint planning and action took time to build using the new set of procedures established by the Humanitarian Reform process. Still, the commitment of the health community to the cluster approach was evident: Health Cluster participation grew from the original 17 members to 32 partners over the course of the year, and new potential partners continue to express interest. Importantly, the achievements of the Health Cluster are far bigger than the products it has developed: working together at the global level, greater coherence and synergy between partners and programs, technical consensus and operational links to the country level are significant gains that add valuable strength to humanitarian health action. While the Health Cluster has a great deal more to achieve in 2007 to increase its capacity for and to fill the gaps in health response, it is because of these large advances achieved in 2006 that it has the foundation secured to make it happen.

The objectives listed in the 2006 Cluster Appeal were developed during the initial meetings of the Health Cluster in early 2006 before the Health Cluster had determined its purpose, mission statement, and action points. Over time, the Health Cluster clarified its role and more appropriately defined its objectives for 2006. While each of the objectives from the appeal was maintained in some form within the 2006 work plan, each was adapted to better illustrate the priorities of the Health Cluster for

improving humanitarian response in health (1-4 below), and some new objectives were added (5-6 below).

**1. Common International Health Emergency Action Response Network, to provide pool of qualified, experienced and prepared emergency health personnel able to respond to a minimum of three major emergencies.**

Looking more precisely at the most immediate needs at the country level, the Health Cluster determined that the first priority was not a pool of qualified health professionals, but rather a roster of health emergency coordinators/managers who could lead the health cluster and ensure the implementation of the cluster approach at the country level. To make this happen, the Health Cluster formed a Subgroup on Training and Rosters made up of interested partners who jointly wrote a profile and Terms of Reference for Health Cluster Field Coordinators (HCFCs), widely circulated a vacancy announcement at the global, regional and country levels that attracted over 50 applications, selected viable candidates, developed training objectives, made progress towards developing the required training curriculum, and made plans for a first training of HCFC in early 2007. With WHO support, the required database for the roster was developed, as were the necessary administrative procedures and support to ensure that the roster contains only those who are screened, trained and administratively ready for deployment within 48 hours.

**2. Standardised Mortality and Nutrition Tracking Service, using common methods and format for needs assessment and monitoring, and system-wide agreed benchmarks, methods and systems for measuring outcomes and performance**

The Health and Nutrition Tracking Service (HNTS) project proposal was developed in July 2006 following a lengthy and in depth consultative process with experts, donors, similar initiatives and other stakeholders. The IASC welcomed the HNTS as a joint project of the Health Cluster and Nutrition Cluster, led respectively by WHO and UNICEF. The proposal has been finalised through consultation with potential partners and initiatives to avoid duplication. It is planned that the two clusters will establish the project steering committee, initiate implementation, and obligate the available funds during the 2006 appeal cycle.

**3. Skilled and prepared interagency Health, Emergency and Assessment Response Teams activated, including rosters, and common training, able to ensure predictable conduct of rapid needs assessments and service delivery in up to three emergencies per year**

The Health Cluster formed a Subgroup on Assessments that, following extensive discussions, prioritised the development of a widely endorsed inter-cluster Rapid Needs Assessment Tool and its accompanying guidance and definitions rather than rapid assessment teams. The focus of the subgroup is to develop the tool and to build the commitment and mechanisms to ensure its use by all partners in all new emergencies. This was determined to be more effective and more predictable than mobile teams. All Health Cluster partners were invited to contribute their existing models and best practices, and their expertise for product review. A consultant was hired to pull together the best possible tool that could be endorsed by all partners, working in collaboration with focal points from other relevant clusters. This subgroup also prioritised conducting an analysis of the barriers to common data collection practices as a basis for developing the mechanisms to ensure that this new tool would be continually and broadly used. The Health Cluster partners jointly agreed to use Health Cluster funds to enable a Health Cluster partner, namely the Harvard Humanitarian Initiative, to conduct this study during the first quarter of 2007.

**4. Support Hub to service the Health Cluster**

As Cluster Lead, WHO offered to establish and host the Health Cluster Support Hub to facilitate the work and relationships of the global Health Cluster. The Health Cluster reached consensus on the profile, the Terms of Reference, and the final candidate for a professional level post in the Support Hub that was filled as of the third quarter of 2006. One support staff is currently being hired.

**5. Coordination and Management Guidance and Tools**

Another subgroup was established to produce the necessary guidance on health management and coordination. It has prioritised and is developing guidance and tools on strategy development, action planning, stakeholder mapping, gap identification and filling, and the practicalities of serving as provider of last resort. In addition, it is developing guidance on health aspects of early recovery. Partners IMC, Merlin and UNICEF have taken the lead in developing some of these products.

**6. Global and country level leadership, coordination, and partnerships for health action in emergencies**

The Health Cluster has made large strides in building partnerships and working for greater inclusiveness and collaboration. Successes have come mostly through meetings, teleconferences, e-mails, phone calls and by working together to produce specific outputs. The Health Cluster is committed to seeking out new partners, particularly those based in the southern hemisphere. As momentum has grown and products have begun to be developed, new organisations and institutions have approached the global Health Cluster to become partners, including the ICN, the JHU Centre for Refugee and Disaster Response, SC-UK and the OFDA. The Health Cluster framework encourages inclusiveness and participation by allowing partners to choose the extent of their commitment, according to their interests and capacities.

Indicators/benchmarks	Comment/update
i) Common Cluster policy positions on four key policy issues agreed and published	<b>Partially Achieved:</b> The Health Cluster developed its mission statement, its Core Commitments and its eleven Action Points. From there, recognising the country level need for operational guidance and tools, and supporting the IASC Guidance Note as the cluster wide policy paper, the Health Cluster prioritised and made progress on developing operational rather than policy guidance, specifically in areas of health coordination and management, health aspects of early recovery and rapid assessments.
ii) 100 people trained through three courses	<b>Partially Achieved:</b> The Subgroup on Training and Rosters wants to ensure that each Health Cluster Field Coordinator on the roster had the profile, experience and training required for effective leadership. The process of jointly agreeing on the profile and terms of reference, managing the application and selection process, preparing for the training and developing the administrative procedures to ensure rapid deployment was a lengthy process. Significant progress has been made. (see c.1) Simultaneously, WHO, as Cluster Lead, continued to develop its pre-deployment training and conducted a second pilot course in November 2006 with 32 trainees, 18 of whom were not from WHO. This course repeatedly emphasised the cluster approach as the new method of humanitarian health response. While the course was not a Health Cluster product, many Health Cluster partners served as resource persons and assisted in developing the curriculum. Graduates of this course increase the pool of trained and qualified humanitarian health experts ready for various roles in emergencies.
iii) Roster and deployment system functional	<b>Partially Achieved:</b> The applicants' database is developed, roster software established, administrative procedures within WHO to provide support are finalised, the HCFC announcement was circulated widely, candidates are being selected for training, and the HCFC roster is expected to become functional in the first half of 2007.
iv) Tracking Service rolled out in a new major emergency	<b>Underway:</b> The HNTS project proposal was finalised; in depth discussions were held with donors and related initiatives to ensure that the HNTS builds on existing capacities; the Health Cluster allocated initial funds to support the selection of the Steering Committee and to hire the project manager for an initial one-year period.
v) Background standard health profiles produced and disseminated for 16 countries	<b>Underway:</b> WHO has consulted with WFP on its Vulnerability Analysis and Mapping service; the project proposal is being developed and initial funds have been allocated for start up costs and for hiring the project manager.
vi) Standardised methods and formats for needs assessments and monitoring	<b>Partially Achieved:</b> The Health Cluster made substantial progress on the development of the inter-cluster rapid needs assessment tool and accompanying guidance and definitions. It will undergo peer review and field-testing in early 2007. (see c.3)
vii) Benchmarks, methods, systems for measuring outcomes, performance system-wide	<b>Pending:</b> Recognising the lack of clarity about the cluster approach at the country level, the results from various reviews and the self-assessment, and taking into account the funding and time limitations, the Health Cluster prioritised building surge capacity and developing operational guidance to support country level efforts in 2006. In 2007, it plans to set benchmarks to measure cluster performance, working in collaboration with the HRSU Task Team Subgroup on Evaluation.



**d) Field impact**

Strong partnerships and collaborative work at the global level are beginning to influence expectations and predictability at the country level and to improve inter-agency collaboration at the country level. The Health Cluster was implemented in new acute emergencies in Pakistan, Lebanon and the Philippines. The Cluster Approach is also being implemented in the four roll out countries with chronic emergencies where the Health Clusters are holding coordination meetings not only for information sharing but for joint planning and joint action; conducting stakeholder mapping to know who is doing what where; creating joint and regular Health Cluster SitReps and bulletins; and developing mechanisms for mobilising and managing pooled funding.

The global level products that are currently under development, once put into use by all partners at the country level, will streamline country level response and its effectiveness. The rosters of trained and deployable HCFC will increase predictability and improve management and coordination at the country level, which is expected to improve the overall effectiveness and appropriateness of the humanitarian health response. While these products are still under development, the technical knowledge being gained through the process is being continually and informally shared at the country level. The overall impact will be better measured at the end of 2007.

**e) Risks and challenges**

Putting the new approach into action at the global level, especially one with many and varied actors, took time and effort, resulting in a slow start of the process. Dedication and commitment from partners was evident throughout 2006 even during the most difficult and trying initial phase when the role, aims and working model of the global Health Cluster still remained unclear. While the relationships founded during the early months of the Health Cluster were essential to its current success, momentum and participation increased once the Health Cluster began to develop specific products and to require the technical expertise of partners (in training, assessments, emergency management, etc).

The cluster approach at the country level preceded the development of outputs from the global level, leaving roll out countries without the necessary resources. It took time for the global level to reach an agreement on its role and to develop and implement its work plan. Now that the global cluster is moving, its commitment and products must be inculcated at the country level. The global level is developing mechanisms to make this happen. During 2007, the global level plans to work closely with its country level staff and other stakeholders to dispel the impression that the cluster approach is a top down structure and to build the understanding that the main purpose of the global level is to ensure that the country level response has at its disposal the necessary resources for the most effective response.

Feedback from the health stakeholders at the country level, including the conclusions from reviews and the self assessment, confirmed that the keys to improved humanitarian response are better coordination and leadership, rapidly deployable leaders and experts, guidance for country level staff, and operational support from the global level. In terms of coordination and leadership, the Health Cluster is making progress. The Real Time Evaluation in Pakistan stated that "There are varying perceptions of how the Cluster Approach contributed to priority-setting and there are good examples from some clusters such as emergency shelter, camp management, health, and food/nutrition." Since then there has been measurable progress of the Health Clusters in the four roll out countries.

The cluster work plan must be based on thorough discussions with partners with input from country level staff to determine the most necessary products and services that the global Health Cluster should provide, a realistic time frame to achieve them, the capacities and willingness of partners, and the knowledge gained about the challenges and keys to realising productive collaboration.

**f) Cross-cutting issues**

The Health Cluster has committed to integrating cross cutting issues into all its outputs, to the extent that each is appropriate and relevant. The terms of reference for Health Cluster product focal points states that it is their responsibility to ensure that all cross-cutting issues are incorporated, that both response and recovery phases are incorporated and that both acute and chronic emergencies are considered in all outputs. The Health Cluster has committed funds to each product for this purpose. For example, the Rapid Assessment Tool will include questions pertaining to gender, environment and human rights/protection and the Guidance on Strategic Planning will specify how various cross cutting themes should be integrated into a strategic plan at the country level.

**g) Activities**

- ✓ Building partnerships and a collaborative working model;
- ✓ Regular global meetings, regular communications through teleconferences, emails, phone;
- ✓ Finalised mission statement, core commitments, eleven action points;
- ✓ Developed Work Plan for 2006;
- ✓ HCFC profile and T0oR complete; widely circulated announcement; selection, training objectives, training curriculum ongoing;
- ✓ Developing a Rapid Health Assessment Tool and accompanying guidance and definitions;
- ✓ Developing guidance on strategy development, action planning, recovery, stakeholder mapping tool, gap identification and filling;
- ✓ Initiating the HNTS;
- ✓ Developing the Country Health Profiles project document.

**CHAPTER 6: LOGISTICS**

**Section 1: Cluster Resources and Financial Implementation**

a) Funds received, disbursements to partner(s) expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007 (Contributions channelled on to partners by cluster lead)	Pledges as at 31 Jan 2007	% Funded (pledges and contributions)	Funds spent as at 31 Jan 2007	Expected expenditures 1 Feb - 31 March 07	Expected carry over beyond 31 March 2007
Funds appealed for by Logistics Cluster Lead, WFP	8,598,229	4,532,979	0	50%	4,155,473	67,732	309,774
<i>Funds channelled to WFP directly</i>		4,078,229			3,700,723	67,732	309,774
<i>Funds channelled to cluster partner UNJLC</i>	454,750	454,750			454,750	0	0
<b>TOTAL</b>	<b>9,052,979</b>	<b>4,532,979</b>	<b>0</b>	<b>50%</b>	<b>4,155,473</b>	<b>67,732</b>	<b>309,774</b>

b) Donors

Appealing Organisation s	Revised Requirements	%Funded (pledges & contributions)	Australia	Canada	Denmark	Ireland	Norway	Sweden	UK
Funds appealed for by Cluster Lead, WFP	9,052,980	50%	572,520	530,973	660,000	254,543	654,664	1,334,951	525,328
<b>TOTAL</b>	<b>9,052,980</b>	<b>50%</b>	<b>572,520</b>	<b>530,973</b>	<b>660,000</b>	<b>254,543</b>	<b>654,664</b>	<b>1,334,951</b>	<b>525,328</b>

c) Impact of under-/late-funding; carry-over; lessons learned

The logistics Cluster Appeal was 46% funded with the first pledge received in July 2006 and the last donation received in November 2006.

Funds have been earmarked for the United Nations Joint Logistics Centre (UNJLC) in the original budget for commodity tracking and stockpile mapping support. UNICEF and IFRC have been reimbursed for their secondments at global and field level.

The first priority agreed by the logistics cluster was staffing of the global support cell (six staff members) and a further six field support officers – 27% of the total budget amount. This phase of the project is almost complete with seven of the twelve staff recruited and the balance to be recruited March 2007. The next main phase of the project was the formation of Logistics Response Teams (LRTs) to be on standby in the event of emergency, and the associated training programmes. The LRTs are in the early stage of formation.

With the present level of funding the logistics cluster will be unable to fully form the LRTs although some training and team formation will be possible through the first quarter of 2007. Some development aspects of the programme such as stockpile register and commodities mapping projects are still underway as opposed to having been completed as planned.

The present funds are expected to be fully committed by April 2007. Between the period 31 January 2007 and 1 April 2007 additional commitments will be agreed for staff, field cluster support missions and the LRT trainings planned for 2007.

**Section 2: Cluster Objectives and Results**

**a) Global Cluster Lead: WFP**

**b) Global Cluster Partners:** UNJLC, WHO, UNHCR, UNICEF, IOM, OCHA, WVI, CARE International, SC Fund, CRS, MERLIN, CONCERN, Handicap Atlas Logistique and IFRC. In addition, over 100 organisations, comprising UN agencies, donors, IFRC, international and national NGOs and government counterparts have participated in the Logistics clusters deployed at the field level.

**c) Objectives/Achievements**

**1. Improved inter-organisational logistics preparedness and response, including the creation of an effectively trained, dedicated inter-agency Logistics Response Team able to be deployed within hours of any major emergency**

There is immediate response capacity available through the global cell and field based staff. However, it is not in the form anticipated i.e. trained LRTs. Given the late arrival of funds this will now be an objective for 2007, including three training sessions starting in March 2007. As mentioned earlier, once the response teams are formed the cell and field staff can contribute to preparedness and the long-term development of the cluster.

**2. Integrated supplies information, tracking and coordination during preparedness and response and inter-agency interoperability through pooling of resources**

The development of a tracking system is already underway by UNJLC and has been used in some field cluster activations i.e. Lebanon. In addition, the logistics cluster is assisting in developing OCHA's central register by funding a consultant for the development of the database. OCHA has directly employed a staff member to update and maintain the database.

Indicators/benchmarks	Comment/update
i) Inter-organisational logistics support cell engaging UN and non-UN Cluster members to devise systems and procedures, standard methods of inter-agency logistics contingency planning and operational planning and issues of interoperability. At full capacity the cell will be composed of six regionally based logistics officers and six HQ based logistics officers	<b>Partially achieved:</b> As mentioned earlier, the recruitment for the global support cell is almost complete with seven of the twelve staff recruited and the balance to be recruited by March 2007. The logistics cluster concept and guidelines have been compiled and are in the final stages of review by the logistics cluster members. Operational planning and preparedness has been considerably improved by the lessons learnt from each of the logistics cluster activations and there are related issues to be addressed within the guidelines.

**REPORT ON IMPLEMENTATION OF GLOBAL CLUSTER CAPACITY-BUILDING**

Indicators/benchmarks	Comment/update
ii) Two trained Logistics Response Teams, each of 14 logistics officers from Cluster members, able to provide coherent and rapidly deployable flexible response capacity	<b>Underway:</b> To be completed in 2007 due to late funding in 2006.
iii) Register of Emergency Stockpiles covers at least ten additional partners' stockpiles	<b>Partially achieved:</b> Initial plans in this area have now been adapted to take into account the work already conducted by OCHA on the central register i.e. OCHA has employed a full time staff member to maintain the register. The logistics cluster is providing support to OCHA in this role by means of a consultant to develop the database.

**d) Field impact**

The global capacity building, even at its presently incomplete level, enabled response to the field-level logistics cluster activations in Asia (Pakistan, Yogyakarta [Indonesia] and Philippines), the Middle East (Lebanon) and Africa (Kenya, Somalia, Ethiopia and DRC). The nature of the response varied according to the nature of the emergency, ranging in scope from light footprint approach such as an information sharing platform only to this plus common ocean, air and overland transport services and warehousing.

In Pakistan, the logistics cluster provided an essential platform for information exchange, a comprehensive concept of operations agreed by all humanitarian actors, the set up and coordination of supply routes out of the logistics hubs in Abbottabad, Muzaffarabad, Bagh and Battagram and coordination of air and overland transport assets out of these hubs. The operation involved the set up of base camps, mobile storage units, and coordination of passenger and aid consignments movements by road and air (by the end of the operation over 26,000 passengers had been transported and 3,800MT of non-food aid consignments.) UNJLC was essential to the process of information sharing and prioritising cargo for transportation.

In Lebanon, the existence of the logistics cluster brought safe access by means of common ocean and air transport services out of Cyprus direct to Beirut (by WFP-chartered vessel and military aircraft) and overland transport from Syria to Beirut by WFP contracted trucks. WFP became the provider of last resort in an environment where alternatives were non-existent. The issue of centralised movements and a single channel of communication with the warring parties for movements essential for security reasons. UNJLC once again played an essential role in this operation in so far as information management and prioritisation was concerned.

In Somalia, the logistics cluster has played a significant role in coordination of air movements in response to the December floods. For some time air access remained the only way to move aid consignments into Somalia. In view of recent hostilities the logistics cluster will remain *in situ* to monitor developments and coordinate the logistics element of the response.

A common element of all of the logistics clusters has been information sharing on issues such as road conditions (improving the speed of response); transporters rates and suppliers (providing access to goods/services and costs savings) and customs and sea/airports information (reducing delays thereby improving the speed of response and reducing costs).

**e) Risks and challenges**

Over the course of the past year, in the case of each logistics cluster activation, there has been a need to sensitise organisations to the cluster approach and explain the role of the cluster lead. This has not necessarily been a constraint but rather an issue that has required time and focus at the onset of each emergency. Once the logistics response teams are formed the cluster support cell and permanent field staff will be freed to conduct the contingency planning. An important part of the contingency plan for each region country will be sensitising the various organisations to the cluster approach, what it means in the context of the logistics cluster and how it fits in the context of an emergency and the existing coordination structures.

There have been various assessments of the cluster approach. Most findings point to the need to encourage greater participation from NGOs whereas the logistics cluster has enjoyed a very good

level of participation from the NGO community. The focus in 2007 must be on fully staffed teams to cope with emergencies of any scale as well as the training and systems support (supply tracking/stockpile mapping) to match.

A major challenge for the logistics cluster will be to establish how the activities beyond April 2008 can be incorporated into WFP's main budget and into the budgets of logistics cluster partners at the global level.

**f) Cross-cutting Issues**

As a service-providing cluster, cross-cutting issues of HIV/AIDS, age/gender/diversity and environment are not relevant.

**g) Activities**

- ✓ Staffing of the Global Logistics Cluster Support Cell and field support team;
- ✓ Successful field cluster activations and activities through the support of the global logistics cluster support cell and field staff;
- ✓ Logistics Response Teams being formed and to be trained in 2007;
- ✓ Formulation and updates of country specific Logistics Capacity Assessments;
- ✓ Database/systems design for Logistics Capacity Assessment information gathering and dissemination;
- ✓ Participation in the revision of the IASC Inter Agency Contingency Planning guidelines (2007);
- ✓ Inter agency contingency planning/operational planning at IASC country team level;
- ✓ Database design for emergency stockpiles;
- ✓ Systems design for commodities tracking;
- ✓ Advising other clusters regarding strategic stockpiling of, for example, WATSAN, Shelter and medical goods.

**CHAPTER 7: NUTRITION**

**Section 1: Cluster Resources and Financial Implementation**

a) Funds received, disbursements to partners, expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007 (funds channelled on to partners)	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditure Feb – 31 March 07	Expected carry over beyond 31 March 2007
Funds appealed for directly by Cluster Lead - Nutrition	5,440,276	3,253,881	0	60%	243,101	664,425	2,346,355
Funds received by cluster lead but not yet allocated		2,077,661			0	0	2,077,661
Funds allocated to UNICEF		425,529			164,840	148,386	112,303
Funds allocated to WFP		48,000			27,000	21,000	0
Funds allocated to Save the Children UK		68,856			51,261	17,595	0
Funds allocated to Emergency Nutrition Network (ENN)		337,480			0	248,502	88,978
Funds allocated to UNSCN		100,660			0	100,660	0
Funds allocated to Nutrition Works		195,695			0	128,282	67,413
<b>TOTAL</b>	<b>5,440,276</b>	<b>3,253,881</b>	<b>0</b>	<b>60%</b>	<b>243,101</b>	<b>664,425</b>	<b>2,346,355</b>

b) Donors

Appealing Organisations	Revised requirements	% Funded (pledges & contributions)	Canada	Denmark	Ireland	Norway	Sweden	USA
Funds appealed for and received directly by Cluster Lead - Nutrition	5,440,276	60%	265,488	500,000	254,453	476,940	757,000	1,000,000
<b>TOTAL</b>	<b>5,440,276</b>	<b>60%</b>	<b>265,488</b>	<b>500,000</b>	<b>254,453</b>	<b>476,940</b>	<b>757,000</b>	<b>1,000,000</b>

c) Impact of under-/late-funding; carry-over; lessons learned

The Nutrition Cluster workplan and budget for 2006 was developed during the first face-to-face meeting early December 2005 and was ready for implementation in January 2006. Due to late funding, UNICEF and contributing Cluster partners internally reprioritised and utilised some existing resources to contribute to objectives listed in the Cluster Appeal. However, full implementation of the Cluster Appeal required funding as articulated in the appeal document, as this figure reflected needs above and beyond what agencies were already doing. The impact of late funding was a delay in the implementation of many planned activities and limited progress towards associated results.

The funds were not fully utilised for three main reasons as follows:

- **Late Funding:** Funding for the Cluster Coordinator was only received in May 2006. At this time, the Cluster met and revised the workplan to reflect activities that could be achieved by the end of 2006. Funds for implementation of the workplan started coming in August and September when most Cluster members were on holiday, which made it difficult to allocate funds to partners immediately. In addition, some of the funds were only received in November and December 2006.
- **Lack of Clear Funding Modalities:** There were initially no clear modalities for the pass-through of funds to partners, which delayed the process.
- **Delayed Recruitment of Cluster Coordinator:** There were delays in the recruitment of a Cluster Coordinator (to guide the implementation of the workplan) due to the short-term funding status of the post, which has been challenging to attract high calibre staff who would accept a short contract.

The first year of the Cluster Approach implementation has been important for initiating the process of building trust and confidence within the Cluster through discussions on funding modalities and transparent management of funds with all organisations involved. The Cluster's decision to have the funds channelled through UNICEF for a second year is an indication of that building of trust and confidence.

Although most of the activities have not been fully implemented, the Cluster Approach has facilitated joint planning, harmonisation of tools such as assessment, training packages, toolkit, etc to achieve maximum buy-in and credibility of the Cluster partners and will ultimately contribute to predictable and effective responses to humanitarian nutrition.

The approach requires dedicated resources and staff. Timely and adequate funding is important for the success of any new initiative that is time-bound and aims at capacity building such as the Cluster Approach to ensure effective implementation of work plans and enhance humanitarian response capacity, predictability, accountability and partnership.

## Section 2: Cluster Objectives and Results

a) **Global Cluster Lead:** UNICEF

b) **Global Cluster Partners:** Action Contre la Faim (ACF), Concern International, Emergency Nutrition Network (ENN), FAO, Global Alliance for Improved Nutrition (GAIN), ICH (Institute of Child Health), ICRC, IFRC, IRC, MI (Micronutrient Initiative), Nutrition Works, OCHA, Oxfam International, SC-UK/SPHERE, SC-USA, Standing Committee on Nutrition (SCN), United States Agency for International Development (USAID)/OFDA, CDC, UNHCR, Valid International, WFP, WHO, WVI.

c) **Objectives/Achievements**

The desired impact as articulated in the Global Nutrition Cluster Workplan Overview was that the cluster would improve predictability, timeliness and effectiveness of a comprehensive response to humanitarian nutrition. Five specific objectives/outcomes were listed:

1. **Coordination: Skilled Nutrition coordinators exist and can be rapidly deployed**

- UNICEF Global Web Roster revised to include candidates that can be deployed as Country level Nutrition Cluster Coordinators;
- Through capacity assessment of UNICEF staff (below) identified potential Cluster Coordinators for the Roster.



**2. Capacity Building: Global capacity of the Nutrition Cluster assessed; staff have skills to effectively assess and respond to Nutrition emergencies**

- Capacity of UNICEF staff on nutrition and nutrition in emergencies assessed;
- Training requirements of UNICEF staff for nutrition in emergencies assessed in great detail;
- Global capacity assessment and development of a comprehensive training package is underway by NutritionWorks;
- Joint WHO, UNICEF, Valid International, and Food and Nutrition Technical Assistance (FANTA) Regional Training Workshop on the Integrated Facility-based and Community-based Management of Severe Acute Malnutrition.

**3. Preparedness and response triggers: Consensus on Nutrition emergency definition and typology; relevant information available in order to generate prompt programmatic action**

- Essential package of nutrition actions toolkit, including policy guidance, standards, triggers, and benchmarks, developed and ready for printing. The toolkit provides clarity on key nutrition actions to focus on at different stages of an emergency to enhance the quality and improve the predictability and timeliness of the humanitarian response for nutrition;
- Operational research is underway to clarify programmatic actions that should be taken (research topics include: (i) implications of transition from the NCHS/WHO reference to the new WHO growth standards; and (ii) the relationship between mid upper arm circumference and weight for height measurements of acute under-nutrition in order to provide a coherent approach internationally to estimating prevalence and admitting children into feeding programmes).

**4. Assessment, Monitoring and Surveillance: Timely, accurate and standardised data exists for appropriate, rapid response; performance quality and programme impact monitored**

- Mapping of all existing assessment tools carried out in order to endorse tools appropriate to Nutrition and standardise their use;
- Multi-sectoral Rapid Assessment Tool developed and shared with the Health and WASH Clusters and OCHA for input;
- Survey Methodologies have been harmonised;
- An assessment of the impact of the Cluster Approach to date is underway with a focus on implementation of the Nutrition Cluster in Somalia.

**5. Supply: Relevant supplies are readily available during the immediate onset of an emergency**

An Emergency Supply Strategy with the three following components was developed:

- **Technical Component:** including a revision of existing emergency nutrition supplies maintained by the UNICEF Supply Division in Copenhagen and development of an endorsed list of supplies to be stocked by the Cluster;
- **Supply Component:** indication of the preparedness levels that should be employed (including costs) and criteria for development, use and replenishment of Cluster supplies, including the purchase of initial stocks;
- **Logistics Component:** including an evaluation of locations and holders of supplies in the medium and long term, standards for deployment, and responsibility for transport costs and labelling.

Indicators/benchmarks	Comment/update
i) Essential 'package' of nutrition actions agreed for predictable nutrition Cluster response	<b>Achieved:</b> Essential package of nutrition actions developed and endorsed by Cluster Members.
ii) Nutrition Cluster Toolkit launched, with policy guidance, standards, triggers, and benchmarks	<b>Achieved:</b> Nutrition Cluster Toolkit developed and ready for printing.
iii) Nutrition Capacity Assessment completed	<b>Partially achieved:</b> Assessment of UNICEF staff completed and a global capacity assessment underway.

**REPORT ON IMPLEMENTATION OF GLOBAL CLUSTER CAPACITY-BUILDING**

Indicators/benchmarks	Comment/update
iv) Increased pool of candidates with relevant skills to coordinate the Nutrition Cluster	<b>Achieved:</b> UNICEF Global Web Roster revised to include candidates that can be deployed as Country level Nutrition Cluster Coordinators.
v) Commonly endorsed rapid assessment and nutrition survey methodologies/tools and training developed	<b>Achieved:</b> Multi-sectoral Rapid Assessment Tool and training developed and shared with the Health and WASH Clusters and OCHA for input and survey methodologies for nutrition harmonised.
vi) Agreed Health & Nutrition Tracking System Proposal (with Health Cluster) and pilot roll out	<b>Partially achieved:</b> Health and Nutrition Tracking Service proposal developed in collaboration with the Health Cluster. Roll out planned for 2007.
vii) Inter-agency training package developed for emergency nutrition programme managers	<b>Partially achieved:</b> Lead agency for development of the training package identified; funds transferred; training package under development.
viii) Nutrition performance quality and programme impact is monitored and evaluated	<b>Partially achieved:</b> A review to document lessons learned in the implementation of the Nutrition Cluster in Kashmir, Java, Lebanon (desk review), Somalia (field visit) and global level that can inform new emergencies and improve the Cluster implementation, is underway. To be completed by April 2007.
ix) Relevant nutrition supplies are available at onset of all new emergencies in 2006	<b>Partially achieved:</b> An Emergency Supply Strategy with a technical component, a supply component, and a logistics component was developed.

**d) Field impact**

The Nutrition cluster has guided the implementation of the cluster approach in the Lebanon crisis through weekly teleconferencing, emailing, technical support and deployment of international nutritionists. Through weekly global consultations, gaps were identified and guidance was provided. Initially, however, the support did not have much impact as the country level cluster coordinator was not very effective, underscoring the fact that cluster coordination at country level needs to be flexible as the cluster lead agency may not always have capacity. The situation improved significantly when NGO cluster members stepped in with international nutritionists with appropriate skills. This resulted in the development of joint policy statements on infant and young child feeding and training and education materials.

Significant guidance (including field visit) has been provided to the cluster implementation in Somalia with very positive results in mapping of partners, identification of gaps and quality of actions and collaboration among cluster members.

**e) Risks and challenges**

The primary challenge was to attract the high-calibre staff critical to building UNICEF's capacity and leading the Nutrition Cluster, while at the same time being unable to offer the human resource and contractual benefits that would attract such staff.

The second constraint was the late receipt of funding. As indicated above, timely and adequate funding is important for the success of any new initiative that is time-bound and aims at capacity building such as the Cluster Approach to ensure effective implementation of work plans and enhance humanitarian response capacity, predictability, accountability and partnership.

Further knowledge and lessons are expected to result from the Nutrition Cluster review, which is expected to be completed by April 2007.

**f) Cross-cutting issues**

The Cluster prepared the chapter on Gender and Nutrition in the IASC Gender Handbook. There has been significant communications with the OCHA Gender Advisor who has participated in one of the Nutrition Cluster meetings.

HIV intervention is critical in the infant and young child feeding component of the cluster toolkit.

The Toolkit action on promotion and support of breastfeeding discourages bottle-feeding, which contributes to environmental protection.

In terms of cooperation with other relevant clusters, the Nutrition Cluster worked in coordination with the Health and WASH Clusters to ensure an integrated approach and address cross cutting issues. Major activities embarked upon with Health and WASH Clusters include: (1) The Nutrition Cluster co- led an initiative with the Health Cluster to develop a proposal on a joint health and nutrition tracking service for emergencies which will be used to monitor health, nutrition and mortality related indicators at the field level; (2) development of a multi-sectoral rapid assessment tool; and (3) attendance at each other's face-to-face meetings. A joint Nutrition, WASH and Health Clusters meeting is planned in June 2007.

**g) Activities**

- ✓ Formation of a formal Nutrition Cluster with monthly teleconferences and four face-to-face meetings including the development of a joint workplan and selection of agency leads for projects;
- ✓ Development of a toolkit to enhance the quality and improve the predictability and timeliness of the humanitarian response for nutrition through provision of clarity on key nutrition actions to focus on at different stages of an emergency;
- ✓ Organisation of the first joint regional training workshop on the integrated facility-based and community-based management of severe acute malnutrition held in September 2006;
- ✓ Development of a Multi-sectoral Rapid Assessment Tool and harmonisation of survey methodologies;
- ✓ The following activities related to Infant and Young Child Feeding in Emergencies (IFE): (1) Organisation of a workshop to present the new operational guidance and to increase the profile of IFE contributed to the harmonisation of agency approaches for IFE; (2) Translation of the Operational Guidance on IFE; (2) A review on complementary feeding in emergencies; (3) Development of practical tools for implementation of IFE actions; (4) Development of web based resources on IFE; (5) Update and development of a second module of the Operational Guidance and a joint UN policy on the use of milk in emergencies; and (6) Development of Integrated Training Tools;
- ✓ Development of a comprehensive training package for capacity development with the aim of enhancing nutrition programming in emergencies and harmonising technical messages;
- ✓ Operational research underway to investigate the implications of transitioning from the NCHS/WHO reference to the new WHO growth standards on global estimates of malnutrition and criteria for discharging children from therapeutic feeding centres;
- ✓ Operational research underway to investigate the relationship between mid-upper arm circumference and weight- for-height measurements of acute under-nutrition in order to provide a coherent approach internationally to estimating prevalence and admitting children into feeding programmes;
- ✓ Revision of the UNICEF Global Web Roster to include candidates that can be deployed as Country level Nutrition Cluster Coordinators.

**CHAPTER 8: PROTECTION**

**Section 1: Cluster Resources and Financial Implementation**

a) Funds received, disbursements to partners, expenditures and carry-over

Appealing Organisations	Revised Requirements	Contributions as at 31 Jan 2007	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditures 1 Feb – 31 March 2007	Expected carry-over beyond 31 March 2007
Funds appealed for directly by Cluster Lead, UNHCR	2,402,400	2,402,400	0	100%	509,476	17,100	1,875,824
Funds appealed for by Cluster Partner UNICEF (channelled to UNICEF)	250,000	250,000	0	100%	0	20,833	229,167
Funds appealed for directly by Cluster	275,000	275,000	0	100%	195,710	79,290	0
<b>TOTAL</b>	<b>2,927,400</b>	<b>2,927,400</b>	<b>0</b>	<b>100%</b>	<b>705,186</b>	<b>117,223</b>	<b>2,104,991</b>

b) Donors

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	% Funded (pledges & contributions)	Netherlands	Norway	Sweden	UK	US
Funds appealed for directly by Cluster Lead UNHCR	2,402,400	100%	471,950	42,965	35,000	1,102,485	750,000
Funds appealed for by Cluster Partner UNICEF (channelled to UNICEF by UNHCR)	250,000	100%	250,000				
Funds appealed for directly by Cluster Partner NRC	275,000	100%		275,000			
<b>TOTAL</b>	<b>2,927,400</b>	<b>100%</b>	<b>721,950</b>	<b>317,965</b>	<b>35,000</b>	<b>1,102,485</b>	<b>750,000</b>

- c) Impact of under-/late-funding; carry-over; lessons learned
- During 2006, the global Protection Cluster Working Group (PCWG) continued its work to clarify areas of responsibilities, enhance complementarities and review standards and existing response capacities. Operational tools and material on protection are being developed to provide guidance and support to protection actors in the field. The PCWG meets on a regular basis, attended by a wide range of UN agencies, IOM, NGOs and the ICRC. It has proven to be a valuable coordination mechanism providing a broad and comprehensive perspective on protection and offering advice on protection and information sharing to a variety of actors. Considering its diverse and broad membership, the PCWG is a unique global forum for discussion on protection in humanitarian response;
  - In view of the diverse membership and full agenda of the PCWG, child protection-focused actors convened separately to identify priority gaps in tools and policy development. The group met under the auspices of the PCWG to ensure coordination and complementarities. A number of joint inter-agency training tools are underway in child protection;
  - The Cluster Appeal was issued late in the year and, although the PCWG was eventually fully funded, implementation of some activities was partially delayed. Some of these activities, such as the strengthening of UNICEF's role on child protection (hiring a P4 Project Officer for 1 year in Geneva) and a regional UNHCR post in Africa (temporary assistance) have been carried into 2007;
  - Some agencies felt that the implementing/operational arrangement added an additional administrative layer for the transfer of funds, and therefore, would prefer direct funding by donors. Further discussion on this matter continues. For 2007, as cluster lead, UNHCR will make all possible funding mechanisms available, including 'pooled' funding, so that cluster partners can revisit the issue of funding modality.

## Section 2: Cluster Objectives and Results

### a) Global Cluster Lead: UNHCR

b) **Global Cluster Partners:** OCHA, OHCHR, UNICEF, UNDP, UN-HABITAT, UNFPA, United Nations Mine Action Service (UNMAS), United Nations Relief and Works Agency (UNRWA), WFP, RSG-IDPs, IOM, Caritas, Christian Children's Fund (CCF), Concern, DRC, Human Rights Watch, Interaction, International Catholic Migration Commission, International Centre for Transitional Justice, ICVA, IRC, Jesuit Refugee Services/Women's Commission for Refugee Women, NRC/Internal Displacement Monitoring Centre (IDMC), Oxfam, SC-Alliance, SC-UK, SCHR, TDH, WVI. The ICRC participates as an observer.

### c) Objectives/Achievements

#### 1. Sufficient and well-trained protection capacity and preparedness at the global level, enabling the humanitarian community to mount a timely and effective protection response to two-three new emergencies per year of 500,000 persons.

Significant advances have been made to address capacity needs to support protection activities in field operations. The Protection Standby Capacity Project (ProCap) has established a Core Team of experienced SPOs for deployment to the field, in both natural disasters and complex emergencies, to provide strategic guidance and protection expertise to the protection-mandated UN agencies and Country Teams. ProCap has also set out to enhance the quality and effectiveness of standby protection personnel through its training programme and support the expansion of partner standby rosters in terms of their size and diversity.

ProCap and other standby rosters notwithstanding, some agencies continue to experience difficulties in deploying sufficient numbers of their own senior and mid-level staff to support protection in the field. Constraints include inflexible internal staffing mechanisms making it difficult to appoint appropriate staff in a rapid manner. For UNHCR in particular, the expanded and new responsibilities associated with the cluster approach require additional internal capacity building to improve both the protection and coordination skills of field staff. However, steps are being taken to establish internal rosters of staff with requisite skills profiles and to provide training so as to increase internal response capacity.

Standby rosters have been undertaking different strategies to increase the number of protection officers with requisite skills profiles available to meet increasing requests. For some rosters, such as that of DRC, the numbers of protection personnel have already increased (approximately 50%).

ProCap has supported these initiatives, and sought to explore and facilitate further partnership, including with southern-based organisations.

The PCWG has also embarked on facilitating operational guidelines on protection in the form of an inter-agency IDP Protection Handbook which will be reviewed, tested and piloted in the first half of 2007. This is a major task, which will provide operational guidelines, standards and tools necessary for the work of protection actors in the field. While UNHCR is coordinating and leading the effort, various other agencies and NGOs are directly involved, for instance through drafting, contribution of material, and/or participation in the editorial board. These include, in addition to UNHCR, OHCHR, UNICEF, OCHA, UNMAS, RSG-IDPs, ICRC, NRC/IDMC, SC-International/UK, DRC and Centre for Humanitarian Dialogue (CHD). Inter-agency guidelines on profiling IDP populations are also being developed by NRC/IDMC and OCHA/DPSS with support from UNHCR.

As part of the broader inter-agency global protection capacity building effort, training in protection and international legal standards has been provided to more than 300 field-based individuals by the NRC/IDMC in Somalia, Cote d'Ivoire, Colombia, Democratic Republic of Congo, Nepal and Lebanon. This training was planned and delivered in consultation and cooperation with protection mandated UN agencies and country teams, in support of their protection strategy. Moreover, PCWG Workplan for 2007 includes a range of activities to further develop the cluster's capacity at global and field levels to mount timely and effective protection responses to new and existing emergencies in 2007.

**2. Adequate monitoring, reporting and information management mechanisms on protection in all ongoing and developing crises and ensuring that joint and participatory needs assessments are carried out to identify gaps**

Country Teams in Somalia, Sudan, Uganda, CAR, Liberia, DRC and Timor Leste have been working towards the development of protection monitoring, reporting and information management mechanisms. However, there is a need to enhance the quality of such mechanisms and to further a harmonised and standardised approach across countries in existing and new emergencies. The PCWG is undertaking a preliminary survey of existing mechanisms and will develop tools to facilitate their implementation during 2007. The PCWG also supports the work of the Information Management Working Group (IMWG), OCHA and other cluster leads to undertake a stocktaking exercise of information management capacities.

In its consultations with field-based protection coordination mechanisms, the PCWG has consistently emphasised the importance of joint and participatory needs assessments, which have been carried out in most field operations. Efforts are also being undertaken to develop additional tools to facilitate such assessments (see below) and ensure they are undertaken systematically.

**3. Systematic attention to protection in early warning, contingency planning, needs assessment, and strategy development**

Due to competing priorities, the PCWG has been unable to devote sufficient attention to protection in the context of early warning and contingency planning. Work in this area will be undertaken in 2007. Ensuring the inclusion of protection in early warning and contingency planning at the field level will also be facilitated through OCHA. Its *Policy Instruction on Protection*, endorsed in September 2006 in an effort by OCHA to clarify and explain its role (vis-à-vis other actors) in supporting protection activities, outlines that role in ensuring that preparedness and contingency planning processes identify and provide appropriate responses to protection concerns.

The PCWG has sought to ensure that needs assessments and strategy development reflect protection concerns. It will be further facilitated through the provision of specific tools, notably a protection needs assessment framework, to be developed by the PCWG in 2007, and the needs analysis framework that is being developed by the IASC CAP Sub-Working Group and is currently being reviewed by the PCWG. Moreover, the inter-agency IDP Protection Handbook includes guidance to enhance protection work in relation to participatory assessment and strategy development.

**REPORT ON IMPLEMENTATION OF GLOBAL CLUSTER CAPACITY-BUILDING**

Indicators/benchmarks	Comment/update
i) Effectively trained, inter-agency surge capacity and standby-partnerships in place.	<b>Partially achieved:</b> Protection Surge Capacity Project (UNHCR/IRC): The Surge Project, which has been operational since 2002, has deployed staff in both refugee and IDP situations. In 2006, Surge received specific funding from the Global Cluster Appeal and has two components. Under the IDP Project, five protection officers were deployed to Goma (DRC), Bunia (DRC), Nairobi (Somalia), Beirut (Lebanon) and Tyre (Lebanon). 25 roster members started the self-study module of UNHCR Protection Learning Program. The final workshop will be held in March 2007. <u>ProCap (Tier 1)</u> : As at 1 February 2007, ten qualified and experienced SPOs had been recruited and deployed on 16 different assignments to protection-mandated agencies in ten countries: CAR, Cote d'Ivoire, DRC, Georgia, Kenya, Lebanon, Pakistan, Somalia, Sudan and Uganda. In five of these countries, the role of the SPOs has been to support the implementation of the cluster approach. As part of <u>ProCap (Tier 2)</u> activities, an inter-agency protection training package has been designed to equip standby roster mid-level protection officers with the skills and knowledge to undertake context-specific protection analysis, establish priorities, design and plan inter-agency protection responses, and conduct related advocacy. The training complements issue and mandate-specific training. In 2006, 57 standby experts from the rosters of Save the Children (Norway, Sweden and Denmark), DRC, NRC, RedR and Austcare were trained. Over half of those trained have been deployed in the field. ProCap has already begun to develop 'Training of Trainers' in order to sustain and expand this programme and is exploring certification based on core competencies.
ii) Information and knowledge management tools and frameworks developed and piloted.	<b>Underway:</b> The PCWG has undertaken a survey of existing tools and frameworks with a view to identifying areas where these need to be further developed and enhanced in order to meet the need for uniform, comprehensive and consistent guidance on information management to protection coordination mechanisms in the field.
iii) Protection strategies in place on the basis of joint needs assessments.	<b>Achieved:</b> Protection strategies have been developed on the basis of participatory joint needs assessments in DRC, Liberia, Uganda and Lebanon.
iv) At least two existing standby deployment schemes expanded.	<b>Achieved:</b> As of January 2006, the <u>UNHCR/IRC Surge Project</u> had 198 roster members available for deployment to both IDP and refugee situations. During the year, 56 new members were added and 37 members left, leaving a total of 217 (approx increase of 10%). <u>ProCap</u> established a Core Team of ten SPOs and is working to expand this to 15. In addition, ProCap has been working to support existing Standby Rosters to increase their numbers of protection personnel. The <u>DRC's standby roster</u> has increased its number of protection experts available for deployments, to both refugee and situations of internal displacement, with approximately 50%, through its own recruitment initiatives and training programme, as well as the ProCap training initiative.
v) Operational guidelines on IDP protection drafted.	<b>Partially achieved:</b> A practical inter-agency Handbook for Protection of IDPs with operational guidance, standards and tools is being drafted/coordinated by UNHCR. It will be ready for inter-agency review and field-testing in the first half of 2007. Draft Guidelines on Profiling IDPs were developed in 2006 and are being finalised by NRC-IDMC, with the support of the PCWG. In this context, under the leadership of the DRC in close collaboration with UNHCR and OCHA, an IDP survey in Somalia is being supported to field-test the guidelines.
vi) Four field staff trainings held in at least two operations. Two training-of-trainers held.	<b>Achieved:</b> Training for about 300 field-based actors (national, international, UN, non-UN, and Government) on international IDP protection standards was provided by the NRC/IDMC in six countries. For the carry-over period in 2007, additional workshops are for Côte d'Ivoire (training of trainers), and three workshops for authorities and NGOs in DRC. In Colombia, the NRC/IDMC developed a training-of-trainers to strengthen the capacity of civil society actors to respond to IDP protection concerns and the community level through participatory training methods.
vii) Coordination meets needs of IDP protection actors & responds to identified needs and gaps.	<b>Partially achieved:</b> Although it is too early to assess the overall impact of the new approach to enhanced coordination of protection, the IASC Interim Self-Assessment reported that field teams in DRC, Somalia, Liberia and Lebanon found the approach created a more coordinated response in areas that had been identified as gaps, including protection.

viii) Emergency telecom equipment to support IT and HIC protection functions procured.	<b>Pending:</b> This was a benchmark from the original appeal, but in the course of the reporting period this service was not requested from the field.
ix) Training modules for authorities, civilian/military UN & regional peacekeeping personnel.	<b>Underway:</b> Training modules are currently being developed that will target authorities, civilian/military UN and regional peacekeeping personnel, and UN and NGO staff directly involved in field operations.

**d) Field impact**

The PCWG monitored the initial rollout of the protection cluster in Pakistan, Liberia, Uganda, DRC, Somalia, and Lebanon and offered technical advice on protection coordination and strategy development. In addition to supporting field operations with deployment of protection staff and other staffing arrangements including, as indicated above, the deployment of ProCap SPOs, the PCWG has also responded to the critical needs of the field and is currently developing tools requested by field operations.

Training workshops/programmes implemented by members of the PCWG have raised awareness of international protection standards and key coordination mechanisms among national authorities, NGOs and non-state actors. They have also helped UN efforts to mobilise these actors to respond to protection concerns by providing an opportunity to reach common understanding of key concepts and standards and discuss and review national policies and plans of actions. Trainings have also enabled NGOs to engage in assisting and advocating for IDPs, and strengthened their capacity to monitor their protection needs, in particular in areas with restricted access for UN agencies (CAR, Somalia).

In June 2006, UNMAS and SRSA led an exercise to test the UN Framework for Mine Action Planning and Rapid Response. The exercise was conducted over 11 days and involved personnel from UNICEF, ICRC and trainees from SRSA, Afghanistan, Lebanon and Sudan. This rehearsal facilitated the successful and timely deployment of the mine action emergency response capacity in Lebanon later in 2006.

**e) Risks and challenges**

Although ProCap, partner standby rosters and the UNHCR/IRC Surge Project have contributed to increasing response capacity, ensuring sufficient staffing in agencies for on-going and new emergencies remains a challenge. Continued efforts will be required to: address agencies' internal staffing mechanisms and recruitment practice; maintain and expand standby mechanisms to meet increased requests for protection personnel; and explore and build new partnerships and advocate for continued donor support. The Protection Mapping exercise now initiated by the PCWG will support analysis of actual needs and capacities in the field that will inform these efforts.

It is necessary to clarify how cluster coordination interacts with existing coordination mechanism in countries where the cluster system was introduced in pre-existing emergency situations (e.g. Liberia, Uganda, Somalia, DRC). The breadth of the protection agenda also presents coordination challenges, with the need to include the concerns and approaches of a diverse range of cluster members while avoiding multiple layers of coordination meetings. There is also a need to clarify the relationship between the global cluster lead and field-based protection leads when the latter is an agency other than UNHCR (e.g., as in Pakistan and Indonesia). Another challenge is related to the 'provider of last resort' concept and how to ensure predictability and define responsibility when there are gaps in the protection response, due to problems with funding, access, security and agency limitations.

The evaluation commissioned by UNMAS into the Lebanon emergency has highlighted the need for further work to integrate mine action requirements into protection cluster activities. In a post-conflict situation, landmines and other explosive remnants of war can pose an enormous threat to IDPs and affected populations, as well as humanitarian agencies, as was the case in Lebanon.



Further reflection and conceptual clarity are required in order to define the scope of protection in humanitarian emergencies, and in particular to define better what situations and what groups would require a protection response in addition to IDPs and affected populations in complex emergencies and disaster situations.

**f) Cross-cutting issues**

The cross-cutting nature of protection requires that protection concerns are integrated and mainstreamed in all clusters. At the field level, the OCHA *Policy Instruction on Protection* notes OCHA's role in supporting cross-cluster analysis and ensuring that protection concerns raised in other clusters are shared with the protection cluster and action taken. At the global level, the PCWG has developed focal points for cross-cutting issues (e.g. gender, HIV/AIDS) and the IASC Gender Handbook has been discussed in the PCWG. In addition, PCWG members participate in the meetings of other clusters. Checklists for incorporating human rights are being developed for use in other clusters. Tools/material under development incorporate Age, Gender and Diversity (AGD) principles and approaches. The PCWG has also agreed to mainstream the Mental Health and Psychosocial Support (MHPSS) Guidelines on Emergencies in its outputs and has assigned focal point agencies to that end.

**g) Activities**

- ✓ Development of inter-agency IDP Protection Handbook; Development and field-testing of inter-agency Guidelines on IDP Profiling; Development of Handbook on Housing and Property Restitution for Refugees and Displaced Persons;
- ✓ Review of CAP Needs Analysis Framework; Review of 'Benchmarks of durable solutions for IDPs';
- ✓ Adaptation of Protection Gap Analysis Tool developed for refugee situations to IDP situations, incorporating the participatory assessment tool;
- ✓ Collation of relevant protection materials from global and field protection clusters, CCCM and Emergency Shelter cluster issued in three editions of CD ROMs ('IDP Key Resources');
- ✓ Survey and mapping of protection monitoring, reporting and information management systems, including support to OCHA's Information Management Stocktaking Exercise;
- ✓ Development of Mission Statement/Terms of Reference defining the scope, role and activities of the PCWG; Development of human rights checklists for different clusters; Development of a self-teach DVD covering Landmine and ERW Safety;
- ✓ Interagency CD ROM on Child Protection (Separated and Unaccompanied Children; SGBV, Child Recruitment; Child Protection Principles, Psychosocial support and HIV-AIDS);
- ✓ Inter-agency effort to update the Cape Town Principles: Principles To Protect Children From Unlawful Recruitment And Use By Armed Forces And Groups;
- ✓ Mainstreaming of the IASC Mental Health and Psychosocial Guidelines in Emergencies;
- ✓ CD ROM on Communicating on Child Protection;
- ✓ NRC/IDMC implemented 11 training workshops and two training-of-trainers; Training of protection staff in agencies; three ProCap trainings for 57 members of Standby Rosters;
- ✓ Mine Action rapid response exercise held in Sweden;
- ✓ ProCap Core Team of SPOs established; Initial launch and on-going development of ProCap Online; Deployment of ten ProCap SPOs (on 16 assignments to ten countries); Deployment of five POs through Surge Capacity Project to DRC (Goma), DRC (Bunia), Somalia (Nairobi), Lebanon (Beirut) and Lebanon (Tyre), by UNHCR;
- ✓ Support and technical guidance for the development of field-based protection strategies, including their reviews, in countries which have adopted the cluster approach;
- ✓ Implementation of the UN Framework for Mine Action Planning and Rapid Response in Lebanon.

**CHAPTER 9: WATER, SANITATION & HYGIENE (WASH)**

**Section 1: Cluster Resources and Financial Implementation**

a) Funds received, disbursements to partners, expenditures and carry-over

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	Contributions as at 31 Jan 2007 (funds channelled on to partners)	Pledges as at 31 Jan 2007	% Funded (contributions)	Funds spent as at 31 Jan 2007	Expected expenditure 1 Feb - 31 March 07	Expected carry over beyond 31 March 2007
<b>Funds appealed for directly by Cluster Lead - WASH</b>	<b>3,360,000</b>	<b>3,146,199</b>	<b>0</b>	<b>94%</b>	<b>244,872</b>	<b>2,170,715</b>	<b>730,612</b>
<i>Funds received by cluster lead but not yet allocated</i>		730,612					730,612
<i>Funds channelled to UNICEF</i>		624,872			214,872	410,000	
<i>Funds channelled to cluster partner ACF by cluster lead</i>		250,788				250,788	
<i>Funds channelled to cluster partner OXFAM by cluster lead</i>		403,327				403,327	
<i>Funds channelled to cluster partner RedRLondon by cluster lead</i>		306,600				306,600	
<i>Funds channelled to UNICEF &amp; partners for Information Management Project</i>		300,000				300,000	
<i>Funds channelled to the emergency material and stocks project: Cluster partner TBD</i>		500,000				500,000	
<i>Funds for learning/ evaluations/ reviews</i>		30,000			30,000		
<b>TOTAL</b>	<b>3,360,000</b>	<b>3,146,199</b>	<b>0</b>	<b>94%</b>	<b>244,872</b>	<b>2,170,715</b>	<b>730,612</b>

b) Donors

Appealing Organisations (and organisations which received funds via cluster lead)	Revised requirements	% Funded (contributions)	Canada	Norway	Sweden	UK	USA
Funds appealed for and received directly by the Cluster Lead-WASH	3,360,000	94%	265,488	400,000	115,000	1,865,711	500,000
<b>TOTAL</b>	<b>3,360,000</b>	<b>94%</b>	<b>265,488</b>	<b>400,000</b>	<b>115,000</b>	<b>1,865,711</b>	<b>500,000</b>

- c) Impact of under-/late-funding; carry-over; lessons learned:
- Whilst an unwritten objective, achieving a sustainable WASH cluster composed of the world's largest experience and expertise in emergency response in water, sanitation and hygiene has been a significant focus of the cluster lead in 2006. Achieving this entailed the development of trust and confidence through a transparent management process and resulting in the shared ownership of cluster objectives and a shared responsibility in achieving these objectives; Significant time has been devoted to this process means greater and sustained commitment by cluster participants and a more coherent shared vision and strategy to arrive at cluster objectives. This is critical in achieving sustainable results and impact at a field level. After only one year, the WASH cluster does represent a large part of the world's most significant emergency WASH field players. Whilst most certainly worthwhile, along with a late response to the Cluster Appeal, this has meant an initial reduction in completing the 2006 workplan and hence carry over into 2007. However, this process has been an important step in the development of the WASH cluster group and has therefore been part of the foundation and consolidation of the group. The cluster now has all the conditions in place to make accelerated progress in 2007;
  - With the eventual setting-up of the cluster support team as well as including the newly expanded Global WASH Cluster it was necessary to redevelop and verify the workplan that took place only in June 2006;
  - Whilst the Global Cluster Appeal has been effectively treated like a CAP, the activities of the global clusters cannot be dealt with as an emergency and therefore internal UNICEF funds were not able to be committed in order to kick start some of the workplan activities;
  - The Lebanon crisis also took away some time and focus of many of the organisations including the cluster support team and further delayed the expansion of the workplan to an implementation plan – however it therefore also represented a part of its activities;
  - A new process and partnership, which is on behalf of the whole cluster and not only UNICEF has been a challenge to the cluster lead. It has taken time to find a way to disburse finances and has delayed the process, however, it is hoped to streamline this process for next year;
  - The delayed recruitment of support staff has also restricted the pace of the Cluster support team;
  - It is also important that funding modalities are regularly discussed with the group and assumptions are not made on the group's behalf. The option of having direct funding to cluster organisations is important to continue to have on the table. The cluster's decision to have the funds channelled through UNICEF for a second year is an indication of that building of trust and confidence;
  - It is important to ensure the distinction between a decision by the cluster to have a pooled funding mechanism at the global level and the group's support for continued direct funding of field operations.

## **Section 2: Cluster Objectives and Results**

a) **Global Cluster Lead:** UNICEF

b) **Global Cluster Partners:** ACF, CARE, CDC, Concern, CRS, InterAction, ICMH, ICRC, IFRC, IRC, Norwegian Church Aid (NCA), OXFAM, RedR, UNEP, UNHCR, WFP, WHO, WVI. Both USAID and the European Community Humanitarian Office's (ECHO) WASH specialists have also attended and want be involved in the cluster. DfID has also taken a special interest but were unable to attend. InterAction and SCHR have also had input to the WASH cluster.

c) **Objectives:** Outcomes and Projects of the Global WASH Cluster's Workplan

It is important to review additionally the unwritten objectives, which relate to the formation of a sustained inclusive formal (and informal) global platform of the largest emergency WASH actors – the largest component coming from the NGO and Red Cross/Crescent Movement. The outcomes<sup>4</sup> and projects have been developed by the cluster group and are implemented by a range of participating organisations, utilising the comparative advantage and expertise of the diverse players.

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<sup>4</sup> The WASH cluster objectives listed in the May Update to the Cluster were revised in June with the participation of a broader group of cluster organisations.

**Outcome 1: Adequate coordination capacity and mechanisms developed<sup>5</sup>**

***Project 1, Cluster Coordinator Training: Lead RedR with UNICEF***

- A full strategy for the identification, assessment and training of cluster lead and hub WASH coordinators has been developed by the full cluster and steering and peer review groups identified;
- Framework under development to assess potential cluster leads – internal and external to the lead;
- A WASH handbook/toolkit has been started;
- Participation in current emergency leadership training programme to assess cluster lead training;
- Significant contributions made to the development of the new cluster/sector lead training;
- A specific WASH training for coordinators is being developed to supplement the generic training;

***Project 2, Information Management: Lead UNICEF***

- Holistic strategy and approach to information management developed by the overall WASH cluster– includes IM tools for: (a) needs assessment and tool to compile needs assessments;
- Agreement for different needs assessments – type and phases of emergencies as well as to enable comparison and prioritisation among needs between locations; (b) who-what-where data to avoid duplication and facilitate networking/coordination of actors; (c) gaps analysis to support further prioritisation; and (d) and monitoring including standards and indicators;
- Initial collection of sector and cluster tools;
- Inter-sectoral rapid needs assessment tool under development with Nutrition and Health;
- Contribution to overall IASC IM strategy;
- Agreement to use Sphere Standards as its principle guidance and reference and these will therefore be used as a basis for the monitoring tool for the sector.

**Outcome 2: Increased hygiene promotion capacity for emergency response<sup>6</sup>**

***Project 3: Hygiene Promotion (HP): Lead Oxfam (Manager) with ACF, IFRC, IRC, UNICEF***

- Cluster strategy developed for increased capacity in HP in emergencies;
- Multi-agency implementation – commitment and buy-in to coordinated approach to HP; four inter-agency meetings to complete strategy and ToRs;
- Seven specific ToRs developed and consultants identified;
- Field testing of HP tools developed.

**Outcome 3: WASH emergency preparedness and learning developed<sup>7</sup>**

***Project 4, Capacity Mapping***

- Initial assessment of global gaps by WASH cluster;
- Strategy developed to try to map capacity at global and hotspot country level; initial capacity indicators developed;
- Coordination with Health and Education cluster/sector to examine cross-sectoral mapping;
- Generic framework for country level to present overarching framework for multi-country mapping, to promote comparison between countries; the capacity mapping of additional countries which will be done through the increasing UNICEF sector capacity at a regional level;

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<sup>5</sup> Objective as previously described: Greater capacity for more effective coordination and Increased agreement on quality of response.

<sup>6</sup> Objective previously described: Foundation laid for improved coherence and capacity in health/hygiene promotion.

<sup>7</sup> Objective previously described: Greater understanding of capacity gaps globally; Standardised assessment and monitoring developed and piloted; Cluster standby materials stored delivered rapidly; Increased learning in WASH emergency response.

- Full implementation of this project will take place early in 2007.

**Project 5, Emergency Materials List and Stocks: Initial Lead UNICEF**

- Full strategy developed; assessment phase identified and ToR developed;
- Identification of the need for different service levels for different materials;
- Coordination with Logistics and Shelter cluster and OCHA's logistics component on WASH material;
- Agreement with Shelter cluster for WASH cluster to provide specifications for WASH NFIs;
- Complementary work underway to develop UNICEF's emergency water, sanitation and hygiene equipment list and stock.

**Project 6, Training for Capacity Building: Initial Leads RedR, UNHCR, and UNICEF**

- Two phase strategy developed for the cluster – ToR developed for initial rapid needs assessment and quick roll-out of identified training for emergencies in three locations and further detailed assessment; 2nd phase to develop new training, piloting and implementation.

**Project 7, Learning: Lead ACF**

- Full strategy developed for review of both the global WASH cluster (process and indicators of success) and country level clusters, roll-out and new emergencies;
- Review of WASH cluster carried out in Liberia by the Cluster Support Team (CST);
- Global WASH Cluster interagency review of WatSan Cluster in Java earthquake response – ACF, Oxfam, UNEP and UNICEF. Inter-agency review brings greater ownership of changes needed within the WASH cluster and greater joint sense of responsibility;
- WASH cluster reviews contribute to self assessment evaluation of the overall cluster approach;
- Reviews and learning feed back into agency learning and inform the need for internal guidance and WASH cluster approach in the field;
- ToR developed for review of Global WASH cluster and indicator development; ToR developed for DRC review.

**Outcome 4: Adequate resources for WASH sector preparedness and response**

**Project 8, Country Cluster Advocacy and Resources: Lead Cluster Support Team**

- Strategy developed for assessment of current advocacy patterns and to develop tools for advocacy and resource mobilisations;
- CST actively engage with donors on the development and funding of the global WASH cluster - WASH cluster workplan for 2006 fully funded; indicators that country-level resource mobilisation are increasing e.g. DRC;
- Progress on this project will be made early in 2007.

**Outcome 5: WASH Early Recovery Strategy Development: Lead Cluster Support Team**

- Strategy under development to define WASH early recovery;
- Discussions with Early Recovery cluster; strategy informs WASH in disaster risk reduction;
- Progress on this project will be made early in 2007 and inform next Global Cluster Appeal.

Indicators	Comment/update
a) 25 international WASH coordinators identified and trained; three Regional WASH Advisors in place	<b>Underway:</b> This indicator comprises ten senior and 15 field coordinators to be trained in WASH coordination. Internal potential cluster coordinator list started; frame work for assessment underway; training to take place in 2007. The field coordinator training and WASH training to be implemented in the first half of 2007.
b) Global and pilot country capacity mapping carried out	<b>Pending:</b> A draft outline strategy/concept paper has been developed and it is envisaged that this will start in the first quarter of 2007.

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c) Global approach to standards endorsed and live	<b>Partially Achieved:</b> It has been agreed <sup>8</sup> that Sphere standards will be the principle guidance for the WASH cluster in the agreement of key standards and indicators for the monitoring of the effectiveness and quality of the WASH response.
d) A 'live' strategy for improving capacity in hygiene promotion	<b>Achieved:</b> A strategy for increasing capacity in the health/hygiene promotion sector has been developed in conjunction with five of the largest WASH operational agencies in emergencies.
e) Standard assessment formats agreed and piloted; Standards endorsed	<b>Underway:</b> The information management project includes the development of standardised assessment formats for different types of emergency context. It is envisaged that these will be developed and piloted within the first half of 2007.
f) Standard standby materials agreed, purchased, stored and delivered	<b>Pending:</b> The strategy developed includes agreement on standard emergency equipment, the provision for the purchase of an initial material stock and the development of guidelines for the rapid delivery of material to an emergency against agreed criteria.
g) Joint emergency WASH response evaluation carried out	<b>Partially Achieved:</b> A joint evaluation of the Java (earthquake response) WatSan Cluster was carried out in August by ACF, Oxfam, UNEP, UNICEF and the CST. A review of the Liberia WASH Cluster carried out by the CST in June <sup>9</sup> .

### d) Field impact

Whilst many thought the cluster approach would be a short-term phase, there has been eventual significant support of organisations involved in the WASH cluster that sees the potential for impact.

- The formalisation of a cluster approach has meant more consistent and better communication between WASH agencies at the onset of emergencies;
- Organisations now have a clear focal point for the sector in emergencies and the development of the ToR for cluster leads at a country level. In general it is perceived that there has been an improvement in coordination across most of the countries where the cluster has been implemented. The ensuing development of a joint strategy for the WASH sector's response has brought about a greater sense of joint responsibility to address the emergency WASH needs;
- In Liberia the cluster approach has brought WASH organisations closer together in developing a joint strategy and an emphasis on clarity of action as part of emergency preparedness;
- In Java, WASH agencies not only developed a sector response strategy, but also looked at common approaches to WASH related issues: e.g. agencies agreed on a common latrine design; it was agreed that any hygiene promotion work with communities would not involve payment;
- In Lebanon DfID's decision to work with the cluster to support the response strategy developed by the implementing organisations meant that there was an opportunity to ensure greater coherence of response and to fund actions agreed upon as priorities by the sector as a whole;
- In DRC, investment in humanitarian activities in this sector has grown exponentially, from \$1m in 2005 to \$13m in 2006. For 2007, the draft Humanitarian Action Plan includes \$99m;
- In general there has now been a much greater involvement of the cluster lead in the development and provision of information management systems.

### e) Risks and challenges

- The lack of comprehensive understanding of the cluster approach, particularly at country and regional level presents challenges for the application of the cluster in new and rollout countries. This has meant a different interpretation of cluster implementation across different countries and particularly between new and chronic crises. The unclear and inconsistent activation process in new emergencies has also challenged the ability to have a united front across and within clusters;
- The separation of functions between cluster lead and UNICEF's own programme presents a particular challenge in ensuring sufficient and experienced capacity to take on fully the cluster lead role and ensuring that one does not compromise the other;

<sup>8</sup> Global WASH Cluster Meeting, Geneva June 2006

<sup>9</sup> Both reports are available on the WASH Cluster website managed by OCHA

- Funding implementing agencies in an emergency through the cluster has also presented some interesting opportunities and challenges. Some instances donors have been working with the cluster lead in verifying (coherence/prioritisation) the funding of specific projects of implementing agencies, although this has not been consistent. Where some funds have been channelled through cluster leads, there can also be a sense of 'unequal' partnerships.

**f) Cross-cutting issues**

- The environment has been a key highlighted cross-cutting issue in the WASH cluster. The involvement of UNEP as part of the WASH cluster has enabled the group to have a 'champion' for the environment to try to ensure that we review all of our work with the environment in mind;
- The WASH cluster has developed the WASH chapter of the IASC Gender Handbook for Humanitarian Action, with inputs from a range of different organisations from within the cluster;
- Early recovery, as a cross-cutting issue is also part of the global WASH workplan. A strategy is planned to develop how to best integrate early recovery into WASH humanitarian response;
- Accountability within WASH programming has more recently been highlighted as a gap in best practice guidelines and it is planned to develop this further in 2007.

**g) Activities**

- ✓ Formation of a formal global WASH platform and network for emergencies, bringing together the main water, sanitation and hygiene to develop a cluster owned and approved work plan;
- ✓ Three global WASH cluster meetings, multiple project teleconferences;
- ✓ Cluster promotion visits to NGOs, donors, key note speeches, internal representation;
- ✓ Development of eight projects to address the major gaps in WASH humanitarian response;
- ✓ Creation of an active cluster support team;
- ✓ Discussions have taken place to consider standby arrangements for WASH environmental advisers in emergencies with other clusters;
- ✓ Agreement to use Sphere Standards as its principle guidance and reference;
- ✓ Inter-cluster development –Health, Shelter, Nutrition, CCCM, Early Recovery, Logistics;
- ✓ Initiation of the development of an MoU with the CCCM cluster to clarify roles and responsibilities between the two clusters in camp situations;
- ✓ Participation in health, CCCM and shelter cluster meetings; links with logistics cluster;
- ✓ Development of the WASH chapter on Gender in humanitarian action;
- ✓ Part of IM and Cluster/Sector Lead Training taskforces;
- ✓ Inter-agency Global WASH Cluster review of the Yogyakarta (Indonesia) WatSan Cluster;
- ✓ Review of the WASH Cluster in Liberia;
- ✓ CST set up Cluster coordination in Lebanon and put in first dedicated WASH lead;
- ✓ WASH cluster; support to Liberia, DRC, Uganda, Somalia, Horn of Africa crisis, Philippines;
- ✓ Close links with donors through personal visits and presentations to UN missions.

## CHAPTER 10: SUPPORTING MORE EFFECTIVE HUMANITARIAN RESPONSE

This chapter briefly highlights progress in the reporting period in two discrete areas, both of which ultimately serve to support a more effective humanitarian response.

The first section briefly highlights progress in mainstreaming gender in humanitarian response through the work of the IASC Task Force on Gender and Humanitarian Action. The second section outlines the progress against the IASC's objective to support an improved humanitarian information management framework.

### Section 1: Mainstreaming Gender Equality in Humanitarian Response

To support the strengthening of gender equality programming in the clusters in 2006, a five point strategic plan was developed. The strategic plan arose from a comprehensive review of what exists and the gaps that remain. The five interwoven and complementary initiatives include:

1. Developing gender equality standards in a field-friendly handbook;
2. Ensuring gender expertise in emergencies including the creation of a gender roster pool;
3. Building capacity of humanitarian actors on gender issues;
4. Getting the right data – using sex and age disaggregated data for decision-making;
5. Building partnerships for increased and more predictable gender equality programming in crises.

The cluster working groups supported by the IASC Taskforce on Gender and Humanitarian Action drafted, field tested and finalised a gender handbook entitled *Women, Girls, Boys & Men Different Needs – Equal Opportunities Gender Handbook for Humanitarian Action*. The IASC Gender Handbook is a sector-by-sector (cluster by cluster) practical guide on how to ensure gender equality programming in emergencies including the importance of coordination of gender issues in humanitarian response.

The Gender Handbook:

- Provides information on gender analysis;
- Lists concrete actions to address gender issues;
- Provides sector checklists to assist in measuring the progress in gender equality programming.

The IASC Gender Handbook will be produced and translated in to Arabic, French, Spanish, Portuguese, and Russian.

In 2007 the remaining elements of the five point strategic plan will be implemented to further support gender equality programming is fully integrated into all cluster work.

### Section 2: Building Capacity for Information Management Support

In March 2006, the IASC Working Group's recognition of a need for an improved inter-agency humanitarian information management framework set in motion an inter-agency review process led by OCHA in close coordination with Cluster Lead Agencies. A subsequent meeting of information managers from across the humanitarian community produced a series of recommendations (endorsed by the IASC WG in July 2006) ranging from a system-wide stocktaking exercise to review information management capacities and tools, to a redefinition of the role of the Humanitarian Information Centre in the context of the Cluster Approach. An inter-agency task force on information management has continued to meet regularly to review progress on implementation of the recommendations and support the coordination of information management initiatives within the cluster approach.



ANNEX I.

ACRONYMS AND ABBREVIATIONS

ACF	Action Contre la Faim
AGDM	Age, Gender and Diversity Mainstreaming
AHA	African Humanitarian Action
AMDA	American Medical Doctors Association
CADRI	Capacity Development for Disaster Reduction Initiative
CAP	Consolidated Appeals Process
CAR	Central African Republic
CCF	Christian Children's Fund
CCCM	Camp Coordination and Camp Management
CDC	Disease Control and Prevention
CDGECS	Community Development, Gender Equality and Children Section
CERF	Central Emergency Response Fund
CHD	Centre for Humanitarian Dialogue
CRS	Catholic Relief Services
CSLT	Cluster/Sector Leadership Training
CST	Cluster Support Team
CWGER	Cluster Working Group on Early Recovery
DPKO	Department of Peace Keeping Operations
DRC	Danish Refugee Council
DRC	Democratic Republic of Congo
ECHO	European Community Humanitarian Office
ECLAC	Economic Commission for Latin America and the Caribbean
ENN	Emergency Nutrition Network
ER	Early Recovery
ERC	Emergency Relief Coordinator
ETC	Emergency Telecommunications Cluster
FANTA	Food and Nutrition Technical Assistance
FAO	Food and Agriculture Organization
GAIN	Global Alliance for Improved Nutrition
GIS	Geographic Information System
HC	Humanitarian Coordinator
HCFC	Health Cluster Field Coordinator
HHI	Harvard Health Initiative
HIV/AIDS	Human Immuno-Deficiency Virus / Acquired Immuno-deficiency Syndrome
HNTS	Health and Nutrition Tracking Service
HP	Hygiene Promotion
HRSU	Humanitarian Reform Support Unit
IAET	Inter-Agency Emergency Telecommunications
IASC	Inter-Agency Standing Committee
ICMH	International Centre for Migration and Health
ICH	Institute of Child Health
ICN	International Council of Nurses
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Persons
IFE	Infant and Young Child Feeding in Emergencies
IFRC	International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organization
IMC	International Medical Corps
IMWG	Information Management Working Group
IOM	International Organisation for Migration
IRC	International Rescue Committee
IRP	International Recovery Platform
ISDR	International Strategy for Disaster Reduction
ITU	International Telecommunication Union
JHU	John Hopkins University

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LRT	Logistics Response Teams
LWF	Lutheran World Federation
MHPSS	Mental Health and Psychosocial Support
MI	Micronutrient Initiative
MT	Metric Tonne
NAF	Needs Analysis Framework
NCA	Norwegian Church Aid
NFI	Non-Food Items
NGO	Non-Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of U.S. Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights
PCNA	Post-Conflict Needs Assessment
PCWG	Protection Cluster Working Group
PDNA	Post-Disaster Needs Assessment
ProCap	Protection Standby Capacity Project
RSGIDP	Representative of the Secretary-General on Internally Displaced Persons
SC	Save the Children
SCN	Standing Committee on Nutrition
SCHR	Steering Committee for Humanitarian Response
SOP	Standard Operating Procedures
SPO	Senior Protection Officers
SRSA	Swedish Rescue Services Agency
TDH	Terre des Hommes
ToR	Terms of Reference
ToT	Training of Trainers
UN	United Nations
UNDG-ECHA	United Nations Development Group – Executive Committee for Humanitarian Affairs
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNEP	United Nations Environmental Programme
UNFPA	United Nations Population Fund
UN-HABITAT	United Nations Programme on Human Settlement
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNITAR	United Nations Institute for Training and Research
UNJLC	United Nations Joint Logistics Centre
UNMAS	United Nations Mine Action Service
UNOSAT	United Nations Operational Satellite Applications Programme
UNRWA	United Nations Relief and Works Agency
UNV	United Nations Volunteers
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WEM	Workshop on Emergencies
WFP	World Food Programme
WGET	Working Group on emergency Telecommunications
WHO	World Health Organization
WVI	World Vision International



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