Democratic Republic of Congo

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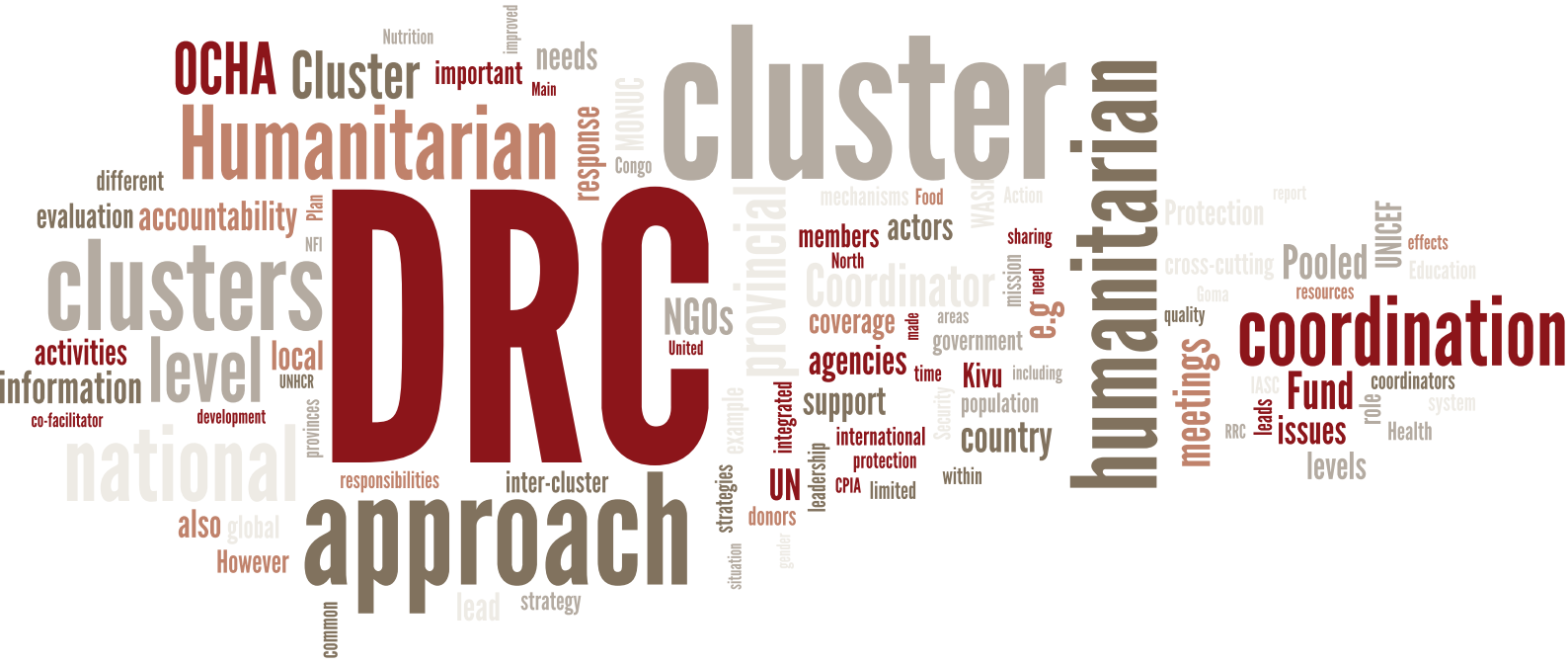

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Acronyms

3W	Who does what where
ACF	Action Contre la Faim
ACTEC	Agency for Technical Cooperation and Development
ASF/PSI	Association de Santé Familiale/ Population Service International
AVSI	Association of Volunteers in International Service
CAP	Consolidated Appeals Process
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Funds
CHF	Common Humanitarian Funds
CPIA	Provincial Inter-agency Committee
CRS	Catholic Relief Services
DAC	Development Assistance Committee of the Organization for Economic Cooperation and Development
DIOBASS	Congolese NGO Platform
DPA	Department for Political Affairs
DPKO	Department for Peacekeeping Operations
DPKO	Department for Peacekeeping Operations
DRC	Democratic Republic of Congo
DSRSG	Deputy Special Representative of the Secretary General
EC	European Commission
ECHO	European Commission Humanitarian Aid department
EHI	Emergency Humanitarian Intervention
ERF	Emergency Response Fund
ETC	Emergency Telecommunications Cluster
FAO	Food and Agricultural Organization
FARDC	Armed Forces of the Democratic Republic of Congo
GHDI	Good Humanitarian Donorship Initiative
HAG	Humanitarian Advocacy Group
HAP	Humanitarian Action Plan, the DRC version of the CAP
HAP	Humanitarian Action Plan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HI	Handicap International
HQ	Headquarters
HRF	Humanitarian Response Fund
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
IOM	International Organization of Migration
IPC	Integrated Phase Classification

IRC International Rescue Committee
ISF Integrated Strategic Framework
JPFU Joint Pooled Fund Unit
LRA Lord Resistance Army
LRRD Linking relief, rehabiliation and development
MDM Médecins du Monde
MONUC United Nations Organization Mission in Democratic Republic Congo
MONUC/CAS Civil Affairs Section of MONUC
MONUC/HAS Humanitarian Affairs Section of MONUC
MSA Multi-sectoral analysis
MSF Médecins Sans Frontières
N.B. notabene
NFI Non-food Items
NGO Non-governmental organization
NRC Norwegian Refugee Council
OCHA United Nations Office for the Coordination of Humanitarian Affairs
OECD Organization for Economic Cooperation and Development
OFDA Office of US Foreign Disaster Assistance
OHCHR Office of the High Commissioner of Human Rights
PEAR Enlarged Program for Return Assistance
ProCap Protection Standby Capacity Project
PRONANUT National Program for Nutrition
RRC Return and community recovery
RRMP Rapid Response to Population Movements
SGBV Sex and gender based violence
STAREC National Strategy for the Recovery of Eastern Congo
UCDP Uppsala Conflict Database Program
UK United Kingdom
UN United Nations
UNCT United Nations Country Team
UNDAC United Nations Disaster Assessment & Coordination
UNDP United Nations Development Program
UNEP United Nations Environment Program
UNFPA United Nations Population Fund
UNHCR United Nations High Commissioner of Refugees
UNICEF United Nations Children's Fund
UNSSSS UN Security and Stabilization Support Strategy
URD Urgence, Rehabilitation, Developpement
WASH Water, Sanitation, Hygiene
WFP World Food Program
WHO World Health Organization

Illustration 1
DRC Map and Mission Itinerary

Executive summary

For decades, the Democratic Republic of the Congo has witnessed high levels of violence and human rights violations in conflicts on the regional, national and local levels. These conflicts have had a particularly heavy impact on the population. In 2010, the humanitarian situation in DRC is marked by a large number of IDPs (an estimated 2.1 million), important protection issues, return movements in relatively stable zones without conflict, very high levels of food insecurity, problems in accessing populations in need due to security constraints and deteriorated infrastructure, sudden-onset natural disasters and epidemics.

To strengthen humanitarian coordination and response in such a challenging context, the DRC country team piloted several humanitarian reform initiatives in 2006, including the cluster approach.

This report is one of six country studies of the global Cluster Approach Evaluation Phase 2, for which a global synthesis report has also been produced.[1] The evaluation assesses the operational effectiveness and the main outcomes of the cluster approach, as well as its interactions with other pillars of humanitarian reform. Since its primary objective is to encourage learning, it offers recommendations for different stakeholders to better achieve the intended goals of the cluster approach, including on the county level. However, this report is a country case study and not a full evaluation of the humanitarian response in DRC.

The following graph summarizes the findings and recommendations from the DRC country study.

1 The other country reports cover Uganda, Gaza, Myanmar, Chad and Haiti. For more information on the Cluster Approach Evaluation Phase 2 see: http://www.gppi.net/consulting/cluster_approach/, accessed 25/01/10

Findings related to recommendations	Recommendations
Since the very first stages, the cluster approach in DRC has been decentralized to adapt to local context. However, decision-making power and resources for cluster coordination are still too focused in Kinshasa. The national level is failing to support some provinces. Roles and responsibilities between the national, provincial and sub-provincial levels remain unclear. §§ 29, 30, 49, 50	**Recommendation 1** **Clarify the division of roles and responsibilities between the different coordination groups and fora at the national and provincial levels.** Continue to develop a strategy and processes that help to clarify the relationship between national, provincial and district clusters. The strategy should address how coordination resources, responsibilities and decision-making power are distributed between the different levels and how the provincial and national coordination mechanisms relate to each other. For that purpose the strategy should clarify and formalize the division of roles and responsibilities between the national and provincial coordination groups and fora (inter-cluster, CPIAs, HCT). The national clusters should act as enablers, facilitators and coordinators for the provincial and district level clusters. Provincial clusters should get – depending on their capacities – more decision-making power. Coordination resources should be focused on the provincial level, where the real coordination work takes place. Where OCHA has the capacity to pragmatically support local cluster coordinators, it should consider to do workshops on cluster coordination and facilitation.
Global support has been weak and focused only at the national level, apart from some positive examples of IASC and global cluster support in the area of trainings and guidance. §§ 49-50, 52-54	**Recommendation 2** **Support for operations** There is a need for support for operations (training, guidance, etc.). In DRC this support should ideally come from the national, not the global level, in order to allow for context-specific support. If the national level is incapable of providing the necessary support, the global clusters would have to step in, ensuring that the national clusters can and do play this role.

A simple and well-organized system for recording recommendations facilitates inter-cluster coordination. The website rdc-humanitaire.org is a useful tool but some clusters are not feeding it regularly with updated information.

Information management is still a challenge in DRC and communication between global, national and provincial level remains difficult.

Collecting and sharing good practices among the district, provincial, national and global levels is lacking.

§§ 16, 52, 59, 84

Recommendation 3
Improve information management

Support improvements and innovations of information management systems to strengthen information and knowledge management.

Get an expert to improve the usability of web-tools for information sharing and management, e.g. the rdc-humanitaire website and the Goma Update Google Group.

Regularly post relevant and updated information from the national and provincial levels on the rdc-humanitaire website.

Financing mechanisms (Pooled Fund, CERF and country-level GHDI) and the cluster approach are linked in such a way as to allow for a strategic approach to address the humanitarian needs and implement clusters' decisions.

However, formal participation of donors in CPIA, inter-cluster and cluster meetings do not allow for open and critical consultation among operational humanitarian actors in order to commonly address donors in a strategic manner.

Finally, the Pooled Fund can also have negative effects on the cluster approach by counteracting quality and partnership gains as well as consuming a lot of time in coordination meetings for Pooled Fund related processes. The Pooled Fund processes have been revised over the past years to address these issues. However, the evaluators still came across a lot of challenges.

§§ 43-47

Recommendation 4
Review link between clusters and financing mechanisms

A close link between the cluster approach and donors is crucial but participation of donors in cluster coordination should not be institutionalized. To allow humanitarians to coordinate among each other before coordinating with other stakeholders, donors should participate in cluster coordination meetings (including the inter-cluster and the CPIA) on the basis of invitation only, but must be systematically informed about meeting results, e.g. through sharing of meeting minutes.

Evaluate whether the revision of Pooled Fund processes had the intended effects, particularly in securing partnership gains.

Further enhance the transparency of funding decisions at the level of the Pooled Fund Board, exclusively based on clusters and CPIA strategies, criteria and standards. Funding decisions should be commented and communicated.

The introduction of the cluster approach has clearly strengthened predictable leadership, even if some agencies have not fully bought into the approach. The added value of dedicated cluster coordinator is disputed and the provider of last resort concept remains very weak, given the enormous needs in DRC.

§§ 62-65

The GenCap Advisor has had a positive effect on gender mainstreaming in a number of national clusters as well as introducing gender markers in the Pooled Fund and the Humanitarian Action Plan. However, a lack of leadership for cross-cutting issues is undermining their mainstreaming into operations and OCHA support is missing to overcome these difficulties.

§§ 60, 62, 64, 85

Recommendation 5
Clarifying the different facets of predictable leadership in DRC

Given the enormous needs in DRC, there is a need to contextualize the concept of provider of last resort and the lead agencies' responsibilities there. There must be a common understanding on what is realistic, what can be done and how to reinforce the responsibilities attached to the concept. At the same time, the concept should be preserved to remind the cluster lead agencies of their responsibility to advocate, and where possible provide, resources on a "last resort" basis.

Avoid the risk of bureaucratization by contextualizing the need for dedicated cluster leads. Most coordination resources should be allocated to the provincial cluster coordinators. In times outside of sudden-onset emergencies, cluster coordinators should have part of their job dedicated to coordination; while during sudden-onset crises (e.g. volcano eruption, massive outbreak of violence), cluster coordinators may need to be 100 percent dedicated to coordination. Cluster coordinators at the national level should not be fully dedicated to coordination.

Cluster lead agencies have to take leadership in mainstreaming cross-cutting issues, comparable to UNICEF's (minimum) commitments to gender, and provide the cluster coordinator with related tools and strategies (e.g. creation of a network, trainings, standard-setting, etc.). Each cluster lead agency has to identify human and financial resources for cross-cutting issues and ensure that respective focal points within their organizations are linked to clusters. The focal points must be able to play an advisory role on cross-cutting issues for the cluster coordinators and cluster members. OCHA needs to boost the integration of cross-cutting issues at the inter-cluster, CPIA and HCT levels. For a transitional phase, GenCap Advisors or other

external experts (e.g. research and training centers) should complement the current work of the GenCap Advisor by advising provincial cluster members on technical questions. The GenCap model shows that advisors can play a crucial role in kick-starting concrete measures for mainstreaming cross-cutting issues. However, it cannot replace an institutional engagement. Other cross-cutting issues (e.g. environment, disabilities) could profit from similar mechanisms and other external support.

The co-facilitator arrangement, while good in intention, has a number of downsides. Co-facilitators are often pushed into this position without having the necessary capacities and capabilities. Furthermore, the role and the responsibilities of co-facilitators remain unclear, despite the existence of terms of reference and a push by some NGOs for clarification.

§§ 21, 60, 67, 68

Recommendation 6
Strengthen the co-facilitator mechanism

Clarify the roles and responsibilities of NGO co-lead agencies, taking into account the work done on that matter by the Humanitarian Reform Advisor.[2] Promote and organize common country-level facilitation trainings for leads and co-facilitators. National cluster leads and co-facilitators should develop a strategy on how to integrate the provincial government, where appropriate and feasible, into co-facilitator arrangements.

2 Humanitarian Reform Advisor (2009)

A number of challenges have arisen from the implementation of the cluster approach in an integrated mission. Some elements have been clarified regarding the role of MONUC. However some questions remain unresolved, creating confusion and conflict within the cluster system and risking negative effects on the affected population.

Systematic frictions are appearing among UN agencies that are both integrated into the peacekeeping mission and represent the clusters as cluster lead.

There is no IASC guidance on the interaction between the cluster approach and integrated missions and NGOs have no clear understanding about how to position themselves.

§§ 17, 54, 70, 96

Recommendation 7
Clarify links between the cluster approach and the integrated mission

The cluster approach's systematic frictions arising from UN agencies being both integrated into peacekeeping missions and representing clusters as cluster leads, need to be recognized at the political level. The UN Secretariat, particularly UN OCHA, the Department for Peacekeeping Operations (DPKO) and the Department for Political Affairs (DPA), in close cooperation with UN humanitarian agencies, need to discuss and clarify the interplay between humanitarian reform and the reform of peacekeeping. In the meantime, the IASC should develop guidance for country teams and clusters on how to relate the cluster approach and integrated missions. NGO headquarters should give guidance to their teams at the field level on how to participate in clusters within an integrated mission.

Moreover, as with donors, the participation of MONUC in cluster, inter-cluster and CPIA meetings needs to be clarified. Regarding the Protection Cluster, the current solution to keep MONUC out of the co-lead role is crucial and should be maintained. The country team should also discuss whether cluster meetings are the right place to coordinate with the military. There is no clear-cut answer to this question but all stakeholders should consider the advantages and disadvantages of a MONUC participation in the Protection cluster. The main advantages are:

- Information exchange between humanitarians and MONUC can improve MONUC's reactivity to physically protect civilians.
- The securitization of intervention zones by MONUC can be more demand-driven.
- MONUC profits from cluster coordination, as do all other cluster members, through information

exchange, exchange of ideas and good practice.

The main disadvantages are:

- Humanitarian agencies are reluctant to participate in cluster meetings because they risk being perceived as partial.
- Humanitarian actors lose their scope to discuss sensitive information or a common strategy vis-à-vis the military.
- The confidentiality of information can no longer be guaranteed, which may put the sources and the victims at risk.

MONUC, as the donors, should be allowed to attend inter-cluster and CPIA meetings on the basis of invitation only and should receive a regular update of relevant cluster activities from OCHA.

Some unsolved debates such as vulnerability- versus status-based approaches weaken global coherence of the overall humanitarian response and are hard to solve on the country level alone.

§§ 75, 87, 100

Recommendation 8
Address systematic obstacles to coherence

Systematic hindrances to coherence, such as the debate about vulnerabilities- vs. status-based response to IDPs are hard to solve on the country level alone. All stakeholders to this debate need to recognize that this is a normative question that needs a clear policy decision and guidance from the political level. They should start a comprehensive dialogue on this issue taking into consideration the experiences of the actors in DRC.

In DRC, the HC system and the cluster approach mutually support each other, partly thanks to the important linking role of OCHA. The accountability to the HC has helped to improve performance of cluster leads.

§§ 33-36, 77-78

Accountability within the cluster approach remains weak because roles and responsibilities between the different levels (national, provincial, district) are unclear, and because there is little monitoring and evaluation.

Accountability towards populations and participatory approaches remain a very weak spot of the cluster approach. The cluster approach spurs peer accountability.

§§ 77, 79-81

Recommendation 9
Making accountability a central element of cluster activities

The accountability element of the cluster approach in DRC should be strengthened on three levels. First, the new Humanitarian Coordinator and UN OCHA should continue to work on the basis of the bi-annual cluster assessments to keep up the accountability of cluster leads to the Humanitarian Coordinator. The mechanism could be strengthened through bi-annual meetings between the Humanitarian Coordinator, national level cluster leads and co-facilitators to discuss strengths and weaknesses of the respective clusters and jointly develop ways forward.[3]

Second, the clusters should strengthen peer accountability by introducing common monitoring and evaluation activities, e.g. After Action Reviews, learning exercises, common project visits, etc.

Third, accountability to the population should be improved through the systematic sharing of good practice, tools, trainings etc. at cluster meetings and the design and implementation of a communication strategy toward population (clarifying target audiences, common messages, use of local media, etc.) in order to improve collective accountability.

3 See also Humanitarian Response Advisor (2009)

Better geographic and thematic coverage can be attributed to the improved information sharing and common management of existing resources of the cluster approach. However, 3Ws is limited in its impact, as it does not show the status of the project. Also, cross-cutting issues are glaring gaps in the humanitarian response in DRC.

§§ 83-89

Recommendation 10
Towards improved coverage

The humanitarian community has come a long way in improving geographic and thematic coverage in DRC. Further improving coverage remains one of the most important objectives – and the most difficult to achieve. However, there are two attainable steps that could help improve coverage.

First, and very importantly, the humanitarian community in DRC needs to strengthen cross-cutting issues as described in ch. 7.5 to improve the quality and thematic coverage of humanitarian response.

Second, the 3W, as is currently done in Katanga, generally needs to be improved to also include the status of the project (planed, financed, partly implemented, implemented). This way areas with planned but not yet financed/implemented projects no longer figure as "covered." Such an improvement necessitates support from the global level to ensure sufficient capacities.

One strength of the cluster approach lies in bringing together a large number of humanitarian actors to develop and implement coherent strategies.

However, by strengthening international leadership, it risks taking away (a sense of) responsibility from the government and undermines existing local capacity (e.g. local coordination mechanisms).

§§ 67, 90, 92

Connectedness to development and other strategies (e.g. peacebuilding) is weak because the cluster approach has found neither an appropriate approach to address the issue nor, in the case of linking to development, relevant funding, alsobecause most clusters lack an exit strategy.

§§ 89, 91, 93

Recommendation 11
Allow for ownership and improve links with government and development activities

The cluster approach in DRC is not a small flexible tool to respond quickly to an emergency. Its strength lies rather in bringing together a large number of humanitarian actors to develop and implement coherent strategies. The cluster approach should build on its strength of being an inclusive mechanism. To do this, it has to actively reach out to local actors, including civil society and governmental actors.

To this end, all different situation and needs analysis tools used in the DRC should include the assessment of local capacities (government and civil society). Common cluster strategies need to reflect the level of assessed (not assumed) local capacity. Additionally, these strategies need to ensure that the right resources and tools are available to integrate existing local capacities into cluster activities.

Particularly on the provincial level, the government should have, if feasible, a co-facilitator role in the clusters.

Furthermore, the cluster approach should strengthen government capacities through common activities, e.g. needs assessment, technical discussions, sharing of good practices, tools, etc.

Donors and funding mechanisms need to be flexible enough to provide financing for projects that link emergency and development aid. The national level has to develop a vision and strategy for how to respond to the early recovery strategy outlined in the Integrated Strategic Framework (ISF) and other doctrines.

Introduction

1 The Democratic Republic of Congo (DRC) country study is part of the global Cluster Approach Evaluation Phase 2. The study seeks to identify the added value of the cluster approach since its introduction in DRC in 2006. It aims to derive lessons for both improving the cluster system in DRC and to contribute insights for the Cluster Evaluation's synthesis report. This country study is not a full evaluation of the humanitarian response in DRC.

Aim of the country study

2 To strengthen humanitarian coordination and response, in 2006 the DRC country team piloted several humanitarian reform initiatives: common humanitarian funds (CHF) in the form of a multi-donor Pooled Fund, the cluster approach and the first country-level Good Humanitarian Donor Initiative (GHDI). Later the NGOs and Humanitarian Reform Project complemented humanitarian reform in DRC. All these innovations are closely interlinked and therefore much can be learned from the DRC's experience with humanitarian reform.

Reform initiatives of the DRC Country Team

3 The report covers the scope and the methods of the evaluation mission (section 3), maps the coordination challenge and the cluster setup in DRC (section 4), and presents the main country-level findings (section 5) and conclusions (section 6). Section 7 makes recommendations for improving the cluster approach in DRC and beyond. Additionally, Annex 1 provides an overview of the performance of the individual clusters.

Structure of the report

2 Scope, method and limitations

4 This report is one of six country reports of the global Cluster Approach Evaluation Phase 2, for which a global synthesis report will also be produced.[4] The evaluation assesses the operational effectiveness and the main outcomes of the cluster approach, as well as its interactions with other pillars of humanitarian reform. Since this report's primary objective is to encourage learning, it offers recommendations for different stakeholders to better achieve the intended goals of the cluster approach.

5 This country report covers the effects of the cluster approach on the humanitarian response in DRC since its introduction in early 2006. Where possible, the findings have been compared to earlier and other existing forms of coordination. Scope

6 The report is based on literature review, extensive document analysis, individual and group interviews and group discussions combined with written group exercises[5] during a 16-day country visit by three evaluators. Please see Annex 3 for the itinerary of the mission and a list of persons interviewed. Annex 4 contains a list of documents and literature consulted. Preliminary findings were presented to and discussed with the Humanitarian Coordinator ad interim (a.i.),[6] the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Kinshasa and Goma, the inter-cluster meeting in Kinshasa, the provincial Interagency Standing Committee (CPIA) in Goma and international donors. The evaluation team also held a workshop with the inter-cluster Kinshasa to present and discuss possible recommendations.

7 The evaluation mission to DRC faced a number of limitations, including: Limitations

- *No in-depth country evaluation.* The DRC country report is one of six stand-alone country studies conducted in the context of the Cluster Approach Evaluation Phase 2. The country studies aim at informing the assessment of the cluster approach as a whole and are not equivalent to full evaluations of the humanitarian response at country-level.

4 The other country reports cover Uganda, Gaza, Myanmar, Chad and Haiti. For more information on the Cluster Approach Evaluation Phase 2, including the inception report with a detailed methodology see: http://www.gppi.net/consulting/cluster_approach/, accessed 25/01/10

5 At the beginning of cluster meetings, a group exercise was proposed: each cluster member could write positive points and challenges the cluster faces on cards, in anonymous manner. All the cards were then collected and reorganized by issue and presented to the whole group at the end of the cluster meeting for discussion. This method enables evaluators to collect feedback from a large number of participations while taking away a minimum amount of cluster meeting time.

6 Please note that the evaluation mission fell into a time where the former Humanitarian Coordinator, Ross Mountain, had already left the country and a new one had not yet been appointed. The Humanitarian Coordinator was thus replaced on an interim basis by colleagues from different UN agencies. During the evaluation mission these were first Abdou Dieng, WFP, and then Pierrette Vu Thi, UNICEF.

- *Size of the country, complexity of the situation and scope of the humanitarian response.* The vast territory of DRC and the scope of the humanitarian response made it impossible to cover all provinces where clusters are activated in the available time. The evaluation mission focused on the eastern provinces (mainly at the capital level in North Kivu with additional insights from South Kivu and Ituri district) since the clusters were initially set-up to respond to the crises there. This focus on the east may disregard challenges and opportunities of the cluster approach to respond to crises elsewhere in the country.Since the performance of the clusters varies strongly among the provinces, it is challenging to portray the cluster approach in DRC. Rather, we should speak about cluster approaches in DRC.

- *Difficulties of attribution: The cluster approach was introduced in DRC at the same time as other elements of humanitarian reform*. The effects of humanitarian reform are not always easy to separate and not all observable changes might be attributable to the cluster approach. To mark differences, the evaluation report comprehensively discusses the interaction between the cluster approach and other pillars of humanitarian reform.

- *Limited availability and ability to attribute relevant quantitative data.* Due to the limited availability of relevant quantitative data, the analysis of the performance of the cluster approach is mainly based on qualitative data. This is also the case because where quantitative data was available, observable developments could not be attributed ex post to the cluster approach.[7]

- *Staff turnover in humanitarian agencies.* As a result of high staff turnover, some critical stakeholders, for example the former Humanitarian Coordinator, could not be interviewed in-country. Institutional memory and "historical knowledge" were also quite weak. The evaluation team filled information gaps, as far as possible, by talking to local staff and conducting telephone interviews with relevant stakeholders (including the former Humanitarian Coordinator) after the evaluation mission.

- *Lack of comparable data.* To assess the coverage and quality of humanitarian interventions and their progress over time, the evaluation team had to rely on existing data. In many cases, the data turned out not to be comparable over time, as information from earlier coordination efforts was not available, key indicators were changed or data raised for different geographical areas.

7 The highly differing estimations of war-related deaths in DRC of the International Rescue Committee (IRC) and the Human Security Project is a good example of how difficult the use of quantitative data is in relation to an evaluation of the effects of humanitarian assistance. Coghlan, B. et.al. (2007); The Human Security Project (2009): 36 – 48

- *Limited interaction with the affected population.* While the evaluation team did group interviews in a camp for internally displaced persons (IDPs), overall interactions with the affected population were limited. Travel distances, travel costs, time constraints and the security situation made it difficult to interact more closely.

8 A more detailed description of the evaluation methodology can be found in the Inception Report of the evaluation.

3 Country background and coordination challenges

9 The Democratic Republic of Congo (DRC) covers a territory comparable to that of Western Europe. It has nine neighboring states, a checkered recent history and enormous deposits of natural resources. These and other factors create a complex political, cultural and economic landscape, the single most important factor affecting humanitarian assistance in the country.

Country context

10 From a humanitarian perspective, the history of the Democratic Republic of Congo has been marked by three eras. The slave trade (16th-17th centuries), Belgium colonization (1879–1960)[8] and post-independence. Post-independence is characterized by the 32-year rule of Joseph-Desiré Mobutu (1965–1997), decades of cold war interference by the United States, the Soviet Union, Belgium and France, regional and international industrial interests and conflict. All three areas are marked by high levels of structural and direct violence[9] against individuals in conflicts on the regional, national and local levels. It has seen rebel movements fight the government, fight each other and splinter into hostile factions. Interference and spillover of conflicts from neighboring countries, particularly Rwanda, Uganda, Angola and Sudan but recently also Burundi and Tanzania have further destabilized the country. These conflicts have had a particularly heavy impact on the population because "all actors in all conflicts have used violence targeting civilians."[10] The dimension and complexity of the conflicts in and around DRC made observers term the country the center of "Africa's World War."[11]

Complexity of the situation

11 High levels of structural and direct violence undermine the social fabric of a society by dividing the population and weakening collective action for the common good.[12] These factors contribute to the complexity of the situation within which the cluster approach operates. The analysis of the cluster approach thus needs to consider the historical, social and economic context within which it is applied in order to determine the effect of cluster coordination on the well-being of the affected population and the society they live in.[13]

8 Several million people died under King Leopold's rule due to forced labour, mass killings and starvation related to systematic looting of villages. Hochschild (2001)

9 Structural violence is a concept introduced by Johan Galtung in the 1960s to differentiate between forms of violence that directly harms people such as war and forms of violence that harm people over time on the basis of social exclusion, dominance and discrimination. (Johan Galtung (1969)). Structural violence are "historically given (and often economically driven) processes and forces [that] constrain individual agency." (Paul Framer (1999): 79); Colletta, N. J./ Cullen, M. L. (2000)

10 Uppsala Conflict Data Program (21/01/10)

11 Prunier, G. (2009); Hawkins, V. (2004); BBC News (2009); Meditz, S./ Merrill, T. (Eds.) (1994); Meredith, M. (2005); Nzongola-Ntalaja, G. (2002)

12 Colletta, N. J./ Cullen, M. L. (2000): 3

13 Prunier, G. (2008); Vlassenroot, K./ Raeymaekers, T. (2004)

Illustration 2
DRC provinces and neighboring countries

12 Since 1998, DRC has been suffering from an intra-state conflict between the government and different rebel groups.[14] In parallel to this protracted intra-state conflict, the Uppsala University Conflict Data Program (UCDP) counts nine conflicts between rebel groups[15] and twelve major instances of one-sided violence by armed groups against civilians.[16] Since 1999, there have been five peace agreements, including the 2003 Final Act of the Inter-Congolese Political Negotiations. In 2006, democratic elections followed this peace agreement yet fighting has been ongoing, particularly in North and South Kivu, Oriental

Recent conflicts in DRC

14 Uppsala Conflict Data Program: (21/01/10)

15 The count begins in 2002. The UCDP classifies these conflicts as non-state conflict, i.e. the "use of armed force between two organized groups, neither of which is the government of a state, which results in at least 25 battle-related deaths in a year." http://www.pcr.uu.se/research/UCDP/data_and_publications/definitions_all.htm#n, accessed 20/01/2010

16 The count begins in 1989

Province (Ituri), Katanga and Bas-Congo.[17] In 2008, moreover, attacks by the Ugandan rebel group the Lord's Resistance Army (LRA) reached DRC.[18]

13 Violence continued throughout 2009, albeit at a lower intensity. However, attacks on civilians, including child abduction and sexual violence, were widespread in the northeast. Accusations that the Congolese Army (FARDC) was involved in attacks on civilians intensified. At the end of 2009, during the evaluation mission, the security situation in the northeast reportedly improved, while the security situation in the northwest province of Equateur was deteriorating rapidly. President Joseph Kabila set 2010 as the target for a withdrawal of the UN Mission in the Democratic Republic of Congo (MONUC), which has started to develop an exit strategy.[19]

14 As a result of these developments, the humanitarian situation in DRC in 2010 is marked by[20]:

The humanitarian situation

- An estimated 2.1 million IDPs;
- Protracted emergency situation linked to political instability in the east and structural chronic emergencies in some other provinces;
- Important protection issues, reportedly related to the activities of all parties to the conflict, including the FARDC;[21]
- Return movements in relatively stables zones without conflict and complex displacement patterns (multi-displacement, hostingcommunities, mixed zones, pendulous displacement);
- Very high levels of food insecurity and 25 nutritional emergencies across the country;
- Problems in accessing populations in need, due to security constraints and deteriorated infrastructure;
- Sudden-onset natural disasters and epidemics.

15 While DRC long figured as one of the largest but gravely forgotten crises in the world, humanitarian engagement has increased significantly over the past five

The humanitarian response

17 Uppsala Conflict Data Program: (21/01/10)
18 International Crisis Group (2010); United Nations (2009
19 International Crisis Group (2010)
20 OCHA (2009a): 31; http://www.wfp.org/countries/congo-democratic-republic; accessed 21/01/2010
21 United Nations (2009); Human Rights Watch (2009)

years. Today, DRC is the third largest recipient of humanitarian assistance, receiving US$ 408 million or 5.5% of overall humanitarian assistance in 2007.[22] Additionally, with a budget of US$ 1.4 billion and close to 20,000 troops, MONUC is the largest and most expensive of all UN peacekeeping missions.[23] In addition to the United Nations Mission, a wide range of national and international actors, including the Congolese government (particularly at the provincial level) national and international NGOs and United Nations agencies are addressing the above humanitarian situation. There is also a Good Humanitarian Donorship group active in Kinshasa.

16 In this context humanitarian coordination is challenging: needs are enormous and the political landscape complex. Infrastructure and communication in DRC are limited complicating information sharing and coordination between the national, provincial and district levels. Additionally, the many and diverse humanitarian actors have different mandates, capacities and stakes in humanitarian action in DRC.

Challenges to humanitarian coordination

17 In DRC the UN works through an integrated mission, designed to "facilitate a coherent, system-wide approach to the United Nations engagement in [DRC]." Integrated missions aim to support a fragile peace process through unified leadership and with civilian, policy and military resources. In integrated missions, the Humanitarian Coordinator also acts as Resident Coordinator and Deputy Special Representative of the Secretary General (DSRSG).[24]The integrated mission makes humanitarian coordination particularly challenging. First, civil-military relations are never easy since humanitarians and military actors have very different priorities and means to fulfill their mandate. Second, mandates of humanitarian and military actors often overlap and conflict at the same time. Third, in DRC, there is a smoldering conflict between OCHA and MONUC.[25]

The integrated mission

Cluster coordination in DRC

18 Before the introduction of the cluster approach in DRC in 2006, humanitarian action was coordinated through the Humanitarian Advocacy Group (HAG) on the national level and Provincial Inter-Agency Committees (CPIAs) and sector committees at the provincial level. MONUC's Humanitarian Affairs Section (MONUC/HAS) was responsible for coordination in provinces without OCHA presence.[26] Additionally, since 2004 there has been the Rapid Response Mechanism (RRM). The RRM was implemented by three international NGOs (Solidarités, the International Rescue Committee (IRC) and Catholic Relief Services (CRS)) and jointly managed by UNICEF and OCHA. It received funding from several

22 Development Initiatives (2009): 26
23 Steinberg, D. (2009)
24 DPKO/DSF (2008): 69
25 Interviews; direct observation
26 OCHA (2005): 37

bilateral and multilateral donors and from the Pooled Fund. The RRM did rapid and multi-sectoral assessments (MSA) of emergencies related to population movements and sudden-onset natural disasters. It provided short-term response (up to three months) to the identified needs in the sectors NFI, WASH, Education, and Protection (do no harm and gender). In early 2010 the Rapid Response Mechanism (RRM) was merged with the Enlarged Program for Return Assistance (PEAR) into the Rapid Response to Population Movements (RRMP).[27]The new RRMP keeps most of these traits but aims to bring this mechanism more closely to the cluster system.[28]

Pre-cluster coordination mechanisms…

19 According to the limited information available, pre-cluster coordination had a number of weaknesses, including a lack of harmonization between the often isolated provincial and national initiatives, limited and difficult information exchange, a lack of multi-sector strategies, an ad hoc attribution of responsibilities and little monitoring and evaluation. In some parts of the country coordination structures were completely absent and knowledge about needs in certain zones was very limited. Additionally, there were important gaps in the areas of Water, Sanitation and Hygiene (WASH), Return/Reintegration, Protection, Logistics and Nutrition.[29]

…and their limitations

20 In 2006, the Cluster Approach was introduced to address the weaknesses of the sector committees in the response to the on-going crisis in the East. However, in regions of the country that are without conflict but still face a humanitarian situation, coordination is still done through the sector committees.[30]

21 Currently nine[31] clusters are active on the national level in DRC: Protection (UNHCR)[32], Nutrition (UNICEF), Education (UNICEF), Health (WHO), Food security (FAO/WFP), Logistics (WFP), Return and Community Recovery

27 UNICEF (2010); Willitts-King, B. (2007)

28 Participating agencies and humanitarian organizations value the efficiency and flexibility of the RRM. Cluster participants have often highlighted the usefulness of its multi-sector analysis and value it as a complementary tool. However, the RRM and the RRMP show clearly that there is a trade-off between the speed of response and the inclusiveness of processes. Also, some argue the RRM/RRMP, receiving Pooled Fund money, diverts resources that should go to clusters to a parallel coordination and implementation system.

29 IASC (2006b); OCHA (2005), OCHA (2006), OCHA (2007); OCHA (2008); OCHA (2009a): 188

30 OCHA (2009a): 188; interviews

31 The number of clusters varies in the different provinces. Also, the Humanitarian Action Plan 2010 is not entirely clear about the actual number of clusters: sometimes the Emergency Telecommunications Cluster (ETC) is listed as a cluster, sometimes it is not (cf. OCHA (2009a): 188, 189). In interviews with OCHA staff and the Humanitarian Coordinator a.i. the evaluators learned that there is no demand for an ETC cluster, since MONUC is providing these services. As a consequence the ETC cluster has not been assessed in detail for this evaluation.

32 MONUC was co-lead at the national level until March 2009 and is still is some provinces, for example in Oriental Province.

(RRC) (UNDP/UNHCR), Non-Food Items and Shelter (UNICEF)[33], WASH (UNICEF).[34] In DRC most clusters have a NGO co-facilitator (see table 1).

Table 1
NGO co-facilitators on the national and provincial level

	National level	North Kivu	Ituri (Oriental Province)	South Kivu
Education	Save the Children	AVSI	Solidarités	NRC
WASH	ASF/PSI	OXFAM-GB	Solidarités	ACTED
Health	MERLIN	MERLIN	MEDAIR	CRS
NFI/shelter	CRS	Solidarités	Solidarités	IRC
Food Security		CRS		ACF
Protection				Life & Peace Institute
RRC		No info	No info	AVSI
Logistics	ACTED	No info	No info	MALTESER
Nutrition	ACF	PRONANUT	PRONANUT	ACF

Source: GPPi / Groupe URD

22 In principle, clusters exist at the national level in Kinshasa, in the provinces, where they are called "provincial cluster" and in some cases at the local level, where they are called "sub-clusters." Clusters have the same lead organization at all levels. Where lead organizations are not present, other UN agency can take the lead. For example the main lead for the Protection cluster is UNHCR but in its absence UNICEF in Equateur and Kasai Occidental, UNFPA in Bandundu, Bas Congo and Maniema or MONUC CAS in Kasai Oriental lead the provincial clusters. Where no UN agency is present, NGOs can also be designated as sectoral focal points, but no formal clusters exist.

23 At all levels cluster meetings usually take place once or twice a month. This is to limit the time invested in meetings and to allow for travel from faraway places to cluster meetings.[35]

33 It is important to notify that NFI/Shelter cluster focuses on NFI because it is where the majority of needs and actors are. Because of the RRM, UNICEF is in DRC the major actor in NFI and was thus asked to lead the NFI/Shelter cluster.
34 The agency listed in brackets is the cluster lead agency
35 Interviews Kinshasa and North Kivu; OCHA/North Kivu (2009); OCHA (2009a): 188

24 At the national level, there is also the Humanitarian Advocacy Group (HAG) meeting, recently turned into a Humanitarian Information Meeting; a newly introduced Humanitarian Country Team (HCT) meeting and an inter-cluster meeting. The new HCT is chaired by the Humanitarian Coordinator and is supposed to deal with strategic and operational questions to support the work of the provincial CPIAs. The inter-cluster meeting, chaired by OCHA, has currently no clearly defined constituency and terms of reference. According to meeting minutes cluster coordinators, co-facilitators, OCHA, donors and the ICRC participate in the meeting. ICRC participates as an observer.[36]

25 In the provinces, humanitarian information meetings, CPIA meetings and inter-cluster meetings complement cluster meetings. Table 2 provides a (non-exhaustive) overview of the various roles of the cluster coordinators:

Roles of cluster coordinators

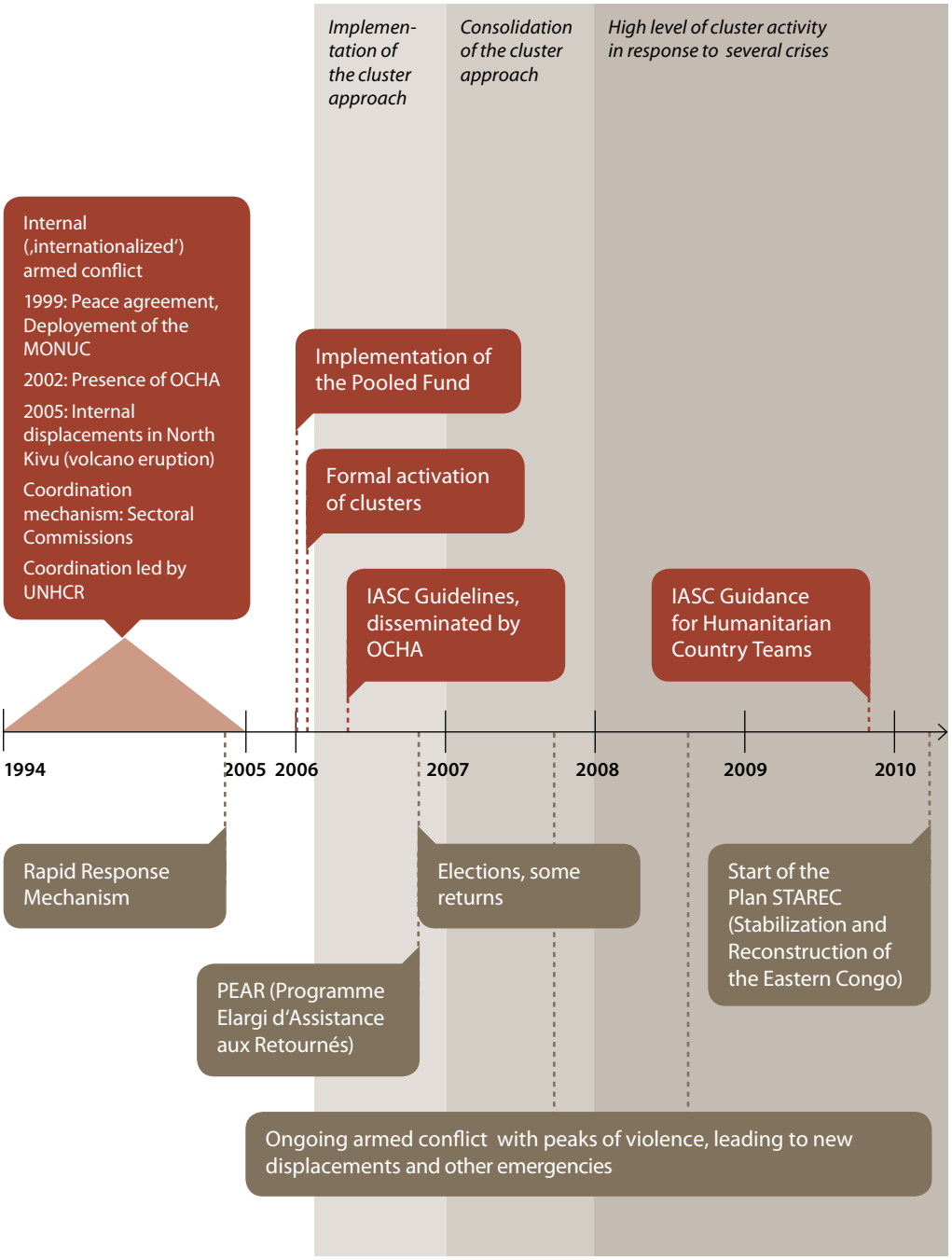
Table 2
Roles of the cluster coordinators (non- exhaustive)

Planning, Monitoring and Reporting	Technical Support, Capacity Building and Response Coordination
• Contributing to the annual Humanitarian Action Plan (HAP) • Collecting, gathering, compiling data from cluster members for HAP monitoring and reporting exercises • Developing and contributing to Pooled Fund and CERF strategies • Pooled Fund project review (incl. technical review at all stages of project development, and 'recommendations' (not decision-making) to Pooled Fund Unit and Board for project selection) • Regular reporting (mainly at the provincial levels, particularly North Kivu) to the Inter-Cluster and the CPIA • Contributing to inter-cluster contingency and action planning • Inter-agency/cluster missions • Information sharing with other stakeholders (e.g. external evaluations, HIV/AIDS and Clusters, etc.)	• Developing standards, tools, harmonized approaches and trainings to disseminate them • Capacity-building through trainings and workshops • Information exchange with Cluster members at provincial and global levels • Building and managing Cluster contingency stocks • Chairing/facilitating cluster coordination meetings and documenting outputs and action points from these meetings • Holding other information sharing forums on best practices, innovations between members • Day-to-day management of on-going crisis response (gap identification, response planning) 3W, etc. • Promoting cross-cutting issues, e.g. gender, protection, 'do no harm,' discussions on vulnerability vs. status in various fora

Source: GPPi / Groupe URD

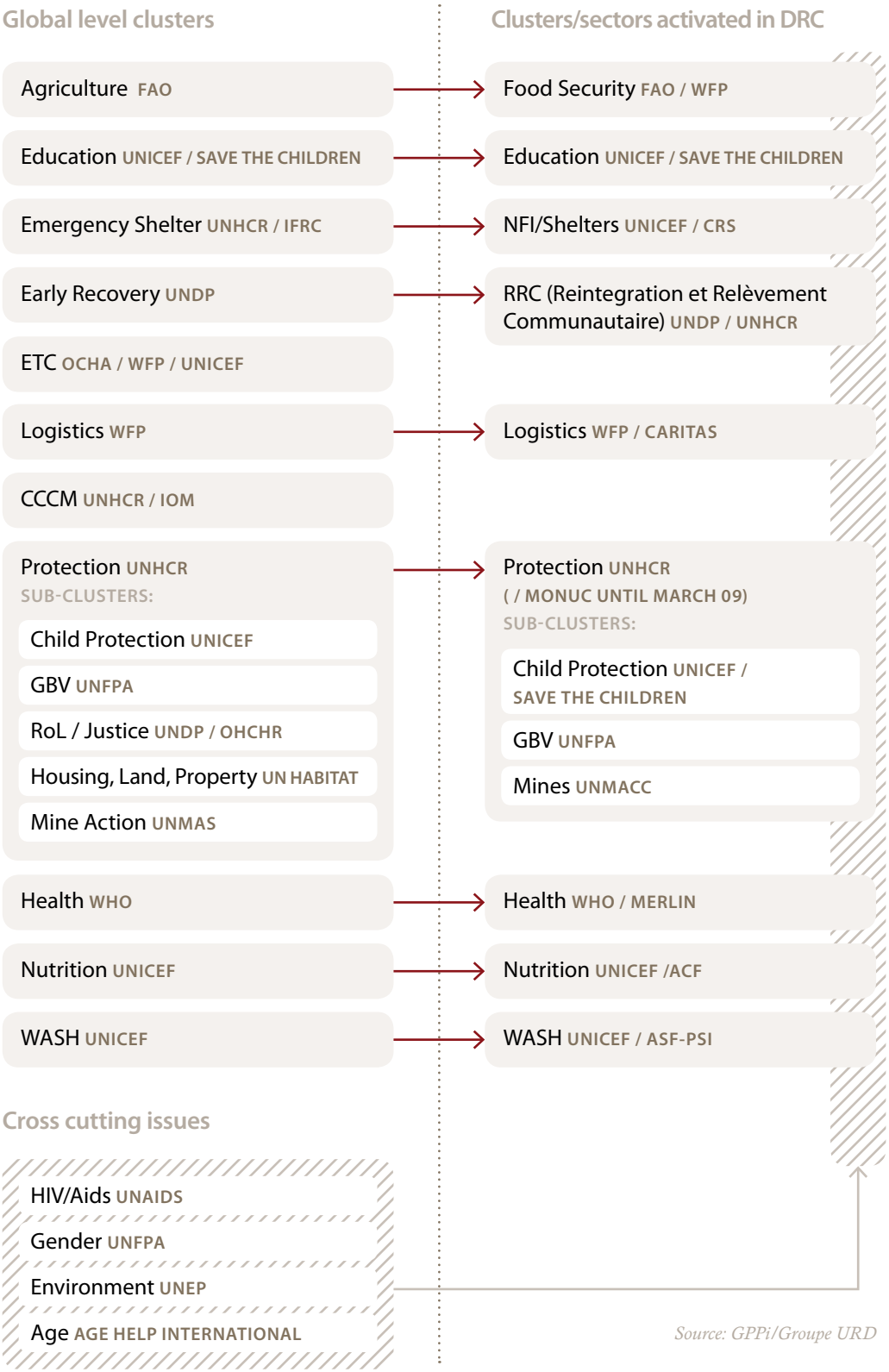
36 Inter-cluster meeting minutes; OCHA (2010a); interviews Kinshasa, participation in two inter-cluster meetings in Kinshasa.

Illustration 3
Timeline of events and cluster dynamics



Source: GPPi / Groupe URD

Illustration 4
Global clusters/cross-cutting issues and clusters/sectors activated in DRC



Source: GPPi/Groupe URD

4 Findings

26 After a short assessment of the establishment of the cluster approach in DRC and how it has been adapted to the country context, this chapter summarizes the evaluation results of the overall performance of the cluster system in DRC. Following the logic model for the cluster approach developed in the Phase Two Cluster Evaluation Framework,[37] the chapter addresses the interaction of the cluster approach with other pillars of humanitarian reform, global support for clusters, predictable leadership, partnership and cohesiveness, accountability, gaps filled and greater coverage as well as ownership and connectedness. An assessment of the performance of the individual clusters in DRC can be found in Annex 1.

4.1 Establishment of the cluster approach in DRC

27 Since 2006, the humanitarian community in DRC has made an enormous effort to establish the cluster approach. This effort was, generally speaking, successful. The clusters have been rolled out on the national level and in all relevant provinces of DRC. They are embedded in other collective processes of the humanitarian community, such as the development of the Humanitarian Action Plan and the Pooled Fund allocations. The aim and concept of the cluster approach is widely known. Yet, there is still room for improvement in putting them into practice.[38]

Main achievements and progress made

28 The introduction of the cluster approach was particularly successful in North Kivu and the other provinces in the north-eastern, eastern and south-eastern provinces of the country, which were in the main focus for improved humanitarian response in DRC.[39] In North Kivu and Oriental Province all coordination meetings have clearly defined terms of reference and constituencies.[40] In North and South Kivu inter-cluster coordination is guided by a system of recommendations that individual clusters make to other relevant clusters and that are followed up on in the inter-cluster meeting. The same system of recommendations is also applied within clusters. However, the clusters were less responsive in the western part of

Introduction of cluster approach particularly successful in eastern DRC

Good Practice North Kivu: Clear TOR, constituencies and schedule for the different type of meetings.

37 Cf. Alexander, J. (2009)

38 OCHA (2010); document analysis on rdc-humanitaire.net; interviews with OCHA Kinshasa; focus group discussion with GHDI, participation in inter-cluster meeting Kinshasa, evaluation missions to North Kivu, Oriental Province, South Kivu

39 OCHA (2010a); document analysis on rdc-humanitaire.net; interviews Kinshasa;, participation in inter-cluster meeting Kinshasa, evaluation missions to North Kivu, Oriental Province, South Kivu

40 No written documentation in Bunia but clarity among actors; in North Kivu and other provinces there are additional coordination meetings, including the security meeting, the inter-agency meeting for UN agencies (hold at MONUC), the humanitarian community meeting (hold at OCHA) and a meeting between provincial authorities and UN (hold at the government). OCHA/North Kivu (2009); interviews in North Kivu and Oriental Province; participation in humanitarian information and CPIA meeting in North Kivu;

the country. Reasons include difficulties of access, the low presence and capacities of the humanitarian actors in this part of the country, OCHA's and the entire humanitarian community's focus on the east and more funds going towards the eastern regions. The national level has recognized these difficulties and is now trying to better support the western provinces and balance funds. Since OCHA cannot cover the entire country, other UN agencies that are present in the western regions are starting to take over coordination responsibilities.[41]

Good Practice North and South Kivu: System of recommendations to facilitate inter-cluster and intra-cluster coordination

Main problems and areas for improvement

29 While the Humanitarian Coordinator and OCHA has tried to substantially decentralize the cluster approach in DRC to allow coordination where humanitarian action takes place, roles and responsibilities between national and provincial clusters are not clearly defined. Decision-making power and coordination resources are often too concentrated at the national level. For example, many clusters have dedicated cluster coordinators at the national, not at the provincial level. While there is a trade-off between ensuring a national vision for humanitarian response in DRC and decentralization, it is important to consider that most cluster members are very passive at the national level. Many international and national NGOs have no presence in the capital and cluster coordinators therefore often meet only with their co-facilitators.[42]

Roles and responsibilities between national and provincial clusters not clearly defined

30 The purpose and constituencies of the different coordination meetings in Kinshasa have been blurred, which undermines Kinshasa's capability to provide strategic advice to the provinces. For example, in North Kivu there have been some difficult debates between UNHCR and the rest of the country team about the appropriateness of a status-based approach to the IDP question, knowing that in a protracted crisis, vulnerabilities of host communities can become more significant than the vulnerabilities of IDPs. This complex debate undermines the effectiveness of the country team but cannot be solved on the provincial level alone[43]. Still, there was no strategic support or guidance from the national level on how to address this sensitive coordination challenge.[44] The newly established HCT in Kinshasa is supposed to address these limits. However, the current terms of references have a number of weaknesses including a lack of distinction between

Lack of strategic advice from national level

41 Analysis of documents from the different regions at www.rdc-humanitaire.net accessed 11/02/2010; OCHA (2010a); interviews Kinshasa; participation in inter-cluster meetings at Kinshasa where the problems in the western regions was discussed

42 Interviews Kinshasa, focus group discussion with international NGOs in Kinshasa

43 After the end of the evaluation mission, UNHCR and UNICEF agreed to harmonize their policies in such a way so as to create synergies and complementarities between the respective approaches. This has culminated in the elaboration of a letter of intent between UNHCR and UNICEF and a decision tree that may create more complementary and harmonized joint action.

44 Interviews North Kivu; participation in an CPIA meeting where consequences of this conflict dominated the meeting

strategic and operational tasks, no clear delineation with the tasks of the inter-cluster meeting and a limitation of the duration of the meeting to one hour a month.[45]

31 Finally, the decision to have only monthly cluster meetings has its downsides. The monthly rhythm risks slowing down the collective response and overloading meeting agendas. As a consequence of the latter, meetings are long and individual agenda items are often relevant only to a limited number of participants.[46]

4.2 The cluster approach and the Humanitarian Coordinator system

32 The cluster approach was introduced as one of several pillars of humanitarian reform and was intended to complement and strengthen the Humanitarian Coordinator system.

33 Thus far, the interaction between the Humanitarian Coordinator and the cluster approach has been strong and mutually supportive.[47]

Main achievements and progress made

34 The Humanitarian Coordinator's inclusion in the cluster approach had several positive effects. For example, he introduced a NGO co-facilitation arrangement (see chapter 5.7). Where (national) cluster leads fell short of taking up their responsibilities he worked for improvement, which was successful for example with the Health Cluster. He preserved humanitarian space by deciding that the Human Rights section of MONUC cannot co-lead the protection clusters[48]. He also insisted on better integrating early recovery into the cluster approach, albeit with limited success (cf. chapter 5.10).

Positive effects of close interaction between the HC and the cluster system

35 On the other hand, the cluster approach also supports the Humanitarian Coordinator function. It gives the Humanitarian Coordinator the possibility to develop strategies on the basis of consolidated information from the field and disseminate decisions more easily though cluster and other coordination meetings.

45 Cf. OCHA (2010a). There is a widespread believe that the shorter a meeting, the better. Shorter meetings consume less time and thus leave more time to do the actual work. However, particularly on a management level, the actual work – i.e. making decisions – is best done in meetings. It is unlikely that the HCT will be able to come to well-structured and helpful strategic decisions within an hourly meeting per month. For more details on the importance of meetings and their appropriate set up see, for example, Lencioni, P. (2004)

46 Interviews Kinshasa, North Kivu, South Kivu, Oriental Province; results from focus group discussions in North Kivu and South Kivu

47 OCHA (2009a); interviews

48 Interviews Kinshasa; North Kivu, South Kivu

36 Finally, the cluster approach also strengthens the position of humanitarian organizations vis-à-vis the Humanitarian Coordinator. The cluster members can consolidate their views in the cluster meetings and can thus – via OCHA – bring strategic points to the attention of the Humanitarian Coordinator.

Good Practice: Staff of OCHA is responsible for covering several clusters. They follow the development of each cluster closely both on the national and at provincial level and keep the Humanitarian Coordinator updated on important matters through informal bi-annual cluster assessments. [47]

Main problems and areas for improvement

37 While the cluster approach and OCHA have strengthened the Humanitarian Coordinator system, it remains dependent on personalities because important elements between the Humanitarian Coordinator and the cluster approach are not institutionalized. For example, the new IASC terms of reference for Humanitarian Coordinators do not require her/him to consider input provided by the clusters.[50]

4.3 The cluster approach, humanitarian financing and the role of donors

38 The cluster approach was introduced as one of several pillars of humanitarian reform and was intended to complement and strengthen reformed funding mechanisms including the Central Emergency Response Fund (CERF), pooled funding mechanisms and innovations to the CAP.

39 In DRC there are two main financing mechanisms that interact with the cluster approach: the Pooled Fund and the Central Emergency Response Fund (CERF)

40 The *Pooled Fund* was introduced in DRC in 2006 together with the cluster approach. With a budget of US$ 143.3 million[51] for 2008, the Pooled Fund is now the most *important funding* source for the Humanitarian Action Plan. Its processes for project selection and resource allocation were revised several times.[52] Currently, the Humanitarian Coordinator manages the Pooled Fund with the support of a joint UNDP-OCHA Pooled Fund Unit (JPFU). There are two standard allocations of the Pooled Fund per year. Once the Humanitarian Coordinator launches the standard allocation, the CPIAs, in consultation with the clusters, develop brief provincial strategies. The strategies detail the evolution of the humanitarian context and needs by cluster and have to be in line with the action thresholds defined in the Humanitarian Action Plan.[53] In parallel to provincial consultation (area-based

49 The Humanitarian Coordinator initiated this process in 2007; information provided by OCHA Kinshasa and the former Humanitarian Coordinator, the assessments themselves could not be shared with the evaluators

50 Cf. IASC (2009); Oxfam (2009); interviews

51 The number includes US$ 337 932 of 2007 carry over and US$ 1 507 768 earning interest from contributions. UN Humanitarian Coordinator (2009) :3; interviews Kinshasa

52 The changes made consider the experience from the first two years of the Fund (2006 – 2007), the 2007 Common Funds Evaluation and inputs from stakeholders on the national and provincial levels; Willitts-King, B. et. al. (2007); UN Humanitarian Coordinator (2009)

53 The action thresholds define when humanitarians should take action and respond to needs, e.g. child mortality higher than two per 10 000 children per day. OCHA (2009a): 59f

approach), national clusters consult with their provincial counterparts (sector-based approach). Considering the area- and sector-based analyses, the Pooled Fund's Strategic Committee[54] and the Humanitarian Coordinator determine funding envelopes, defining financial ceilings per province and cluster.

On the basis of the envelopes, national cluster leads and co-facilitators, in consultation with the provincial clusters, develop a list of priority projects, which they submit to the Fund. OCHA then sends the cluster priority lists to the provincial CPIAs for comments. The project lists, including the comments from the CPIA, are finally shared with the Pooled Fund Board, making the final funding decision.[55]

41 The DRC regularly receives CERF funding, which is used similarly to Pooled Fund money, except that according to CERF regulations disbursement can only be done to UN agencies.[56]

42 Finally, bilateral donors belonging to the Good Humanitarian Donorship Initiative (GHDI) coordinate at the national level and engage actively in all spheres of the cluster approach. They are formal observers of cluster, inter-cluster, CPIA and HCT meetings at the national and provincial levels.[57]

43 The comprehensive humanitarian financing system in DRC and the active engagement of donors herein have an overall positive effect on the cluster approach. However, the close link between humanitarian financing and cluster coordination bears important risks of undermining partnerships and quality gains (see chapter 5.7 and 6.1) of the cluster approach.[58]

Close link between donors, financing mechanisms and the clusters…

54 The Strategic Committee consists of two NGO representatives, two donor representatives and two cluster representatives. All six persons serve in their capacity as individuals, not as representatives of a certain organization. The Strategic Committee defines the envelopes on the basis of three criteria. These are: HAP budget requirements; funding decisions of donors other than the Pooled Fund and the CPIAs' analyses of the humanitarian needs in the respective provinces. The aim of the envelopes is to lessen inter-cluster tensions (as they occurred in the allocations 2006 and 2007) and to empower the national cluster leads in order to ensure a national vision for the distribution of funds.

55 The Pooled Fund Board is chaired by the Humanitarian Coordinator, three representatives of the largest donors to the Pooled Fund, three UN Agencies (currently UNHCR, UNICEF, WFP) and three NGO representatives (currently ACF, Save the Children UK, Solidarités) and two non Pooled Fund donors as observers. The JPFU acts as secretariat. UN Humanitarian Coordinator (2009)

56 For CERF country statistics see: http://ochaonline.un.org/cerf/CERFFigures/CountriesreceivingCERFfunds/tabid/1799/language/en-US/Default.aspx, accessed 11/02/2010; UN Humanitarian Coordinator (2009); Mowjee, T. (2009)

57 OCHA/North Kivu (2009); UN OCHA (2010a); participation in CPIA and cluster meetings in North Kivu, South Kivu and Oriental Province and in inter-cluster meetings in Kinshasa; interviews Kinshasa, North Kivu

58 At least an estimated third of all contributions to the written exercises the evaluation team did with all stakeholders of the cluster approach address elements of the financial pillar of humanitarian reform in DRC; Willitts-King, B. et. al. (2007): 30; Oxfam (2009): 10

Main achievements and progress made

44 Most importantly, the Pooled Fund and the CERF are all financing mechanisms that do not allow donors to pick and choose projects. As a consequence, the funds enable the clusters to implement their strategies, which in turn have to reflect the priorities set in the Humanitarian Action Plan. Through this approach, the humanitarian community in DRC is responding in an increasingly strategic manner to humanitarian needs.

…enables clusters to implement their strategies but…

45 Additionally, the active engagement of the GHD donors supported efforts by OCHA and the Humanitarian Coordinator to link the Humanitarian Action Plan with financing mechanisms and the cluster approach. Close inter-action also allows donors to consider cluster decisions in their own planning and funding policies.[59] At the same time, their participation in coordination meetings reduces opportunities for humanitarians to use clusters as a discussion forum among peers to build a common strategy towards other (more powerful) stakeholders. To gain back this space, some provincial clusters held official cluster meetings with donor participation and informal ones without them.[60]

Main problems and areas for improvement

46 There are two important risks related to a close linkage between clusters and humanitarian financing. First, the Pooled Fund has the potential to counteract quality gains of the cluster approach. Discussions related to the Pooled Fund take up too much coordination time, silence peer criticism and favor social peace. The important time and resources the clusters invest in the Pooled Fund also risks "that clusters support the Pooled Fund instead of the Pooled Fund the clusters."[61]

47 Second, partners have complained that competition for funds within the clusters has negative effects on partnership and clusters members in the provinces generally felt that not enough information was given about project rejection from the Pooled Fund.[62] Some clusters have been working on this issue and have designed transparent and well-established matrices for reviewing projects. However the Pooled Fund Unit does not provide guidance and there is no systematic sharing of good practice between the clusters on how best to handle this process and thus there remain important differences between clusters and provinces.

… bear important risks

59 Interviews Kinshasa and North Kivu; participation in inter-cluster meetings and cluster meetings at the national and provincial level

60 Direct observation in inter-cluster meetings in Kinshasa and cluster meetings in North Kivu, interviews Kinshasa, North Kivu, Oriental Province

61 Interviews

62 Interviews Kinshasa, North Kivu, South Kivu, Oriental Province; focus group discussions North Kivu, South Kivu; focus group discussion with international NGOs in North and South Kivu; participation at inter-cluster meeting in Kinshasa, Willitts-King, B. et. al. (2007)

4.4 Global level support: global clusters and the IASC

48 Under humanitarian reform, global clusters are intended to strengthen system-wide preparedness and technical capacity and support humanitarian response by developing standards and policies, building response capacity and providing operational support.[63] Through global cluster appeals, over $57 million was raised to finance the activities of global clusters between 2006 and 2008.

49 In DRC there are national, provincial and district level clusters. Overall, support from the global to the national, provincial and district levels was limited. However, most national clusters provided operational support to provincial level clusters.[64]

Main achievements and progress made

50 At the national level, cluster coordinators often knew about global trainings (e.g. Health, Protection, Nutrition, Logistic and Education) and guidelines and saw them as relevant. IASC documentation such as relevant guidelines and terms of reference was also integrated into the work of the clusters on the national and provincial level. Moreover, GenCap and ProCap Advisors were deployed to Kinshasa.[65]

Global trainings and guidelines are relevant

51 In DRC, national cluster also have an explicit support function for provincial clusters. With some exceptions, clusters in Goma, Bunia and Bukavu felt well supported by the national clusters.[66]

National clusters support provincial clusters

Main problems and areas for improvement

52 Communication between the different levels has proven challenging. Shapes of clusters and lead agencies may differ between the global and the national level. For example, in DRC there is a Food Security cluster instead of an Agriculture cluster. The NFI cluster (led by UNICEF) focuses strongly on NFI and less on shelter as done on the global level (led by UNHCR). Since there is no global correspondence to that structure, the NFI cluster in DRC sometimes feels "orphaned." Other clusters, for example the provincial Protection and Camp Coordination and Camp

Communication between global, national and provincial level challenging

63 Cf. IASC (2006a): 4

64 The evaluators have very little information on operational support to the district level. However, it seems that there is the same problem between the provincial and the district level as between the national and provincial level. Furthermore, on the district level communication means are often limited and thus access to global documents even more limited (interview with cluster co-facilitator in Goma).

65 OCHA/North Kivu (2009); OCHA (2010); participation in inter-cluster meetings that made reference to IASC guiding notes; interviews Kinshasa and North Kivu

66 Interviews Kinshasa; UN Humanitarian Coordinator (2009)

Management clusters/working groups also requested more strategic guidance from the global and national levels.[67] Additionally, the evaluators observed that there was a lack of collecting and sharing good practices between the different levels.[68]

53 There is a tendency to accumulate coordination infrastructure and resources on the national level. For example, dedicated cluster coordinators (e.g. Health, Protection, Logistics, WASH and Education) are placed on the national, not the provincial level.[69]

54 Finally, IASC guidance was lacking concerning the relationships between national and provincial and district level clusters as well as on how to relate the cluster approach to an integrated mission (cf. chapter 5.8).

No IASC guidance on relationship between national and provincial clusters

4.5 The role of OCHA

55 Within the United Nations architecture, OCHA has the main responsibility for humanitarian coordination. In the context of the cluster approach, OCHA's role has been poorly defined, though it and the Humanitarian Coordinators are customarily responsible for inter-cluster coordination. Effective inter-cluster coordination is necessary to ensure that multidisciplinary issues that cannot be tackled by individual clusters alone are addressed appropriately and that inter-cluster duplications and gaps are eliminated.[70]

56 A comparison of North Kivu, Oriental Province and South Kivu demonstrates a clear correlation between strong OCHA offices and the functioning of the cluster system. OCHA's ability to provide the infrastructure for coordination depends strongly on the capacities of the different offices. In Kinshasa and the provinces covered by this report, OCHA fulfills the following tasks to provide the infrastructure for cluster coordination:

OCHA's role

- Information management
- Ensuring a country-specific and coherent implementation of the cluster approach (e.g. adaptation and dissemination of terms of reference for the different types of coordination meetings)

67 It has to be noted that the global leading role of UNHCR in Shelter and Camp Coordination is not mirrored in the setup of clusters in DRC and thus global support in these specific areas is challenging.

68 Interviews Kinshasa

69 Interviews Kinshasa, North Kivu, South Kivu, Oriental Province; N.B. dedicated cluster coordinators are not always working 100% for the clusters, in Education for example 50% of the cluster coordinator's time is dedicated for cluster work

70 Cf. IASC (2008); OCHA (2007); terms of reference for Humanitarian Coordinators; OCHA strategic plan; draft cluster coordinator terms of reference. In its strategic plan 2010, OCHA states that one of its objectives is to develop a "more rigorous and standardized OCHA approach to supporting inter-cluster coordination", available at http://ochaonline.un.org/ocha2010/strategicplan.html, last accessed February 2010.

- Guiding the evolution of the cluster approach over time
- Strengthening accountability towards the Humanitarian Coordinator
- Inter-cluster coordination
- Ensuring a common agenda for the country team

Main achievements and progress made

57 Through clear terms of reference, agenda-setting and the recommendations system, OCHA Goma and Bukavu have setup effective inter-cluster coordination. Mulit-sectoral and area-related humanitarian problems are discussed in inter-cluster meetings, allowing for peer review on the inter-cluster level.[71]

58 The relatively strong OCHA offices in Kinshasa and Goma help to preserve humanitarian space vis-à-vis the military arm of MONUC through clarifying its role in the Protection Cluster and other fora of cluster coordination.[72]

Effective inter-cluster coordination and preservation of humanitarian space

Main problems and areas for improvement

59 Information management remains a challenge. The email list is the main information sharing mechanism between cluster members in the provinces and between the national and provincial cluster. Although this is effective for short-term information exchanges it does not build a proper institutional memory. The rdc-humanitaire website and other web applications (e.g. the Goma Update Google Group) are important tools but they are not user-friendly and cluster documentation from all levels is seldom compiled in a complete and timely manner.[73] Particularly the information flow from the national to the provincial levels is limited.

Good Practice UN OCHA Goma: The generic cluster TOR is also disseminated to the district clusters

Challenges in information management…

60 In terms of agenda-setting, OCHA did not push strongly for the integration of cross-cutting issues. For example, the request of a GenCap Advisor was a UNICEF initiative. Additionally, OCHA did not take up a number of important debates within the country team (e.g. difficulties in the Protection cluster, sidelining of co-facilitator, etc.). This was partly due to a lack of capacity.[74]

…and limited integration of cross-cutting issues

71 Interviews North and South Kivu; participation in inter-cluster meeting South Kivu
72 Direct observations during the country mission; interviews Kinshasa, North Kivu, South Kivu, Oriental province; focus group discussion with international NGOs Goma;
73 www.rdc-humanitaire.net; accessed 25/02/2010
74 Participation in inter-cluster meetings in Kinshasa and South Kivu; interviews Kinshasa, North Kivu and South Kivu; focus group discussion with international NGOs Kinshasa;

4.6 Predictable leadership

61 The cluster approach was designed to improve humanitarian response by clearly designating lead organizations for all key sectors that are expected to coordinate activities, ensure attention to cross-cutting issues and act as providers of last resort.[75]

62 Overall, the introduction of the cluster approach has strengthened leadership and improved its predictability compared to coordination through sectorial committees.[76] However leadership for cross-cutting issues and the assumption of the responsibility of provider of last resort remain weak.[77]

Main achievements and progress made

63 In DRC predictable leadership has been visibly strengthened through the designation of cluster leads for all sectors on the national and provincial levels, the clear definition of responsibilities of the lead agencies and reporting to the Humanitarian Coordinator. These elements have led to a gradual change in organizational identities from representation of agencies to representation of clusters. For example, a growing number of agencies with dedicated cluster coordinators (e.g. Health, Logistics, Protection, Education, WASH) and cluster lead agencies are starting to withdraw as appealing agencies from the Pooled Fund (e.g. UNICEF, WFP and UNDP). At the same time, some interviewees dispute the value of dedicated national cluster coordinators, since they risk losing decision-making power within their institutions and falling out of touch with operational questions while contributing to a bureaucratization of the cluster approach. Also, some NGOs feel that the described organizational change is too slow and not far-reaching enough.[78]

The cluster approach strengthens predictability of leadership

64 Regarding cross-cutting issues, UNICEF requested an inter-agency GenCap Advisor to support gender mainstreaming in all clusters. As a result the WASH, NFI and Education clusters at the national level have now introduced minimum commitments for girls, boys, men and women. The GenCap Advisor also supported the Food Security cluster on how to work through women's groups and introduced gender markers in the Pooled Fund and Humanitarian Action Plan 2010. Additionally, the Logistic cluster started in 2009 the "Transport de l'espoir" project fighting HIV/AIDS along DRC's transportation corridors. In some cluster

Examples for the successful integration of cross-cutting issues

75 IASC (2006a); IASC (2008)

76 This holds particularly true for the national and provincial levels. On the district levels, where clear leadership arrangements are often not in place, the predictability of leadership may be limited.

77 OCHA (2009a): 188; OCHA (2008); OCHA (2007); interviews Kinshasa and North Kivu

78 Interviews Kinshasa, North Kivu, South Kivu; N.B. the RRC cluster (led by UNDP) only received Pooled Fund money in 2009. In the WASH cluster non-participation of UNICEF in the Pooled Fund is a policy; Education, NFI and Nutrition try to do so depending on their funding from other sources. Humanitarian Reform Advisor et.al. (2009);

meetings the question of environment is also starting to be discussed. In all those examples, cluster leads took their leadership role for cross-cutting issues serious and started to actively include them into the clusters' work.[79] Besides these notable exceptions that show that leadership improves the mainstreaming of cross-cutting issues, there remain operational gaps regarding gender mainstreaming and glaring gaps on all levels concerning other cross-cutting issues, particularly environment and disability. Also, international NGOs have stressed that some national clusters use of a cost per beneficiary approach for project selection systematically undermines the inclusion of cross-cutting issues, for example since affected people with a handicap have higher per capita costs than those without.[80]

Main problems and areas for improvement

65 Although there are some emerging signs that cluster lead agencies are acting as providers of last resort, the implementation of the concept is very limited. This is mainly related to the fact that needs in the country are enormous and thus actors treat the concept as a "non-issue". As long as there are no clear limits to what can be realistically achieved in DRC, the concept will remain weak. However, the examples of FAO and UNICEF, prepositioning stocks and giving cluster members access to them in cases of emergency, point to how the provider of last resort concept could be applied in DRC. Additionally, the rapid response reserve of the Pooled Fund and the RRM/RRMP are efficient resources to tap into as last resorts.[81]

Limited implementation of "provider of last resort"

4.7 Partnership and Coherence

66 The cluster approach was also intended to strengthen humanitarian response by supporting the work of humanitarian actors as equal partners (as defined in the Principles of Partnership),[82] strengthening the coherence of their policies and activities and ensuring compliance with minimum standards. The clusters were created to enhance partnership and coherence both within and among clusters.

79 Direct observation in cluster meetings; interviews Kishasa, North and South Kivu, Oriental Province; focus group discussion with national NGOs in North Kivu; Logistics Cluster DRC (2009); UNICEF (2009a); UNICEF (2009b); UNICEF (2009c); internal UNICEF documentation; Note that UNICEF's request for a GenCap Advisor was related to the organization's pilot project to mainstream gender in emergencies.

80 OCHA (2009); Brun, D. (2009); GenCap Advisor Monitoring and Evaluation documents; internal UNICEF documents; interviews Kinshasa, North Kivu and Oriental Province; focus group discussion with international NGOs in North Kivu

81 OCHA (2009a); interviews Kinshasa, North Kivu and Oriental Province

82 These are, according to Global Humanitarian Platform (2006), equality, transparency, results-based approach, responsibility and complementarity. For more details see: http://www.globalhumanitarianplatform.org/pop.html#pop, accessed 29/12/2009

67 In DRC, interviewees largely see the cluster approach as a way of increasing partnership. Participants see cluster meetings as networking fora where relationships are deepened, for example among national and international NGOs. The approach has enhanced the influence of international NGOs, particularly through the co-facilitator arrangement. At the same time the case of DRC clearly shows that improved partnership is not automatic and depends heavily on the performance of UN agencies in terms of meeting facilitation and preservation of their impartiality. It also depends on the NGO's capacity and capability to fulfill the co-facilitator role.[83]

Partnership improves but is not automatic

Main achievements and progress made

68 The Humanitarian Coordinator, OCHA and many international NGOs have pushed successfully for an increased role of non-UN actors in the cluster approach. For example, in 2008, the Humanitarian Coordinator decided that cluster lead agencies must appoint an NGO co-facilitator on the national level after successful implementation of the co-facilitator concept at the provincial level (e.g. in UNICEF clusters since 2006). The aim was to ensure better participation of NGOs in cluster coordination, better access for international and local NGOs to the Pooled Fund and burden-sharing for coordination tasks. At the same time, it has strengthened the cluster approach in areas where NGOs are active but UN agencies have no access. In many cases, the cluster lead/co-facilitator arrangements work smoothly. The Health, Education, WASH, NFI clusters and the CCCM working group in Goma and NFI, WASH, Nutrition and Education clusters in Bunia have found a successful modus operandi. The arrangement has given some NGOs access to cluster coordination trainings (e.g. Health, Education, and Protection). At the same time, the co-facilitator arrangement has a number of downsides. Co-facilitators are often pushed into this position without having the necessary capacities and capabilities.[84] Therefore, the European Commission Humanitarian Aid Department (ECHO) is exploring ways how to support NGOs to build up the necessary co-facilitator capacities. Furthermore, despite the push of some NGOs for clarification, the roles and responsibilities of cluster co-facilitators remain unclear. Additionally, the engagement of co-facilitators has not been made transparent – for example, they are not mentioned in the Humanitarian Action Plan.[85]

Co-facilitation of clusters

83 Interviews North Kivu; focus group discussions, including with local NGOs, in North Kivu

84 The evaluators came across one case were the co-facilitator was nominated in its absence and was later unsuccessful from withdrawing from the position.

85 Interviews Kinshasa, North Kivu, South Kivu, Oriental Province; focus group discussion with international NGOs in Kinshasa and North Kivu; direct observation at cluster meetings in North Kivu and Oriental Province;Humanitarian Reform Coordinator (2009); OCHA (2008); UN Humanitarian Coordinator (2009); Mowjee, T (2009); Oxfam (2009)

69 A wide range of humanitarian actors, including the International Committee of the Red Cross (ICRC) and Médecines Sans Frontières (MSF) (both organizations usually as observer members) and local government representatives participate in the cluster meetings in North Kivu and Oriental Province. Motivation for participation depends on the respective organization and cluster but is generally wide-ranging, from coordination to division of labor to "damage control."[86] Generally, participants find that there is an atmosphere of mutual trust and respect for complementarity (e.g. Education, Health, WASH, Food Security).

High levels of inclusion of international NGOs

Main problems and areas for improvement

70 First, the most important hindrance to improved partnership, particularly with respect to Protection, is the integrated mission in DRC. The integrated mission makes it difficult for some actors to fully participate in cluster coordination because they fear doing so would compromise their impartiality and neutrality, since "MONUC is being considered as a party to the conflict."[87] This argument, however, is made only by a very limited number of organizations and is encountered even less frequent the further one goes into the field.[88] Additionally, cluster leads as UN agency, have to be coherent with the integrated mission's goal (the 'One UN' policy) while at the same time representing the cluster. If the goals of the integrated mission and the cluster differ, the cluster lead agency can find itself at the heart of tensions between political or military objectives and humanitarian imperatives. This particularly complex issue has been subject of a UNCHR lessons learned workshop in August 2009 at global level.[89] Participants recognized that "in such situations [conflict is still ongoing or a peace consolidation process has not yet taken root] too close an alignment between humanitarian agencies and UN political or peacekeeping actors may undermine the perceived neutrality and impartiality of humanitarian action and pose a threat to humanitarian space. In such situations structural integration (locating the Humanitarian Coordinator function within the mission) should be avoided, and the form of integration adopted (if at all) should be minimal."

Partnership may be hampered by. . .

71 An example of the difficult situation of a cluster lead organization integrated into a UN mission, can be found in a letter from October 2009 to the Special

. . .the integrated mission

86 Interviews North Kivu and Oriental Province; focus group discussion with international NGOs in North Kivu; analysis of meeting minutes

87 UNHCR, MONUC (2009); UN System-Wide Strategy on the Protection of Civilians, Final Draft; ,"UNSC mandated logistical and strategic support to FARDC in Kimia II –and other military operations against armed groups- has resulted in MONUC being considered as a party to the conflict, with potential confusion and negative security impact on UN agencies staff and assets"

88 Interviews Kinshasa, North Kivu and South Kivu; focus group discussion with international NGOs in Kinshasa and North Kivu; direct observation through participation in cluster meetings in North and South Kivu; analysis of meeting minutes;

89 Tennant V. (2009); UNHCR's engagement with integrated UN missions, Report of a lessons learned workshop.

Representative of the Secretary General, Alan Doss, to voice concerns over some of the information contained in the 29th report of the Secretary General on DRC. This letter was sent by UNHCR on behalf of the protection cluster. The initiative was an important advocacy tool, as was positioning of the protection cluster as an independent forum vis-à-vis MONUC.

72 However, in DRC the management of confidential information on protection issues puts UNHCR in a difficult position. While MONUC asks the Protection cluster for detailed protection information (e.g. the whereabouts of civilian populations, individual cases of sex- and gender-based violence (SGBV) committed by the FARDC) to fulfill its protection mandate and the 'zero tolerance' policy regarding sexual abuses by FARDC troops, cluster participants are reluctant to provide this information in order to protect their sources and the victims. Another issue is the protection matrix, a military decision-making tool on where to deploy troops to protect civilians. The protection matrix is filled in by the Protection cluster to guide MONUC's decision-making. The matrix indicates where MONUC must/should/could protect civilians. The question here is not the effectiveness of the protection matrix as a planning tool but the fact that it has to be discussed with humanitarian actors, making them, de facto, taking part in the hostilities. It raised the question for the Protection cluster whether the protection matrix is a source of information for MONUC or an advocacy body vis-à-vis MONUC.

73 Depending on how the cluster lead positions the cluster vis-à-vis the integrated mission, partnership with non-UN agencies will improve or decline.[90]

74 Second, bad facilitation of meetings can undermine partnerships. For example, badly facilitated meetings of the Food Security Cluster in South Kivu led to the withdrawal of actors from cluster coordination.[91]

…badly facilitated meetings

75 Third, while there are good examples for improved coherence, e.g. inclusive situation analysis (e.g. the Integrated Phase Classification (IPC)[92] in the Food Security Cluster), orientation of activities, cluster strategies, work towards common standards and the participative (if sometimes tedious) design of the Humanitarian Action Plan, important incoherences remain. Despite numerous studies on the issue of displacement patterns (multi-displacement, 'déplacés pendulaires'), host family and host community vulnerabilities, nocluster-wide momentum developed to clearly define and harmonize criteria for targeting beneficiaries. The debate between a status-based approach to beneficiary targeting (e.g. implemented by UNHCR based on its traditional engagement for refugees) versus vulnerability-

… conflicts around the targeting of beneficaries

90 Interviews North and South Kivu; Protection Cluster /DRC (2008)

91 Interviews North and South Kivu

92 The IPC is a method to classify geographic areas based on vulnerabilities and risks with respect to food security. It was first developed for Somalia but is also used in DRC as a common basis for design of strategy by cluster members.

based assistance has been heated at national and provincial level. Furthermore, there are incoherences with other strategies, for example development strategies (e.g. education and free services versus cost recovery in health). Finally, due to differing policies of cluster members and cluster observers and to high staffturnover in member organizations the introduction of common cluster standards proved to be challenging and was thus far not entirely successful (e.g. NFI kits, Education, Health).[93]

Good Practice Food Security: At national level, the cluster does a shared analysis of the national food security situation through the Integrated Phase Classification (IPC) improving coherence within the cluster.

4.8 Accountability

76 The introduction of the cluster approach was meant to strengthen the accountability of humanitarian response. To assess accountability, the evaluation team analyzed the clarity of roles and responsibilities of cluster lead organizations and their formal accountability to the Humanitarian Coordinator; the informal accountability of humanitarian organizations their peers for fulfilling their responsibilities and adhering to relevant national and international standards; and accountability to affected populations.

77 Overall the assessment of accountability in the clusters shows that, apart from accountability to the Humanitarian Coordinator, this element of the approach remains weak. Accountability towards affected populations is especially weak.

Main achievements and progress made

78 Accountability to the Humanitarian Coordinator has been relatively strong in DRC and helped to reinforce the engagement of UN agencies with the cluster approach. An important tool allowing the Humanitarian Coordinator to hold cluster lead agencies accountable where bi-annual, informal and internal assessment of cluster performance conducted by OCHA. For this purpose, OCHA closely followed cluster activities on the national and the provincial level very closely. Accountability to the Humanitarian Coordinator was further strengthened through the Pooled Fund, which gave him the possibility to sanction poor leadership. However, despite the strong position of the former Humanitarian Coordinator in DRC, the evaluation team could not find evidence to prove that there was a causal link between accountability to the Humanitarian Coordinator and the quality of humanitarian aid.[94]

While upwards accountability is strong, . . .

93 Interviews Kinshasa, North and South Kivu; focus group discussions, including with national NGOs North Kivu; Cluster strategies; OCHA (2009a);

94 Interviews Kinshasa; Mowjee, T (2009)

Main problems and areas for improvement

79 All stakeholders consulted for this evaluation agree that peer accountability and accountability to the affected population is one area where the cluster approach needs improvement.[95]

80 Regarding accountability within clusters, the multiplicity of levels (national, provincial, district), poorly defined roles and responsibilities between these levels as well as between the cluster lead and the co-facilitator and the multiple layers of implementation agencies for of some projects weakens accountability. Additionally, there is a lack of common follow up / evaluation mechanisms, undermining accountability and collective learning from experience. On the other hand, the evaluators found many instances where cluster coordination strengthened peer accountability, albeit not in a systematic manner. For example, cluster members in the Health Cluster in Goma briefly report about ongoing projects, followed by a short round of questions and answers. As a result of this and similar mechanisms some bad practices, for example in the Nutrition Cluster, where one member wanted to distribute BP 5 biscuits, could be avoided.[96]

81 Regarding accountability towards affected populations, the cluster approach did not bring about any positive change. Accountability towards the affected remains almost exclusively linked to individual organizations. Apart from a few isolated examples, such as the fair approach for NFIs, there is no systemic dissemination of good practices in terms of participatory approaches. One reason why accountability towards the affected population remains limited may be that cluster lead organizations usually have little interface with the populations and the topic is thus easily marginalized.[97]

. . . accountability between partners and towards the populations remains weak

Good Practice Nutrition cluster Goma: The cluster has a working group that does quality control for all data from nutrition assessment

Good practice Health Goma: All participants briefly report about their projects followed by a short Q&A; excellent mechanism for peer accountability

Good Practice NFI Cluster: Fair approach instead of distribution of pre-packed kits: recipients can purchase local products on the fair and prioritize what they want

4.9 Gaps filled and greater coverage

82 The main purpose of the cluster approach is to use coordination to identify and eliminate gaps and duplications and thereby, as well as through the clear designation of sectoral lead agencies that act as providers of last resort, ensure more comprehensive geographic and thematic coverage of humanitarian needs and enhance the quality of support.

95 Interviews Kinshasa, North and South Kivu, Oriental Province; focus group discussions in Kinshasa and North Kivu;

96 Interviews Kinshasa, North and South Kivu; focus group discussion in Kinshasa and North Kivu; participation in cluster meetings in North Kivu

97 Interviews in Kinshasa, North Kivu; discussion with two groups of IDPs in Mulunga III; focus group discussions in North Kivu

83 Humanitarian needs in DRC are enormous and important gaps in the response exist. Filling gaps and achieving greater coverage are systematically limited by difficulties of access, limited resources, limited implementation capacities and the protracted character of the crisis. However, within these limitations the cluster approach has had an overall positive influence on thematic coverage. As mentioned above, in 2005, OCHA identified Protection, WASH, RRC and Logistics as the four main gap areas. Four years later, apart from RRC, thematic coverage in these sectors increased dramatically with the implementation and functioning of the clusters. However, thematic coverage is weak on cross-cutting issues and geographic coverage uneven among the different provinces.[98]

Within important external limitations to gap filling, the cluster approach had a positive effect on coverage

Main achievements and progress made

84 A large majority of stakeholders in DRC agree that the cluster approach has dramatically improved the effectiveness of information sharing, thereby helping to manage existing resources (e.g. stocks) more effectively. Better information sharing also improves the understanding of the situation and of who does what and where. This in turn helps to avoid duplications and contributes to geographic coverage (e.g. Food Security). There are also some examples where clusters were able to quickly cover needs in small individual crises (e.g. the Health Cluster's response to outbreaks of cholera and ebola).

85 Besides the progress made in covering the thematic areas of WASH, Logistics and Protection, there are some examples of improved coverage of gender. For example, the WASH and NFI clusters in Goma started to implement the minimum commitment for gender (cf. 5.6) developed by UNICEF staff together with cluster members and with the support of the GenCap advisor.[99] However, as discussed in chapter 5.6, gender and other cross-cutting issues are not sufficiently covered. Besides a lack of leadership from most lead agencies, other reasons may be a lack of participatory approaches, a lack of technical know-how and the fact that lead organizations' gender focal points are not linked to the cluster approach.[100]

Good Practice Food Security: At the provincial level, cluster members commonly develop tables of upcoming projects, which help to identify duplications and to cover gaps.

Main problems and areas for improvement

86 While the Humanitarian Action Plan defines intervention thresholds (cf. chapter 5.4.2), limits of the humanitarian response and thus the overall scope of existing gaps in DRC remain unclear.

98 IASC (2006b); Cf. Annex 1 RRC

99 Minutes of the education cluster meeting, Kinshasa, 25 November 2009

100 Interviews in Kinshasa and North Kivu; focus group discussions North Kivu, UNICEF (2009a); UNICEF (2009b); WHO (2009); UN Humanitarian Coordinator (2008); Humanitarian Reform Advisor et.al. (2009)

87 Additionally, the status-based approach to IDPs limits coverage. For example, in North Kivu about 7 percent of IDPs are currently based in camps or spontaneous sites, 4 percent in public sites and 89 percent in host families. Host families are often worse off than the displaced they host. A status-based approach means that the needs of a maximum of only 30 percent of IDPs will be covered. The humanitarian community thus tried to implement a common vulnerabilities-based approach, allowing for greater thematic coverage. At the time of the evaluation visit, a common approach was not yet found with UNHCR and other agencies holding on to the status-based approach but open for debate and possible change. [101]

The status-based approach limits coverage

88 Regarding geographic coverage, the effectiveness of OCHA's who does what where maps (3Ws) is limited since organizations report all projects in a specific area without indicating their status (planned, on-going or achieved). Some non-funded projects are thus included in the map and the zone is considered 'covered'.

89 Additionally, while the cluster approach may increase coverage, it often has an adverse effect on the rapidity of the response due to cumbersome decision-making processes and insufficient meeting facilitation. For example, participants at the inter-cluster meeting in Kinshasa complained that due to a lack of decision-making at the meeting, starting a response to the recent crisis in North Equateur was delayed.[102]

Badly facilitated cluster meetings can slow down the response

4.10 Ownership and connectedness

90 A further aim of the cluster approach is to increase ownership and connectedness of humanitarian response by building on local capacities, ensuring appropriate links, coordination and information exchange with national and local authorities, state institutions and civil society organizations. Strong ownership and connectedness facilitate the transition from relief to development and ensure that the achievements of humanitarian actors can be sustained. Connectedness also refers to the link with other relevant actors in the country, for example development actors and peacekeeping forces.[103]

91 In DRC, strengthening connectedness and ownership implies linking cluster activities to the national and local government, to local civil society actors and to the civilian and military arms of MONUC. Thus far, the cluster approach has largely failed to link to these actors. The finding of the 2006 IASC Self Assessment

101 OCHA (2010b); interviews North Kivu; focus group discussions North Kivu; participation in an CPIA meeting in North Kivu where the issue was discussed

102 Participation in inter-cluster meetings in Kinshasa 26/11/2009 and 10/12/2009; meeting minutes of the inter-cluster meeting 26/11/2009 and 10/12/2009

103 Cf. Alexander, J. (2009)

that "stronger linkages between clusters and government/local authorities are needed"[104] largely still holds true for the Cluster Evaluation Phase II. Moreover, there are debates within the humanitarian community over whether closer links to the military arm of MONUC positively or negatively affect the cluster approach.

Main achievements and progress made

92 The government, particularly in the eastern provinces, intends to take over control. For example, it is currently developing a law regulating NGO activities and government representatives are participating in many cluster meetings at the provincial level (e.g. Health, Food Security, WASH, Nutrition, Education and RRC), albeit on an irregular basis. A positive effect of government participation in cluster meetings is an easing of tension between the government and the international NGOs (e.g. Food Security). OCHA and the clusters have started a cautious debate about how to respond to this development, for example through government co-facilitators (e.g. Food Security Goma).

Cautious attempts to include local government

Good Practice Nutrition cluster: NGO co-facilitation on the national level and government co-facilitation on the provincial levels

Main problems and areas for improvement

93 Although the technical government representatives interviewed for this study welcomed the cluster approach because it helps them to better understand what the "humanitarians are doing in our country,"[105] North Kivu is an example of how challenging it is to work with national authorities. There is a rift between the technical and political levels of government. Technical staff are overall in favor of the cluster approach, while the political level is boycotting the system. They insist on having meetings at the Ministry and refuse to participate in meetings. At the same time the political level has a limited will to provide humanitarian services. As a pragmatic solution OCHA North Kivu is targeting the technical level of the government and trying to work closely with it, for example through the Comité de Liaison. Additionally, limited communication about the cluster approach with the national and local government reinforces the government's overall attitude that humanitarian action does not concern it. Some interviewees even believe that the cluster approach, by strengthening leadership of the cluster leads, takes away (a sense of) authority from the government. Additionally, in Oriental Province, government representatives have stopped attending cluster meetings because they feel that their views were never taken into account.[106]

Good Practice Health Goma cluster: the cluster's exit strategy is linked to the "national strategy to reinforce the health sector"

No positive effects on ownership

104 IASC (2006b): Annex II, p.2
105 Interviews North Kivu
106 Interview with OCHA Goma; interview with cluster coordinators and co-facilitators in Kinshasa, Goma and Bunia; interview with government representatives in Goma and Bunia; focus group discussion with international NGOs; OCHA North Kivu (2009)

94 The Humanitarian Action Plan 2009 gave early recovery/ connectedness a higher priority by making it its fifth strategic objective. The RRC was mandated to bring individual clusters together to identify opportunities to link their work with development activities and develop exit strategies. Yet, despite some positive efforts, most clusters do not have an exit strategy. Also, it was difficult to find funding for LRRD (linking relief, rehabilitation and development) activities. For example, the Health cluster in Goma did not find funding for hand-over activities. Due to the limited success of this initiative, the Humanitarian Action Plan 2010 is concentrating again entirely on humanitarian activities, leaving ownership and connectedness to the UN Stabilization Support Strategy.[107]

Limited linkages with development…

95 Local NGOs also participate in provincial cluster meetings, partly because clusters determine priority projects for the Pooled Fund, one of the most important international funding sources directly open to eligible local NGOs. However, it does not necessarily contribute to ownership since local NGOs are very critical of the clusters' failure to better link humanitarian and development activities. They question the added value of projects without a vision for longer-term solutions for the affected population. Moreover, they feel that the presence of international NGOs and strong international coordination mechanisms undermine their own capacity and coordination mechanisms.[108]

… provokes criticism of local NGOs

96 As described above, connectedness with MONUC is desirable but how the connection between the integrated mission and the cluster approach should look is currently an object of heated debate in DRC. Actors on the ground have not received any guidance from the global IASC or their headquarters on how to deal with this vital and difficult topic. The former Humanitarian Coordinator and OCHA have tried to provide some clarity. Humanitarian coordination is now done in the entire country either by OCHA or, where it is not present, by other civilian UN agencies and no longer by MONUC. Also, while MONUC is no longer co-lead it still participates in the national and provincial protection clusters.[109] However, there remain three important issues to address: what should and could be the role of MONUC within the protection cluster? What should and could be the role of MONUC in the national and provincial CPIA? How does the RRC cluster position itself vis-à-vis the missions push towards return and early recovery as articulated in the Integrated Strategic Framework? These unresolved issues create confusion and conflict within the cluster approach and its stakeholders.

Unclarity about how MONUC and cluster approach should be linked creates conflicts within cluster system

107 OCHA (2008); OCHA (2009): 57; UN Humanitarian Coordinator (2009); Mowjee, T (2009); interview Kinshasa, North Kivu and Oriental Province

108 Interviews Kinshasa, North and South Kivu, Oriental Province; focus group discussions, including with national NGOs, North and South Kivu; direct observation; see Annex 2

109 UN Humanitarian Coordinator (2009): 7; interviews Kinshasa. Despite this policy MONUC is still the co-lead for the Protection Cluster in Oriental Province

4.11 Positive, negative, intended and unintended effects of the cluster approach on the affected population

97 The ultimate goal of the cluster approach is to help the well-being and dignity of the affected population. It was very difficult to find evidence for positive or negative effects of the cluster approach on the population in DRC. This is because trends in available data on the well-being of beneficiaries are not attributable to the cluster approach.

98 The little evidence available indicates that the cluster approach can have a positive short-term effect on the population. Examples are the work of the Food Security Cluster (particularly prepositioning) and the effective response of the Health Cluster to a small Ebola outbreak that reportedly decreased the mortality rate from several hundred (typical for such an epidemic in DRC) to about fifty. Both WASH and NFI Clusters have pre-positioned contingency stocks that have been actively used by Cluster members since 2008

Examples for positive short-term effects on the population

99 However, the cluster approach in DRC has not improved the humanitarians' record of transforming short-term improvements into longer-term gains. As a result, the overall effect of the cluster approach on the population in protracted crises such as DRC has been limited. There are no 'livelihood' or 'income generating activity' programs to break the cycle of having to continue injections of NFI, food, free health care, etc. The lack of connectedness and ownership can negatively affect the population in the long run, since it does not help to reduce vulnerabilities.[110]

But lack of ownership can negatively affect the population in the long run.

100 However, it is important to stress that many factors that may lead to a positive or negative effect on the affected population actually lie beyond the reach of coordination mechanisms. For example, the important debate about needs-based versus status-based assistance and cooperation with the military cannot be solved through better coordination mechanisms. They necessitate normative political decisions based on an inclusive discussion among the relevant stakeholders. The cluster approach's important achievement in this area is, however, that it helps to bring the issues that limit effective humanitarian assistance to the table.

The limits of coordination

110 In a group discussion with the Food Security cluster in North Kivu, local NGOs perceived an "alleviation" for the population through the cluster's activities; also in a focus group discussion with local NGOs in North Kivu participants question the effectiveness of the cluster approach due to a lack of connectedness; WHO (2009); according to interviews in Kinshasa, the mortality in a recent Ebola outbreak could be reduced from usually 350 casualties to 50. The interviewees attributed this decrease to improved information sharing with MSF and the government.

5 Conclusions

101 In DRC the cluster approach has been introduced as part of a larger humanitarian reform package that also includes the strengthening of the Humanitarian Coordinator, reformed humanitarian financing and increased donor coordination. Subsequently the NGOs and Humanitarian Reform project complemented the partnership component of the package.

102 All measures taken together contributed to an enormous step forward in terms of strategy, coherence and resource mobilization. Regarding the cluster approach, compared to earlier forms of coordination there has been an enormous improvement; compared to the cluster approach's goal of improving the quality of humanitarian assistance through better coordination, the cluster approach has not yet realized its full potential.[111]

103 The following section summarizes the positive and negative effects of the cluster approach on the quality of aid and the humanitarian system. It provides an overview of factors currently hindering further success, discusses the return on investment of the cluster approach and critically assesses the underlying logic model of the cluster approach.

Positive and negative effects of the cluster approach on the quality of aid

104 Overall, the findings show that the cluster approach has created an enabling environment for quality humanitarian assistance through:

- Improved information sharing and thus a better understanding of the humanitarian situation in DRC;
- Improved mechanisms for the prioritization of needs;
- Improved identification of gaps;
- Improved coverage;
- Development and promotion of best practices, local standards, and innovation/ learning;
- Improved mechanisms for exchanging experiences, knowledge and conducting peer review;
- A collective process for developing and prioritizing projects that increases the

111 Cf. Alexander (2009)

quality of project design;[112]

- Clearer roles and responsibilities for sector/cluster leads;
- Better participation and increased engagement of a wide range of humanitarian actors.

105 The evaluators found positive and negative effects resulting from this enabling environment. First, an intended positive effect is a better coverage of "clusterized" technical issue areas such as Nutrition and WASH. Interestingly, the "clusterization" of cross-cutting issues is far less successful as the RRC cluster shows. Second, an unintended positive effect of the cluster approach has been a professionalization of the field because of the pressure to have trained cluster coordinators and to send technical experts to cluster meetings.

106 As a first unintended negative effect the evaluators found is that due to its inclusiveness the cluster approach can become less reactive and thus has a tendency to reduce the timeliness of the response, with some members waiting for a cluster meeting or a common decision before acting. A second potential negative effect is that the clusterization of coordination and assistance is a potential break to more multi-sectoral interventions. Finally, income generation activities, livelihood and micro-finance are important areas without specific clusters, making them less supported as they dont easily fit into the cluster architecture.

107 However, after all, better coordination is only a necessary but insufficient precondition for higher quality in humanitarian response. The Pooled Fund in DRC adds another necessary condition for better quality: adequate financing in line with predetermined strategies. Unfortunately, the monitoring and evaluation component of both clusters and the Pooled Fund are so weak that a final judgment on the effects of the cluster approach on the quality of humanitarian response in DRC cannot be made.

Positive and negative effects of the cluster approach on the humanitarian system

108 In addition to effects on the populations and the quality of aid, the evaluators also found effects on the humanitarian system. On the positive side the evaluators found that:

112 One OCHA staff stated "I have never before seen UN project proposals being discussed in such detail."

- Closer cooperation between international and national NGOs have a capacity building component for local partners, help them to access funding (although still very limited) and increase their visibility vis-à-vis the government and UN agencies (e.g. Food Security, Health, Education, NFI).[113]

- The frictions between the cluster approach and the integrated mission in DRC has the potential to further the debate within the United Nations on how to best relate the humanitarian and peacekeeping pillars of the UN reform.[114]

109 An important downside to cluster coordination is that the presence of international NGOs and strong international coordination mechanisms can easily undermine the capacity of local NGOs and their coordination mechanisms.[115]

Factors hindering further success of the cluster approach

110 The results also show that the cluster approach has not yet unfolded its full potential due to the following stumbling blocks:

- A lack of a vision and strategy on how to integrate cross-cutting issues;

- An excessive focus on processes (who does what where, contributions to the Humanitarian Action Plan and Pooled Fund processes) instead of on the affected population and operations (how and why do we do what we do);

- A lack of monitoring and evaluation activities within clusters;

- Incomplete decentralization with important resources and decision-making accumulating at the national level;

- Difficulties of communication and information management between the national and the provincial level and thus limited support from the national to the provincial level;

- Tensions between clusters and the integrated mission;

- Difficulties in finding coherence between status-based and need-based approaches;

- Intransparency of Pooled Fund decision-making;

113 Interviews North Kivu; focus group discussions, including with local NGOs, North Kivu
114 Cf. UN OCHA (2009b); Tennant, V. (2009)
115 Focus group discussion with local NGOs in North Kivu; see Annex 5

- Lack of accountability towards the beneficiaries and the promotion of participatory approaches.

Have the outcomes justified the investment made?

111 In DRC the single most important investment in the cluster approach is staff time, including that of cluster coordinators and cluster members. This investment is important, but the evaluators believe that it is fully justified given the improvements made to humanitarian coordination through the introduction of the cluster approach. Important indicators show that humanitarian actors also deem the effort worthwhile: First, attendance in most clusters has been high, especially on the provincial level. However, experiences from South Kivu show that this is only the case as long as cluster meetings are fairly well facilitated. Second, most interviewees have preferred the cluster approach to earlier forms of coordination in DRC. Finally, technical representatives of local authorities have spoken in favor of the cluster approach.[116] The return on investment could be further improved if the cluster approach realizes its full potential. However, a positive cost-benefit balance will only be maintained if structures and processes do not become overly bureaucratic (e.g. through costly dedicated cluster coordinators on the national level), but retain the spirit of a horizontal, network-like approach to humanitarian reform.

Validation of the logic model[117]

112 Regarding the logic model that underlies this evaluation (cf. illustration 2), the country study in DRC suggests several adaptations:

113 First, the causal link between "process/outputs" and "outcomes" is unclear and, at the very least, the elements translating e.g. stronger partnership into increased coverage, gap filling or ownership and connectedness are not spelled out clearly enough. For many, outputs including partnership and, to a lesser extent, accountability are objectives in their own right and do not necessarily have a direct link to coverage and ownership.

114 Second, not all forms of accountability have an equal effect on quality of aid. Evidence suggests that peer accountability and most likely also accountability to the population have a stronger impact on quality than hierarchical accountability to the Humanitarian Coordinator. In the DRC hierarchical accountability actually contributed to predictable leadership.

116 Interviews in Kinshasa, North and South Kivu, Oriental Province

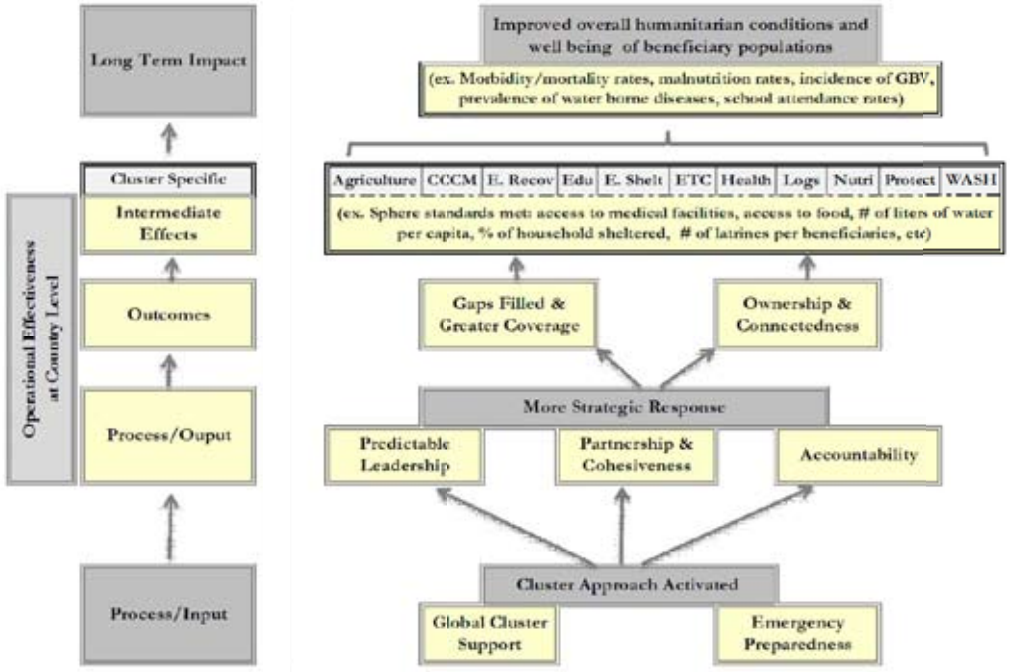
117 The discussion of the logic model is part of all country reports of the IASC Cluster Evaluation Phase II. The evaluation team by purpose took the same formulation in all country studies for those parts where the necessary adaptation of the model is the same. The aim is to facilitate comparison between the country studies.

115 Third, while predictable leadership was an output at the time of the introduction of the cluster approach, four years into its implementation it should no longer be considered as a goal in itself but rather as an input for the functioning of the system.

116 Fourth, the causal link between the inputs and outputs of the cluster approach and the outcome of ownership is questionable, since most inputs and outputs focus on international humanitarian actors. Available evidence in DRC suggests that the introduction of the cluster approach risks weakening national ownership through improved (international) leadership. Equally, strong international coordination will always trump local coordination structures, as the national NGOs in Goma have shown.[118] The logic model must thus account for the trade-off between international leadership and ownership. The inclusiveness of the system becomes all the more important because of this inherent trade-off.

117 Finally, the results of this country study clearly show that better coordination (in terms of both outputs and outcomes) does not automatically lead to better humanitarian assistance (effects on the quality of the response and the well-being of the affected population). Rather, better coordination is a necessary but insufficient condition for better humanitarian services and improved well-being of the affected population.

Illustration 5
The logic model of the cluster approach



Source: Alexander 2009

118 Cf. Annex 5

6 Recommendations

6.1 Clarify the division of roles and responsibilities between the different coordination groups and fora at the national and provincial levels.

118 Continue to develop a strategy and processes that help to clarify the relationship between national, provincial and district clusters. The strategy should address how coordination resources, responsibilities and decision-making power are distributed between the different levels and how the provincial and national coordination mechanisms relate to each other. For that purpose the strategy should clarify and formalize the division of roles and responsibilities between the national and provincial coordination groups and fora (inter-cluster, CPIAs, HCT). The national clusters should act as enablers, facilitators and coordinators for the provincial and district level clusters. Provincial clusters should get – depending on their capacities – more decision-making power. Coordination resources should be focused on the provincial level, where the real coordination work takes place. Where OCHA has the capacity to pragmatically support local cluster coordinators, it should consider to do workshops on cluster coordination and facilitation.

» IASC, HCT in close coordination with national, provincial and district level clusters

6.2 Support for operations

119 There is a need for support for operations (training, guidance, etc.). In DRC this support should ideally come from the national, not the global level, in order to allow for context-specific support. If the national level is incapable of providing the necessary support, the global clusters would have to step in, ensuring that the national clusters can and do play this role.

» Global clusters, national clusters

6.3 Improve information management

120 Support improvements and innovations of information management systems to strengthen information and knowledge management.

» OCHA, donors

121 Get an expert to improve the usability of web-tools for information sharing and management, e.g. the rdc-humanitaire website and the Goma Update Google Group.

» OCHA

122 Regularly post relevant and updated information from the national and provincial levels on the rdc-humanitaire website.

» OCHA, Clusters

6.4 Review link between clusters and financing mechanisms

123 A close link between the cluster approach and donors is crucial but participation of donors in cluster coordination should not be institutionalized. To allow humanitarians to coordinate among each other before coordinating with other stakeholders, donors should participate in cluster coordination meetings (including the inter-cluster and the CPIA) on the basis of invitation only, but must be systematically informed about meeting results, e.g. through sharing of meeting minutes.

» IASC, donors, OCHA, cluster leads, CPIA, HCT

124 Evaluate whether the revision of Pooled Fund processes had the intended effects, particularly in securing partnership gains.

» Donors, CPIAs, HCT, OCHA, NGOs, Joint Pooled Fund Unit

125 Further enhance the transparency of funding decisions at the level of the Pooled Fund Board, exclusively based on clusters and CPIA strategies, criteria and standards. Funding decisions should be commented and communicated.

» Humanitarian Coordinator, HCT, donors, Pooled Fund Board, Joint Pooled Fund Unit

6.5 Clarifying the different facets of predictable leadership in DRC

126 Given the enormous needs in DRC, there is a need to contextualize the concept of provider of last resort and the lead agencies' responsibilities there. There must be a common understanding on what is realistic, what can be done and how to reinforce the responsibilities attached to the concept. At the same time, the concept should be preserved to remind the cluster lead agencies of their responsibility to advocate, and where possible provide, resources on a "last resort" basis.

» HCT, cluster lead agencies, OCHA

127 Avoid the risk of bureaucratization by contextualizing the need for dedicated cluster leads. Most coordination resources should be allocated to the provincial cluster coordinators. In times outside of sudden-onset emergencies, cluster coordinators should have part of their job dedicated to coordination; while during sudden-onset crises (e.g. volcano eruption, massive outbreak of violence), cluster coordinators may need to be 100 percent dedicated to coordination. Cluster coordinators at the national level should not be fully dedicated to coordination.

» Cluster lead agencies, donors

128 Cluster lead agencies have to take leadership in mainstreaming cross-cutting issues, comparable to UNICEF's (minimum) commitments to gender, and provide the cluster coordinator with related tools and strategies (e.g. creation of a network, trainings, standard-setting, etc.). Each cluster lead agency has to identify human and financial resources for cross-cutting issues and ensure that respective focal

points within their organizations are linked to clusters. The focal points must be able to play an advisory role on cross-cutting issues for the cluster coordinators and cluster members. OCHA needs to boost the integration of cross-cutting issues at the inter-cluster, CPIA and HCT levels. For a transitional phase, GenCap Advisors or other

» Cluster lead agencies, OCHA, donors, NGOs

6.6 Strengthen the co-facilitator mechanism

129 Clarify the roles and responsibilities of NGO co-lead agencies, taking into account the work done on that matter by the Humanitarian Reform Advisor.[119] Promote and organize common country-level facilitation trainings for leads and co-facilitators. National cluster leads and co-facilitators should develop a strategy on how to integrate the provincial government, where appropriate and feasible, into co-facilitator arrangements.

» HCT, IASC, NGOs, OCHA

6.7 Clarify links between the cluster approach and the integrated mission

130 The cluster approach's systematic frictions arising from UN agencies being both integrated into peacekeeping missions and representing clusters as cluster leads, need to be recognized at the political level. The UN Secretariat, particularly UN OCHA, the Department for Peacekeeping Operations (DPKO) and the Department for Political Affairs (DPA), in close cooperation with UN humanitarian agencies, need to discuss and clarify the interplay between humanitarian reform and the reform of peacekeeping. In the meantime, the IASC should develop guidance for country teams and clusters on how to relate the cluster approach and integrated missions. NGO headquarters should give guidance to their teams at the field level on how to participate in clusters within an integrated mission.

» OCHA, DPKO, DPA, all humanitarian UN agencies, IASC, NGOs

131 Moreover, as with donors, the participation of MONUC in cluster, inter-cluster and CPIA meetings needs to be clarified. Regarding the Protection Cluster, the current solution to keep MONUC out of the co-lead role is crucial and should be maintained. The country team should also discuss whether cluster meetings are the right place to coordinate with the military. There is no clear-cut answer to this question but all stakeholders should consider the advantages and disadvantages of a MONUC participation in the Protection cluster. The main advantages are:

- Information exchange between humanitarians and MONUC can improve MONUC's reactivity to physically protect civilians.

119 Humanitarian Reform Advisor (2009)

- Information exchange between humanitarians and MONUC can improve MONUC's reactivity to physically protect civilians.

- The securitization of intervention zones by MONUC can be more demand-driven.

- MONUC profits from cluster coordination, as do all other cluster members, through information exchange, exchange of ideas and good practice.

The main disadvantages are:

- Humanitarian agencies are reluctant to participate in cluster meetings because they risk being perceived as partial.

- Humanitarian actors lose their scope to discuss sensitive information or a common strategy vis-à-vis the military.

- The confidentiality of information can no longer be guaranteed, which may put the sources and the victims at risk.

» **Humanitarian Coordinator, HCT, UNHCR (global and in DRC), NGOs, OCHA, IASC**

132 MONUC, as the donors, should be allowed to attend inter-cluster and CPIA meetings on the basis of invitation only and should receive a regular update of relevant cluster activities from OCHA.

» **Humanitarian Coordinator, HCT, OCHA, IASC**

6.8 Address systematic obstacles to coherence

133 Systematic hindrances to coherence, such as the debate about vulnerabilities- vs. status-based response to IDPs are hard to solve on the country level alone. All stakeholders to this debate need to recognize that this is a normative question that needs a clear policy decision and guidance from the political level. They should start a comprehensive dialogue on this issue taking into consideration the experiences of the actors in DRC.

» **UNHCR, OCHA, donors, NGOs, IASC**

6.9 Make accountability a central element of cluster activities

134 The accountability element of the cluster approach in DRC should be strengthened on three levels. First, the new Humanitarian Coordinator and UN OCHA should continue to work on the basis of the bi-annual cluster assessments to keep up the accountability of cluster leads to the Humanitarian Coordinator. The mechanism

could be strengthened through bi-annual meetings between the Humanitarian Coordinator, national level cluster leads and co-facilitators to discuss strengths and weaknesses of the respective clusters and jointly develop ways forward.[120]

» Humanitarian Coordinator, OCHA, cluster leads, cluster co-facilitators

135 Second, the clusters should strengthen peer accountability by introducing common monitoring and evaluation activities, e.g. After Action Reviews, learning exercises, common project visits, etc.

» cluster leads, NGOs

136 Third, accountability to the population should be improved through the systematic sharing of good practice, tools, trainings etc. at cluster meetings and the design and implementation of a communication strategy toward population (clarifying target audiences, common messages, use of local media, etc.) in order to improve collective accountability.

» CPIA, Inter-cluster, OCHA, NGOs

6.10 Towards improved coverage

137 The humanitarian community has come a long way in improving geographic and thematic coverage in DRC. Further improving coverage remains one of the most important objectives – and the most difficult to achieve. However, there are two attainable steps that could help improve coverage.

138 First, and very importantly, the humanitarian community in DRC needs to strengthen cross-cutting issues as described in ch. 7.5 to improve the quality and thematic coverage of humanitarian response.

» All actors

139 Second, the 3W, as is currently done in Katanga, generally needs to be improved to also include the status of the project (planed, financed, partly implemented, implemented). This way areas with planned but not yet financed/implemented projects no longer figure as "covered." Such an improvement necessitates support from the global level to ensure sufficient capacities.

» UN OCHA, operational partners

6.11 Allow for ownership and improve links with government and development activities

140 The cluster approach in DRC is not a small flexible tool to respond quickly to an emergency. Its strength lies rather in bringing together a large number of humanitarian actors to develop and implement coherent strategies. The cluster approach should

120 See also Humanitarian Response Advisor (2009)

build on its strength of being an inclusive mechanism. To do this, it has to actively reach out to local actors, including civil society and governmental actors.

141 To this end, all different situation and needs analysis tools used in the DRC should include the assessment of local capacities (government and civil society). Common cluster strategies need to reflect the level of assessed (not assumed) local capacity. Additionally, these strategies need to ensure that the right resources and tools are available to integrate existing local capacities into cluster activities.
» Cluster leads, cluster members, UN OCHA, CPIA, local NGOs, Government

142 Particularly on the provincial level, the government should have, if feasible, a co-facilitator role in the clusters.
» Cluster leads, Government

143 Furthermore, the cluster approach should strengthen government capacities through common activities, e.g. needs assessment, technical discussions, sharing of good practices, tools, etc.
» Cluster lead, inter-cluster, NGOs

144 Donors and funding mechanisms need to be flexible enough to provide financing for projects that link emergency and development aid. The national level has to develop a vision and strategy for how to respond to the early recovery strategy outlined in the Integrated Strategic Framework (ISF) and other doctrines.
» Donors, RRC cluster, Pooled Fund, other financing mechanisms, HCT, OCHA

Annex 1

Overview of performance of individual clusters

This Annex provides a brief portrait of each cluster in DRC. Performance is measured against a set of indicators based on the logic model developed in the Phase Two Cluster Evaluation Framework and refined in the Inception report of the evaluation.[121] These indicators are qualitative and have numerical scales (0 to 3), leading to the portraits presented below.

The judgement for each indicator is based on extensive review of documentation (meeting minutes, cluster strategies, cluster reports, etc.), interviews and participative exercises facilitated during the evaluation mission to DRC. On this data basis, each evaluator independently judged the respective clusters. If there were differences, these were discussed among the three evaluators to find a common scoring. The evaluation team considers all active clusters on the national level and in the covered regions (Kinshasa, North Kivu, South Kivu, Ituri). This breadth means that the information collected for each individual cluster is restricted. The following cluster portraits thus reflect tendencies and are *not equivalent to cluster-specific evaluations*. Rather, the scales are used to present complex and detailed information in a compact way through figures and illustrations.

121 Alexander (2009); Steets, J. et.al. (2009)

Food Security

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	NOT ENOUGH DATA
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	NOT ENOUGH DATA
15	Participation of affected population	
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	N/A

- The Food Security cluster is led by FAO and WFP and has been functioning since 2006. In some provinces, NGOs are co-facilitators, such as Secours Catholique (North Kivu) and ACF (South Kivu). The cluster counts on a large number of members and strong participation by local actors (both NGOs and local authorities in various provinces).
- Both for FAO and WFP, one difficulty in acting as cluster lead agency is that cluster members are their traditional operational partners. This leads to a blurred distinction between activities of the cluster lead agency with its partners and cluster activities as a coordinated group.
- At field level, cluster members commonly draw up tables of upcoming projects, which help to identify potential duplications and to cover gaps. At national level, the shared analysis of the global situation through the Integrated Food Security Phase Classification (IPC) as the basis of the Food Security Strategy presented in the Humanitarian Action Plan, improves the coverage of needs.

- Nevertheless, some difficulties remain regarding criteria for intervention, access in remote areas, limited resources and the links with other clusters (Nutrition, RRC, WASH and Education) could/should be strengthened.
- Provider of last resort: In an "advocator of last resort" manner, the Food Security cluster lead(s) successfully requested to adjust the second Pooled Fund allocation of 2008 to better reflect the existing needs. Additionally, the cluster lead agencies preposition stocks for goods and tools to which cluster members have access to in case of an emergency.

RRC (Retour and Community Rehabilitation)

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	NOT ENOUGH DATA
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	NOT ENOUGH DATA
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- The RRC cluster is led by UNDP and UNHCR. Return and community rehabilitation was identified in 2005 as a gap in the overall humanitarian response.[122] It is the equivalent of the Early Recovery cluster for DRC, aiming to support return and reintegration of refugees and IDPs into their community or areas of resettlement. It should facilitate multi-sectoral interventions and cover the gaps that are not covered by other clusters in return areas.

122 IASC (2006b);

- As of the end of 2009, the discussion about the scope and limits of this cluster was still ongoing and the functioning of the RRC cluster was problematic. Although everybody recognizes the need for coordination on this important issue, the existence and added value of RRC as cluster is questioned and some argue that a RRC network would be more effective in enabling developmental strategies and funding.[123]
- The RRC cluster needs to define a clear strategy. The lack of a clear strategy negatively affects participation in the cluster. Regarding the links with national authorities, there are clear problems with the Ministry of Plan who is trying to coordinate and with existing coordination mechanisms on development issues that overlap RRC activities.
- The HC requested that all clusters participate in the RRC cluster in the context of the HAP 2009 – because during 2009 the RRC cluster became the inter-cluster for early recovery (5th objective). At least on the Goma level there was high participation. However, since members found no funding for the projects (neither though the PF nor bilaterally) the initiative died.

Education

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	NOT ENOUGH DATA
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	NOT ENOUGH DATA
18	Quality and level of global cluster support	

123 Minutes of the Atelier national du cluster reintegration et relance communautaire (RRC) à Goma, du 17 au 18 novembre 2009, minutes of the RRC cluster meeting 11/11/09 in Kinshasa

- The Education Cluster[124] is led by UNICEF and co-led by Save the Children at national level. At provincial level, several NGOs are co-facilitator, such as AVSI in North Kivu, Solidarités in Province Orientale and NRC in South Kivu. It aims at ensuring a rapid return to normal life through education. Its key activities are: minor school rehabilitation, school kits distribution, training for teachers and parents.
- In DRC, there is coverage of the issue of education in emergencies, a topic often neglected. Education cluster meetings are well-attended.
- The Education cluster set up a charter on gender, composed of 5 commitments and it is trying to coordinate with other clusters. Through the RRMP, the cluster has a close link with NFI, WASH and protection sectors. [125]
- The use of an action point matrix with clear responsibilities and deadlines for each activity at cluster meetings strengthens peer accountability.
- In some places, activities of the Education cluster reflect the predominance of actors who rehabilitate schools, neglecting the wider aspects of emergency education programming.

124 Activities of the Rapid Response to Population Movements (RRMP) and its predecessor, the Rapid Response Mechanism (RRM), are considered here as part of the cluster's activities. Agencies and organizations participating in the RRMP are members of and coordinate with the cluster; however the RRMP is not an agency/ not a cluster member as such

125 UNICEF (2009c); documentation of the RRM(P) as provided by UNICEF Goma

NFI/Shelters Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	
16	Accountability to HC & among members	NOT ENOUGH DATA
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- NFI/shelter cluster[126] is under the leadership of UNICEF, while at global level the Emergency Shelter Cluster is led by UNHCR/IFRC. It has NGOs co-leads at the national level (CRS), and provincial levels (Solidarités in North Kivu and Oriental Province (Ituri district), NRC/RRMP in South Kivu).
- In DRC there is a strong focus on NFI rather than on shelter, even if a new working group for shelter is under construction. Since the global cluster focuses on shelter and is led by UNHCR and NFI is no typical activity for UNICEF the cluster feels "orphaned".
- The NFI cluster has proven to be innovative with the introduction of fairs. The fairs allow the affected population to purchase (with vouchers) local products and make their own prioritization of items, instead of receiving pre-packed kits.
- The cluster did not achieve having standardized kits but nonetheless improved coherence among the different kits. Information sharing, including between national and provincial levels, was reported to be good.

126 Activities of the Rapid Response to Population Movements (RRMP) and its predecessor, the Rapid Response Mechanism (RRM), are considered here as part of the cluster's activities. Agencies and organizations participating in the RRMP are members of and coordinate with the cluster; however the RRMP is not an agency/ not a cluster member as such.

- The NFI clusters lead has adopted minimum commitments for gender, in cooperation with the GenCap Advisor.[127] It has also reflected on whether firewood should be included in NFI kits or not. Inter-sectoral issues are addressed through RRMP.

Logistics Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	N/A
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	N/A
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	N/A
10	Relationships among cluster (non-)members	
11	Relationships between clusters	NOT ENOUGH DATA
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	NOT ENOUGH DATA
15	Participation of affected population	N/A
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	
19	Coverage of ETC and logistics services	

- The Logistics cluster is led by WFP and co-led by CARITAS at national level (and MALTESER in South Kivu). Main activities are rehabilitation of roads, communication, information, maps, coordination with Inter-agency Logistics Services (ILS-WFP) and UNHAS for other logistics services. The roles are clearly defined but the leadership of the cluster has been questioned within the organization because this activity is not directly linked to the organization's goals.
- It is effective and its activities are welcome by all partners and seen as very useful. It includes cross-cutting issues such as HIV/AIDS through its program

127 UNICEF (2009b)

"Transport de l'espoir" with prevention activities alongside transportation corridors in DRC.[128]

- The Logistics cluster is having some difficulties in its handover and exit strategies, most of all in eastern regions. With the recent implementation of STAREC, the cluster needs to ensure appropriate coordination and involvement of national actors in the cluster activities.
- The Logistics cluster suffers from the small number of implementing partners in the sector, but this also reflects the cluster's focus on logistics projects as opposed to logistics services.

Protection Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	NOT ENOUGH DATA
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	NOT ENOUGH DATA
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- The Protection Cluster is led by UNHCR and has several working groups, including Child Protection (led by UNICEF / Save the Children), Gender-Based Violence (UNFPA) and Mines (UNMAC). The Protection cluster was co-led by MONUC until October 2008. In some places, NGOs such as the Life & Peace Institute in South Kivu are taking the co-facilitator role.

128 See Logistic cluster report, January to June 2009

- This cluster is one of the most critical in DRC, not in terms of performance but due to the fact that it is at the interface between NGOs and the military and political branches of MONUC. The role of the HC/RC and its capacity to protect humanitarian space is central.
- Protection was identified in 2005 as a gap in the overall humanitarian response and became a priority for humanitarian actors in DRC. This can certainly be partly attributed to the cluster approach and the current functioning of the Protection cluster. However, some gaps remain for access, security and capacity reasons (e.g. Grand Nord Kivu)
- In terms of coverage, the main difficulties lie in the effectiveness of means for protection/mode of action. Using the protection matrix, the cluster faces the challenge of comparing protection needs between zones or identifying the scale of protection risks people are facing.
- The cluster faces the challenge of mixing together different protection actors who have different mandates and different means/modes of action (from military protection to advocacy or capacity building strategy). The different perceptions lead regularly to a questioning of MONUC's place, its role within the cluster and tensions between cluster members. The management of information and confidentiality is also critical.
- The Protection cluster manages protection monitoring in the Kivus, which is useful for other clusters for mainstreaming protection (e.g. WASH, RRC). The Protection Cluster recently introduced 'Points from the Provinces' onto the agenda of the national cluster meetings to ensure better information sharing between the different levels (national, provincial, district).
- The global cluster support is considered very weak but the support of Kinshasa for the field (which could be considered support for the operations) is considered valuable and useful.

Health Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- The Health cluster is led by WHO and co-led by MERLIN at national level. Other NGOs such as MEDAIR and CRS co-lead at provincial level. As this cluster was problematic, the Humanitarian Coordinator pushed for important reorganization over the past year. The cluster has now a dedicated cluster coordinator in Kinshasa and has since been supported by Global cluster.
- The main topics of the health cluster are the priorities for health in DRC (e.g. malaria and cholera), which are not really linked to humanitarian/emergency situations. There is no real work on HIV or links with SGBV.
- In a huge country with a deficient health system, the Health cluster acts as an epidemiologic monitoring system. For example, it has a good cartography of risks, according to province, with key actors able to respond.
- The level of involvement of national and local health authorities in the different provinces is uneven. In some places local authorities are co-lead of the Health cluster, in others they stopped participating due to continuous conflicts.
- One of the main challenges of the Health cluster is to link development and emergency approaches. In some places, there is a quasi-parallel system of coordination and strong incoherencies between development and emergency assistance (e.g. cost recovery vs. free service).

- In terms of information sharing, epidemiological data are updated and easily accessible but analytical information is missing. There is a general lack of knowledge sharing and very low participation in the design of the Humanitarian Action Plan.
- There are a few examples of standards that the cluster adapted to local needs for the treatment of diseases and for provider of last resort (e.g. provision of goods/ kits/medicine to cluster members)

Nutrition Cluster

Indicator scales

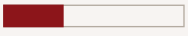
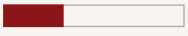
№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	NOT ENOUGH DATA
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- The Nutrition cluster is led by UNICEF. ACF is co-facilitator at the national level and in South Kivu. In North Kivu and other provinces, PRONANUT, a governmental body, acts as co-facilitator.
- The establishment of a Nutrition cluster has helped to improve coverage of nutritional needs.
- The Nutrition Custer works on harmonizing intervention criteria and disseminating standards, which is a challenging task. Some actors still intervene on the basis of their own standards (MSF, Caritas). There have been good interactions with RRMP regarding the exchange of information about existing needs.

- UNICEF accepts the role of provider of last resort in the Nutrition sector, which is facilitated through the RRM(P) but is limited in implementing it by UN security regulations and the fact that the two operational organizations that stay behind in difficult situations are ICRC and MSF, which are not cluster members.
- The Nutrition cluster has a standardized, credible, and transparent tool of assessing needs. There is an effective sharing of nutrition surveys of different cluster members and the cluster has a common strategy presented in the Humanitarian Action Plan.
- There are examples for peer accountability among members.
- The cluster has had some difficulties linking with other clusters, for example with Food Security.

WASH Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
15	Participation of affected population	
16	Accountability to HC & among members	
17	Meeting needs of humanitarian actors	
18	Quality and level of global cluster support	

- The WASH Cluster[129] is led by UNICEF and co-facilitated by ASF/PSI at the national level, OXFAM-GB in North Kivu, ACTED in South Kivu and Solidarités in Ituri.
- In 2005, WASH was identified as a gap in the humanitarian response in DRC. The establishment of the cluster has contributed to improved coverage, including in cross-cutting issues (e.g. minimum commitments to gender, gender trainings for cluster members in Goma and Bukavu).
- WASH cluster minutes are in most cases shared at all levels.
- The WASH cluster uses a set of criteria to commonly identify and prioritize needs, which helps to overcome the challenges of scale, accessibility, and security posed in the DRC.
- The WASH cluster coordinates with local authorities, e.g. with the national committee for cholera prevention or health authorities in the area of intervention. It collaborates regularly with Health cluster (cholera) and the national WASH cluster approached the Protection cluster for help with mainstreaming protection into WASH activities. Inter-sectoral issues are also addressed through RRMP.
- The WASH cluster has adapted international standards to the context of DRC and members are complying. It promotes participatory approaches through the implementation of the governmental participatory strategy (Stratégie des 8 pas) for the UNIEF program "Village etécoleassainissement" and a lighter participatory approach (the five first steps) for emergency intervention of the WASH cluster.
- There are some examples of implementation of PoLR concept in Kalemie, Bas Congo and Goma through advocacy or sending emergency supplies and in the eastern provinces through the RRMP.

129 Activities of the Rapid Response to Population Movements (RRMP) and its predecessor, the Rapid Response Mechanism (RRM), are considered here as part of the cluster's activities. Agencies and organizations participating in the RRMP are members of and coordinate with the cluster; however the RRMP is not an agency/ not a cluster member as such.

Annex 2

Indicators

KEY QUESTION

To what degree has the cluster approach modified and strengthened the humanitarian response (in terms of gaps filled and greater geographic, thematic and quality of coverage, as well as ownership/connectedness)?

INDICATOR

1. EXTENT OF ADDITIONAL GEOGRAPHIC COVERAGE

Extent of additional geographic coverage (gaps and duplications) since the introduction of the cluster approach in frequently reoccurring sudden onset or protracted crises.

NOTE: When assessing the additional geographic and thematic coverage achieved through the cluster approach, current response efforts need to be compared to previous response efforts. Such a comparison is only reasonably possible in cases of long-term, protracted crises or where similar sudden-onset disasters reoccur frequently

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: No additional geographic coverage despite agreed upon needs; duplication not identified

1: Measures for better geographic coverage developed, but not implemented; duplications identified, but not addressed

2: Measures partly implemented; geographic coverage increasing; duplications avoided

3: Evidence of significantly increased geographic coverage

INDICATOR

2. EXTENT OF ADDITIONAL THEMATIC COVERAGE

Extent of additional thematic coverage (gaps and duplications) since the introduction of the cluster approach, including the coverage of cross-cutting issues (gender, environment, HIV), within and between clusters

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: No additional coverage of programming areas despite agreed upon needs; duplication within and between sectors not identified

1: Gaps and duplications within and between sectors identified, but not (yet) addressed

2: Expanded coverage and reduced duplications within clusters, but not between sectors

3: Evidence of significantly increased coverage and significantly reduced duplications within and between sectors

INDICATOR

3. ATTENTION TO DIFFERENTIATED NEEDS

Quality of geographic and thematic coverage (timeliness of activities and targeting based on differentiated needs/risks linked to age, gender, diversity)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: No differentiation and prioritization of needs, including according to age, sex, diversity

1: Prioritization of needs but no differentiation of needs by age, sex and other relevant categories (disabilities, ethnicity etc.); response not timely

2: Prioritization of needs and timely response but no differentiation of needs by age, sex, diversity and other relevant categories (disabilities, ethnicity etc.)

3: Tailor-made and timely geographic and thematic response according to priorities and specific needs of different groups of affected people / better targeted programming to appropriate affected populations previously underserved

INDICATOR

4. INVOLVEMENT OF APPROPRIATE NATIONAL ACTORS

Degree of involvement of appropriate national and local actors (state institutions, civil society)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: Appropriate national and local actors are not involved, receive no funding and the response is inconsistent with national and local strategies; inappropriate actors are involved

1: Cluster members are sharing information with appropriate local actors (the government, local authorities and / or civil society), but provide no funding to local civil society actors

2: Appropriate local actors are involved in needs assessment, planning and decision making, receive a share of funding and response is consistent with national and local strategies, including those for disaster risk reduction

3: Where appropriate, international actors are participating in nationally or locally-led response efforts, with local civil society actors receiving the bulk of international funding

INDICATOR

5. HAND OVER AND EXIT STRATEGIES

Extent to which hand over and exit strategies have been developed and implemented in order to ensure that local government and civil society actors build on and continue efforts, including cross-cutting efforts (gender, environment, HIV)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: Cluster lead agencies and members have no strategy for hand over and exit and do not integrate preparedness, contingency planning and early warning in their work plans; activities disengage the local authorities

1: Cluster lead agencies and members have developed an exit strategy and have identified capacity gaps, but have not implemented it; the strategy does not take into account existing national strategies and cross-cutting issues

Cluster lead agencies and members mainstream their strategies into existing national strategies and are beginning to implement hand-over strategies, are engaging the government and supporting the development of (national) frameworks for preparedness, disaster risk reduction, contingency planning and early warning; cross-cutting issues are partially addressed

3: Effective hand-over takes place, local frameworks are considered and strengthened, including in their cross-cutting dimensions, local authorities are engaged and technical knowledge has been transferred

KEY QUESTION

How is the cluster approach interacting with the other pillars of humanitarian reform, in particular the HC system and the reformed funding mechanisms and is it implemented in the spirit of the 'Principles for Partnership?

INDICATOR

6. INTERACTION OF THE CLUSTER WITH THE HC SYSTEM

Extent to which the cluster approach and Humanitarian Coordinator system mutually support or undermine or each other

EVALUATION CRITERION

Coherence

SCALE

0: The HC does not fulfil its role to coordinate clusters / crucial decisions are made without the involvement of the HC; OCHA does not support the HC to fulfil its role; HC and clusters actively try to undermine each other's initiatives.

1: There is no significant interaction between the HC and the cluster approach.

2: Cluster coordinators and HCT members begin to see benefits of HC role in cluster coordination and grant the HC a certain degree of informal power; OCHA supports the HC in such a way that s/he can leverage this power; the HC considers cluster positions in his/her decisions and advocacy activities.

3: HC exercises clearly defined responsibilities for clusters and this role is accepted by the members of the different clusters. The HC systematically builds his/her strategies around cluster input. This role helps the clusters to better achieve their goals and strengthens the HC's formal and informal coordination role; HC and cluster system actively support each other

INDICATOR

7. INTERACTION OF THE CLUSTER WITH THE FINANCIAL PILLAR

Extent to which the cluster approach and the financing pillar of the humanitarian reform (CERF, Pooled Funding, ERF, and innovations in the CAP) mutually support or undermine each other

EVALUATION CRITERION

Coherence

SCALE

0: The cluster approach and the new financing / appeal mechanisms undermine each other's goals or further emphasize each other's weaknesses (e.g. exclusiveness, "silo building" between clusters, etc.)

1: The interaction between the cluster approach and the new financing / appeal mechanisms sporadically strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, but are not always consistent with the 'Principles of Partnership'

2: The interaction between the cluster approach and the new financing / appeal mechanisms often strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, and are in most cases in line with the 'Principles of Partnership'

3: The interaction between the cluster approach and the new financing / appeal mechanisms strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, and are in line with the 'Principles of Partnership'

KEY QUESTION

To what degree has the cluster approach achieved the intended outputs (predictable leadership, partnership/ cohesiveness, accountability)?

INDICATOR

8. IMPLEMENTATION OF LEADERSHIP RESPONSIBILITIES

Clarity of roles and level of assumption of responsibility of cluster lead agencies and OCHA, including for cross-cutting issues (gender, environment, HIV)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

0: Roles and responsibilities are unclear with overlapping responsibilities and conflicts or no / low level of acceptance of leadership; cluster leads represent their agencies' interest not the cluster's interest at HCT meetings

1: Clearly defined roles, including for cross-cutting issues and where clusters are co-led at the field level, but insufficient assumption of responsibility or limited acceptance of leadership; cluster members feel only partially represented at HCT meetings by the cluster lead

2: Cluster leads carry out their responsibilities as defined in TORs (including cross-cutting issues) and exhibit responsibility for the work within the cluster, not only for their own operational demands, and the cluster lead's leadership role is accepted by the majority of cluster members; they feel largely represented at HCT meetings by the cluster lead

3: Responsibilities within and between clusters are clear and cross-cutting issues are incorporated into cluster work plans and the leadership role is broadly accepted; cluster members feel well represented by the cluster lead at HCT meetings

INDICATOR

9. IMPLEMENTATION OF PROVIDER OF LAST RESORT

Clarity of the concept of "provider of last resort" and level of assumption of the related responsibilities by cluster leads (for those clusters where it applies)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: There is no common understanding of the concepts of first port of call and provider of last resort

1: Clear common understanding of the concepts exists (e.g. as defined in the 'IASC Operational Guidance on the concept of Provider of Last Resort'), but cluster leads have not assumed responsibility, despite the necessity

2: Where necessary, cluster leads have started to act as "advocators of last resort" but not as providers of last resort.

3: Cluster leads have acted effectively as providers of last resort, where necessary

INDICATOR

10. RELATIONSHIPS AMONG CLUSTER (NON-)MEMBERS

Quality of relationships within clusters and between cluster members and non-members with respect to the 'Principles of Partnership' (assessment missions, advocacy activities, strategy development, decision-making, access to common resources)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

0: Cluster members are not included in relevant cluster activities (assessment missions, advocacy activities and decision making), appeals and allocation of common funds reflect priorities ofone agency only and / or there are open conflicts among cluster members

1: UN and non-UN cluster members are included in cluster activities (assessment missions, advocacy activities and decision making) and allocation of common funds in a consultative fashion but not on an equal basis; they do not take into account non-cluster members; priorities of one agency dominate in appeals

2: UN and non-UN cluster members do joint assessment missions, advocacy activities, cluster decisions and define cluster strategies (including resource allocation of common funds) in accordance with the 'Principles of Partnership', but do not take into account concerns and positions of non-cluster members; appeals and allocation of common funds reflect cluster priorities

3: Cluster members work on the basis of the 'Principles of Partnerships', take into account inter-cluster concerns and the positions of non-cluster humanitarian actors; appeals and allocation of common funds reflect collectively identified needs

INDICATOR

11. RELATIONSHIPS BETWEEN CLUSTERS

Quality of relationships between clusters

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: Cluster approach undermines pre-existing inter-sectoral coordination; coordination mechanisms duplicate or undermine each other; OCHA has taken no steps to address this situation

1: Cluster approach builds on, but does not improve pre-existing coordination mechanisms; information on needs assessments, activities and service shared between clusters; OCHA attempts to strengthen cross-cluster linkages

2: Inter-sectoral / inter-cluster linkages strengthened through cluster approach and the active involvement of OCHA; strategy for avoiding inter-cluster duplication and enhancing inter-cluster complementarity exists

3: Facilitated by OCHA, clusters have effective linkages to all other relevant clusters/sectors, have clearly allocated responsibilities for inter-cluster and cross-cutting issues and coordinate activities adequately based on jointly identified needs

INDICATOR

12. QUALITY OF INFORMATION SHARING

Quality of and capacity for information sharing (including information about cross-cutting issues, e.g. gender, environment, HIV)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: Information is not shared

1: Some information is shared among cluster members, but not outside or among clusters

2: Information is shared effectively (regularly updated and easily accessible) within clusters; some information is shared with relevant non-cluster members and other clusters

3: Regularly updated information of high-quality and technical detail is shared effectively within clusters; cluster members conduct joint needs assessments; data collection and evaluations and information is shared effectively with relevant non-cluster members, other clusters and the HC/RC and HCT

INDICATOR

13. COHESIVENESS OF POLICIES AND ACTIVITIES

Degree of cohesiveness of policies and activities

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: No shared objectives, contradictory strategies and activities of cluster members

1: Common objectives, but contradictory approaches, strategies and activities

2: Collectively shared objectives among cluster members; joint strategies and work plans and complementary activities; complementary strategies with other relevant clusters and non-cluster humanitarian actors, including donors

3: Joint policies and strategies are being implemented by a majority of humanitarian actors; division of labour with non-cluster humanitarian actors is clearly defined and implemented

INDICATOR

14. COMPLIANCE WITH RELEVANT STANDARDS

Extent of compliance with relevant standards, including standards that cover cross-cutting issues (gender, environment, HIV)

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output / Outcome

SCALE

0: Relevant standards do not exist, have not been defined or are unknown to the cluster members

1: Relevant standards exist or have been defined, where relevant adapted to country-specific circumstances and are accepted by key stakeholders

2: Humanitarian agencies are complying to a large extent to those standards

3: Relevant standards are completely implemented

INDICATOR

15. PARTICIPATION OF THE AFFECTED POPULATION

Extent and quality of the participation of the affected population(s) (and where relevant, the host communities) and resulting degree of accountability to the affected population

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

0: Affected populations are not informed and not involved in needs assessment, decision-making, implementation and monitoring

1: Adequate information about activities and consultation with affected populations

2: Participatory needs assessment and needs prioritization

3: Joint planning and decision making, implementation, monitoring and evaluation, leading to a consistent application of relevant standards / findings of participatory assessments guide the work of the cluster and are used in advocacy with authorities

INDICATOR

16. ACCOUNTABILITY TO THE HC AND AMONG MEMBERS

Degree of existence, effectiveness and implementation of accountability mechanisms (definition of roles, clear reporting lines, monitoring and evaluation, availability of information / transparency, enforcement mechanisms) between HC/RC and clusters and within clusters

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

0: Expectations and roles unclear, insufficient transparency, incentives and enforcement mechanisms

1: Clear expectations and roles, adequate reporting (but not monitoring and evaluation and no enforcement mechanisms)

2: Appropriate information / transparency (adequate monitoring and evaluation), poor enforcement mechanisms

3: Effective incentives and enforcement mechanisms

KEY QUESTION

Does the cluster approach enable participating organizations to deliver better response through coordination and information sharing?

INDICATOR

17. MEETING NEEDS OF HUMANITARIAN ACTORS

Extent to which the cluster approach responds to the needs / expectations of humanitarian actors with respect to coordination (including inter-agency coordination) and information sharing in the specific country context

EVALUATION CRITERION

Relevance

SCALE

0: Humanitarian agencies question the raison d'être of the cluster approach; participation in cluster meetings is very low (in terms of number of people, rank of participants or attendance induced only by financial incentives); common services are not requested; cluster or HCT meetings and other coordination mechanisms are not used to share information and exchange ideas / approaches

1: Humanitarian agencies are sceptical, but show reasonable participation common services at times requested and used; cluster or HCT meetings and other coordination mechanisms are sporadically used to share information and exchange ideas / approaches

2: Humanitarian agencies recognize some added value, show committed participation in cluster meetings and use common services increasingly; meetings are used to share information and exchange ideas

3: Humanitarian agencies recognize cluster approach as highly relevant to their needs, participate strongly and effectively in cluster meetings and frequently use common services; meetings and other coordination mechanisms are used to share information and develop common approaches

KEY QUESTION

What kind of support have global clusters delivered and how effectively has it been used at the country and field levels? Which inputs included in the generic TORs have not been provided?

INDICATOR

18. QUALITY AND LEVEL OF GLOBAL CLUSTER SUPPORT

Quality (timeliness, relevant to local contexts, level of technical standard) and level of global cluster support: Standards & policy setting (guidance and tools); Response capacity (surge capacity, training, system development, stockpiles); Operational support (capacity needs assessment, emergency preparedness, long-term planning, access to expertise, advocacy, resource mobilization, pooling resources)

EVALUATION CRITERION

Efficiency

LEVEL OF LOGIC MODEL

Input

SCALE

0: No support

1: Support not relevant to field and/or not timely

2: Relevant support at high technical standards provided, but not timely

3: Support provided, with impact on practice, including on cross-cutting issues

KEY QUESTION

To what degree has the cluster approach modified and strengthened the humanitarian response (in terms of gaps filled and greater geographic, thematic and quality of coverage, as well as ownership/connectedness)?

INDICATOR

19. COVERAGE OF ETC AND LOGISTICS SERVICES

Coverage of ETC and logistics services

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

0: ETC and logistics services are neither sufficient, nor relevant to the needs of their users

1: ETC and logistics services are sufficient in quantity, but not targeted to the needs of their users

2: ETC and logistics services are targeted to the needs of their users, but do not cover all needs

3: The needs of ETC and logistics users are completely covered

KEY QUESTION

What intentional or unintentional positive or negative effects of the cluster approach concerning affected populations, the coordination and interactions among participating organizations and the humanitarian system as a whole can be demonstrated?

INDICATOR

20. EVIDENCE FOR EFFECTS

Evidence for effects (intentional or unintentional, positive or negative) of the cluster approach on the affected populations, the coordination and interactions among participating organizations and the humanitarian system as a whole can be demonstrated

EVALUATION CRITERION

Effects

KEY QUESTION

Is there evidence that the results of the cluster approach justify the inputs of major stakeholders such as the IASC, NGOs, host communities and donors at the country level?

INDICATOR

21. EVIDENCE THAT RESULTS JUSTIFY INVESTMENTS

Evidence that the results of the cluster approach justify the investment made by major stakeholders at the country level

EVALUATION CRITERION

Efficiency

LEVEL OF LOGIC MODEL

Input

Annex 3

List of persons interviewed and sites visited

Sites visited

Kinshasa
Goma (North Kivu)
Bukavu (South Kivu)
Bunia (Province Orientale)
IDP Mulunga III (North Kivu)

Persons interviewed or consulted

A. AYIGAN Dr.Kossi, Health Cluster Coordinator, WHO
AHOUNOU Brice, Technical Administrator, WHO
AHOUNOU Dr.Brice, Administrateur Technique, WHO
ALANDU Michael, CARE International
ALMGREN Ola, Head of the Integrated Office of the DSRSG/RC/HC/UNDP, United Nations
AUVRAY Stéphane, Protection Adviser
AYIGAN Kossi, Coordonateur Cluster Santé (HCC) OMS -RDC, WHO
B. MONDTANE Ulrika, NRC
BACULA Domat, FAO
BANSIMBA Théophile, Coordinator National Nutrition Cluster, UNICEF
BENHAYOUNE Loubna, Head of Office, UN OCHA Bukavu
BERGAMINI Barbara, Education Program Manager, AVSI
BERNASCONI Nadia, Education Program Manager, AVSI
BIMIAMA Deso, Funding Officer, OXFAM-Quebec
BISIMWA Jean, Emergency Officer, UNICEF
BITONG AMBASSA Liliane, Humanitarian Reform Adviso, Oxfam GB
BLEGE Edem, Civil Affairs Coordinator, MONUC
BONAMY Frédéric, représentant Pays, Red Cross Belgium
BRUN Delphine, GenCap Gender Advisor for Humanitarian Action
BULIT Grégory, Coordinator National WASH Cluster, UNICEF
CAMPBELL Charles, Shelter coordinator, UNHCR
CHAOVET Robert, FAO
CHIGANGU Claude, Co-Facilitator Nutrition Cluster, ACF-USA
CRIVELLARO Maurizio, country director, CARE International
DE DOMINICO Andrea, Head of the Joint Pooled Fund Support Unit, UN OCHA
DECOUX Alain, Head of Office, ECHO
DEKKER Robert, Chargé de Programme, WFP
DELOR Jean Marie, Technical Assistant, ECHO

DIENG Abdou, Representative, WFP
EBOMA MAUTE Marcelline, Education Program Officer, UNICEF
ETEYEMEZIAN Hovig, Emergency Sector Coordinator, CARE
FOUQUET Sebastien, Humanitarian Adviser, Embassy of the UK
FURUBOM GUITTET Anna, First Secretary, Embassy of Sweden
GHONSON Rober, Delegate, ICRC
GHOSN Robert, Delegate, ICRC
GITENET Romain, MSF France
GOYER Christine, Protection officer, UNHCR
GUERNAS Guy-Rufin, Senior Protection Officer, UNHCR
GUERRA Richard, Head of Unit, UN OCHA
GUSIRA Pierre, Chargé de Programme, UNDP
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Annex 4

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Annex 5

Results of group exercises with local NGOs

Appui à la création des initiatives locales

Structures locales créent des mécanismes de coordination et prévention des catastrophes (URE avec URD)

Interventions particulières de la MONUC aux ONG locales (Sécurité, transport, QUIPS)

Renforcement de la coordination d'OCHA

1994	1996	1998	2002	2004	2006	2008
Génocide au Rwanda → afflux massif des réfugiés Absence de coordination Faible collaboration ONG locales et Internationales	1ère guerre	2ième guerre	Éruption volcanique Déplacement de population, catastrophe humanitaire Existence d'OCHA Existence des commissions thématiques	Conflit armé dans le Kivu, insécurité généralisée, déplacés internes, Chute des mécanismes structures locales Réduction de la collaboration entre ONG internationales et locales	Processus électoral, Renforcement des forces armées Afflux des ONG internationales sur le terrain au détriment des ONG locales Faibles impacts des actions-pas d'actions durables	Guerre, déplacés internes, désintérêt/ discrimination des ONG locales

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