

Disclaimer

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Table of Contents

Acronyms	4
Executive summary	7
1 Introduction	12
2 Purpose, scope, method and limitations	13
3 Country context	15
3.1 Uganda's humanitarian situation	15
3.2 The humanitarian response and its coordination	16
4 Findings	22
4.1 Cluster support: global clusters, IASC and UN OCHA Uganda	22
4.2 Predictable leadership	25
4.3 Partnership and cohesiveness	27
4.4 Accountability	33
4.5 Gaps filled and greater coverage	35
4.6 Ownership and connectedness	41
4.7 Effects	45
4.8 Interaction with other pillars of humanitarian reform	51
5 Conclusions	55
6 Recommendations and lessons learned	59
6.1 Adapt clusters to local situations and strengthen the involvement of national and local actors	59
6.2 Enhance harmonized needs assessments and strengthen information management	60
6.3 Strengthen facilitation skills of cluster coordinators	61
6.4 Strengthen inter-cluster coordination and attention to cross-cutting issues	61
6.5 Enhance the accountability of clusters and cluster lead organizations	61
6.6 Guidance and tools for clusters	62
6.7 Clusters and financing tools	62
Annex 1: Cluster Performance	64
Education	64
Food Security and Agricultural Livelihoods (FSAL)	66
Governance, Infrastructure, Livelihoods (GIL)	68
Health, Nutrition and HIV/AIDS	69
Protection Cluster	71
CCCM Cluster	72
Child Protection Sub-Cluster	73
Gender -Based Violence (GBV) Sub-Cluster	74
Water, Sanitation and Hygiene (WASH)	75
Annex 2: Indicators	77
Annex 3: List of persons interviewed and sites visited	87
Annex 4: Documents and literature consulted for the country report (selection)	92

Acronyms

3 Ws	Who does What Where
CAP	Consolidated Appeals Process
CCCM	Camp Coordination and Camp Management (Sub-) Cluster
CERF	Central Emergency Response Fund
DDMC	District Disaster Management Committee
DFID	Department for International Development (UK)
DG ECHO	European Commission's Humanitarian Aid Department
DHRPP	District Human Rights Protection and Promotion Committee
EMIS	Education Management Information System
ERC	Emergency Response Coordinator
EVI	Extremely Vulnerable Individual
FAO	Food and Agriculture Organization of the United Nations
FENU	Forum for Education NGOs in Uganda
FSAL	Food Security and Agricultural Livelihoods Cluster
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GIL	Governance, Infrastructure and Livelihoods Cluster
GoU	Government of Uganda
HC	Humanitarian Coordinator
HIC	Humanitarian Information Center
IASC	Inter-Agency Standing Committee
IATC	Inter-Agency Technical Committee
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Persons
INEE	Inter-Agency Network for Education in Emergencies
IPC	Integrated Food Security and Phase Classification
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MAAIF	Ministry of Agriculture, Animal Industry and Fishery
MSF	Medecins Sans Frontieres
NGOs	Non-Governmental Organizations
ODI	Overseas Development Institute
OHCHR	Office of the High Commissioner for Human Rights
OPM	Office of the Prime Minister (Uganda)
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UWASNET	Uganda Water and Sanitation NGO Network

WASH..... Water and Sanitation Cluster

WFP..... World Food Programme

WHO..... World Health Organization

Executive summary

Uganda was a pilot country for the introduction of the cluster approach. Clusters were formally introduced in the country in 2005/06. At that time, very little global guidance existed for the cluster approach. This created a range of particular challenges for its implementation in Uganda. At the same time, the experiences gained in Uganda informed the development of the cluster approach at the global level.

This report assesses the operational effectiveness and main outcomes of the cluster approach in Uganda. It is one of six country case studies conducted for the second phase of the global evaluation of the cluster approach. The evaluation mission was conducted in September 2009, at a time when the clusters in Uganda were planning their phase-out and closure. The evaluation team participated in a large number of cluster meetings at the national and sub-national level and consulted with a broad range of stakeholders, including national and local authorities, UN agencies, OCHA, the Humanitarian Coordinator, NGOs, the International Committee of the Red Cross and groups of affected people in camps for internally displaced persons, as well as return areas.

The main achievements of the cluster approach in Uganda within the context of broader humanitarian reform include:

- The roles and responsibilities of lead agencies became clearer and the exercise of leadership more reliable and predictable.
- Partnership between UN agencies and NGOs strengthened and peer accountability and cohesiveness were enhanced.
- Better information on major gaps became available and duplications could be reduced.
- Coverage improved for the thematic areas of child protection and gender-based violence.
- The response to localized acute emergencies improved.
- The planning process for the Consolidated Appeal Process improved.

The cluster approach in Uganda faced the following challenges that can provide valuable lessons for other contexts in which the cluster approach is implemented:

- A lack of clarity about the concept of the cluster approach and how it was to be implemented created considerable confusion and resistance in the early days of its introduction.
- The activation process was top-down, with little consultation and subsequent buy-in of humanitarian actors on the ground and the national government.
- Clusters as coordination fora were introduced parallel to sector meetings, leading to a multiplication of meetings, undermining the effectiveness of sector meetings and weakening ownership.
- Local actors, including the authorities, civil society and affected populations, remained largely excluded from the cluster approach.
- The effective functioning of the cluster approach was hampered by a lack of consideration for cross-cutting issues, as well as insufficient inter-cluster coordination.

The experience with the cluster approach in Uganda and the findings made during the evaluation mission lead to a set of recommendations that can help a more effective implementation of the cluster approach in other areas.

Findings related to recommendations

The process to activate clusters in Uganda was top-down

§ 17

The cluster approach was introduced in Uganda after the peak of the conflict

§ 20

Clusters have made efforts to include national actors, but ownership remains low and there is a recovery gap

§§ 64-70

The introduction of the cluster approach in Uganda has led to a reduced willingness of the government to coordinate

§ 81

Exit strategies were defined too late

§ 69

Local NGOs remain excluded from clusters

§ 45

Clusters rarely promote participatory approaches

§ 51

Recommendations

Recommendation 1 **Adapt clusters to local situations and strengthen the involvement of national and local actors**

- Analyze existing mechanisms before implementing clusters.
- Consult with humanitarian actors and the government before implementing clusters.
- Ensure that clusters are implemented at the height of an emergency.
- Where appropriate, create more active links between clusters and the government.
- Consider exit strategies from the design phase onwards.
- Encourage the participation of local and national NGOs.
- Promote participatory approaches among cluster members.

Needs assessments are little coordinated, leading to overlaps and complaints about repeated assessments

§ 44

Clusters have brought some progress in information management, but there is much scope and need for further improvement

§§ 42, 43

The 3Ws are not detailed enough

§ 43

In some clusters, there is high staff turnover among coordinators and mechanisms to maintain institutional memory are insufficient

§ 25

Recommendation 2 Enhance harmonized needs assessments and strengthen information management

- Strengthen joint, harmonized or shared needs assessments.
- Add a “when” to the 3Ws
- Explore interactive low-tech solutions for sharing information.
- Expand the use of Google groups and cluster websites.
- Create a central storage space for information for all clusters.
- Seek to minimize turn-over of coordinators and ensure appropriate hand-overs.

Some clusters focus strongly on procedural, rather than outcome-oriented issues

§ 41

Clusters are better at identifying gaps than at filling them

§ 57

Recommendation 3 Strengthen facilitation skills of cluster coordinators

- Develop and distribute a basic, hands-on cluster management manual.
- Allocate sufficient time for coordination tasks and offer more coordination skills trainings.
- Enhance the operational focus of clusters.

Clusters have little focus on cross-cutting issues

§35

GenCap advisor deployed to Uganda focused on running the GBV Sub-Cluster, rather than mainstreaming gender issues in other clusters

§ 35

Inter-cluster coordination remains insufficient

§ 46

Recommendation 4 Strengthen inter-cluster coordination and attention to cross-cutting issues

- Strategically identify inter-cluster gaps and multidisciplinary issues.
- Strengthen surge capacity for technical advisory on cross-cutting issues.
- Provide early recovery advisory services, rather than implementing a cluster.

Cluster lead organizations show varying levels of commitment

§ 33

Cluster responsibilities have not been strongly mainstreamed in cluster lead organizations.

§ 37

There is barely any accountability of cluster lead organizations to the Humanitarian Coordinator

§ 50

Recommendation 5 **Enhance the accountability of clusters and cluster lead organizations**

- Develop detailed operational cluster work plans and systematic monitoring processes for them.
- Include cluster responsibilities in the standard terms of reference for national head of agencies.
- Give the Humanitarian Coordinator a role in evaluation heads of agencies in relation to their cluster lead responsibilities.
- Develop mechanisms for changing national and local cluster lead agencies.

Critical elements of guidance were missing for cluster implementation in Uganda and were in part developed by the local IASC and OCHA office

§§ 25, 26

Humanitarian actors perceive little support by global clusters

§ 28

Recommendation 6 **Guidance and tools for clusters**

- Develop clear criteria and processes for cluster closure and exit, building on guidance developed in Uganda.
- Finalize guidance on cluster co-leads and co-chairs.
- Strengthen communication between global, national and local clusters.
- Expand training opportunities, especially in-country and for cluster members.
- Adapt global guidance to local conditions.

Humanitarian actors perceive little support from global clusters

§ 28

Clusters and the Consolidated Appeals Process (CAP) have positive effects on each other.

§§ 86-88

Bilateral funding arrangements can undermine clusters.

§ 91

Recommendation 7 **Clusters and financing tools**

- Reverse funding priorities for clusters to provide stronger support to local and national clusters.
- Provide clusters with greater authority for screening proposals for the CAP.
- Provide support to joint funding appeals by clusters (donors).
- Demand project orientation along priorities identified by clusters (donors).

1 Introduction

- 1 For decades, Uganda's north has been plagued by the conflict between the government and the Lord's Resistance Army (LRA). At its peak, the conflict led to the displacement of almost the entire civilian population of the northern districts. Due to the atrocities committed and the lack of support for Internally Displaced Persons (IDPs), Uganda was described as one of the worst forgotten humanitarian crises.
- 2 With the implementation of humanitarian reform in 2005, Uganda was selected as a pilot country. Clusters were activated in Uganda in late 2005 / early 2006 to support sectoral coordination and strengthen humanitarian response. When the evaluation mission took place in late 2009, most IDPs had left the main camps and were gradually returning to their villages of origin. Accordingly, humanitarian response was scaled down, greater emphasis put on development and the clusters were in the process of closing.
- 3 This report analyzes the achievements and shortcomings, as well as the effects of the introduction of the cluster approach in Uganda. Since the clusters will most likely no longer be active in Uganda by the time this report is published, it seeks to distil lessons for other areas where the cluster approach will be used in the future.
- 4 This report outlines its purpose, scope, methods and limitations (section 3), describes the country context (section 4), analyzes findings concerning the cluster approach (section 5), draws general conclusions (section 6) and provides recommendations and lessons learned (section 7). Moreover, Annex 1 contains an overview of the performance of individual clusters.

2 Purpose, scope, method and limitations

- 5 This country 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. 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.¹ It offers recommendations for different stakeholders to better achieve the goals of humanitarian reform. As the primary objective of the evaluation is to encourage learning, it aims to identify factors that hinder or support the cluster approach in achieving its goals.
- 6 The country report is based on extensive document analysis and a 17-day country visit by two evaluators. During the mission, the evaluation team collected available data and other evidence, participated in cluster meetings and conducted interviews or focus group discussions in areas in which the clusters had been activated – Kampala, Gulu (and Amuru) and Kitgum – as well as areas in which the cluster approach has not been activated (Karamoja) with the Humanitarian Coordinator, UN OCHA, cluster lead organizations and their cluster coordinators, NGOs, national and local government officials and affected populations. The two team members often split to attend different meetings or visited different areas to make the best use of time in country. Illustration 1 depicts the mission’s itinerary, Annex 3 provides a list of persons interviewed and sites visited and Annex 4 contains a list of documents and literature consulted. Preliminary findings were presented to and discussed with the Humanitarian Coordinator, the head of UN OCHA Uganda, the Office of the Prime Minister and members of the Inter-Agency Standing Committee (IASC) country team (with an open invitation to this meeting).
- 7 The country report faces a number of limitations, including:
 - *Staff turnover* in humanitarian agencies and government offices. As a result, some critical stakeholders could not be interviewed in Uganda. Telephone interviews were arranged with some key actors, but many could not be reached.
 - *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, data turned out not to be comparable over time as key indicators were changed, data were raised for different areas or different data collection methods were applied.

1 For more information on the method used, please see the Inception Report for this evaluation, available at http://www.gppi.net/fileadmin/gppi/ClusterIIEval_Incep_Rep.pdf. The terms of reference are available at http://www.gppi.net/fileadmin/gppi/ToR_Cluster_Evaluation_Final_TOR_23_02_09.pdf and the evaluation framework at http://www.gppi.net/fileadmin/gppi/Phase_II_Cluster_Evaluation_Framework.pdf.

- *Limited interactions with government.* The evaluation team had two interviews or feedback sessions with the central government (Office of the Prime Minister). These meetings, however, were not long enough for detailed exchanges. In the districts, only group meetings with district officials were possible due to time constraints, which provided valuable insights, but no opportunity to explore individual sectors / clusters in depth.
- *Limited interactions with local NGOs.* Since invitations to cluster evaluation meetings were disseminated through UN OCHA and cluster channels and, as the evaluation team found out during its mission, local NGOs rarely participate in these mechanisms, local NGOs were not interviewed in the evaluation. For subsequent country missions as part of the Cluster Approach Evaluation Phase 2, the evaluation team therefore decided to arrange for special interviews with local NGOs.
- *Meeting fatigue.* With a large number of potentially relevant meetings to attend, all humanitarian actors (especially NGOs) showed acute signs of meeting fatigue, particularly at a time when humanitarian activities and funding are decreasing. Many organizations did therefore not participate in the cluster evaluation meetings. The evaluation team held separate meetings with some key organizations, but could not arrange individual meetings with all of them.

3 Country context

3.1 Uganda's humanitarian situation

- 8 Uganda is affected by several disasters related to conflict or natural hazards at the same time.
- 9 The largest humanitarian need over recent years was created by the conflict between the LRA, led by Joseph Kony and backed by Sudan, and the Ugandan Government and Army.² The LRA insurgency began in 1987, cyclically attacking civilians in Northern Uganda (Acholi sub-region) and abducting large numbers of children. The conflict peaked between 2002 and 2003, when the Government of Uganda ordered all civilians in the North to move to camps. For 2006, the Office of the United Nations High Commissioner for Refugees (UNHCR) recorded over 1.8 million IDPs or around 90% of the population in the affected area in about 200 camps, with many people displaced several times.
- 10 Negotiations with the LRA failed to produce a peace agreement, but a cease-fire was signed in 2006 that still holds today. Following the agreement, IDPs began returning to their villages. In mid-2009, UNHCR recorded 388,000 IDPs as remaining in camps, predominantly in the Acholi sub-region.³ In addition, the humanitarian community seeks to support IDPs returning to their villages of origin. IDPs
- 11 Uganda also hosts a significant refugee population in its western and northern regions, estimated by UNHCR at over 162,000 in early 2009, mainly from the Democratic Republic of Congo and Sudan.⁴ Refugees
- 12 Moreover, in the summer and fall of 2007, the central and northern regions of Uganda were hit by floods, affecting an estimated 50,000 households or over 300,000 individuals.⁵ There are periodic outbreaks of epidemics, including hepatitis E, cholera, meningitis and ebola. In addition, eastern Uganda (Karamoja) is regularly affected by drought, and Karimojong cattle raids regularly (though decreasingly) affect Karamoja and its neighbouring districts, adding to security problems and food insecurity.⁶ For 2008/9, approximately 800,000 people in

2 Cf. e.g. Schomerus (2007, pp. 24-27) or Prunier (2004)

3 The IDP numbers for 2006 and 2009 are drawn from: UN High Commissioner for Refugees, Map of IDP Camp Population in 2006 and 2009 by Sub-region, 29 July 2009, available at: <http://www.unhcr.org/refworld/docid/4a8401910.html> [accessed 30 September 2009]

4 UNHCR statistical snapshot as at January 2009, available at <http://www.unhcr.org/cgi-bin/texis/vtx/page?page=49e483c06> [accessed 30 September 2009]

5 United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), Situation Report No 8, Uganda Floods, 12 October 2007

6 Consolidated Appeal Uganda 2009, p. 15

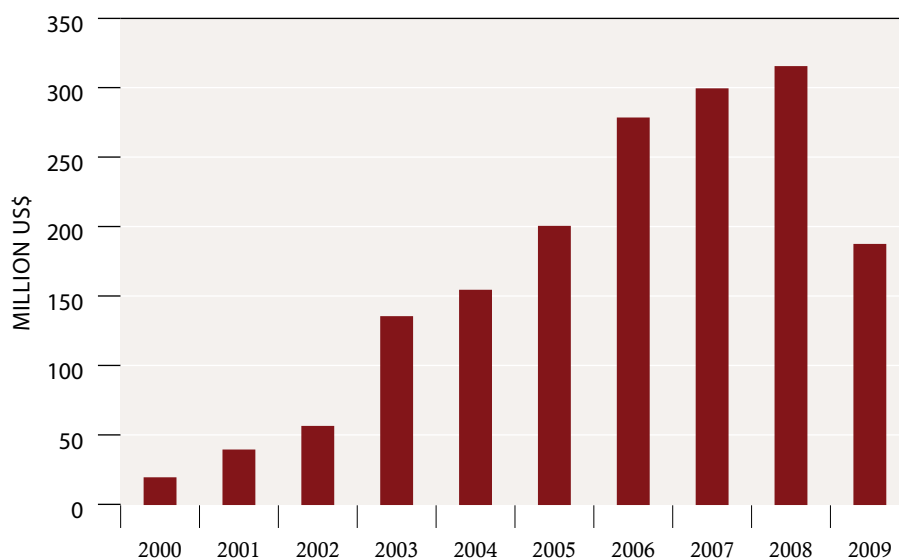
Karamoja were expected to require food assistance because of combined drought, cattle raids and the related security strategy of “protected kralls”.⁷

Floods, epidemics, drought

3.2 The humanitarian response and its coordination

- 13 In 2003, then United Nations (UN) Emergency Response Coordinator Jan Egeland called Uganda “the biggest forgotten, neglected humanitarian emergency in the world”⁸. Today, over 200 organizations with at least a partially humanitarian mandate are active in the country. Chart 1 provides an overview of total international humanitarian funding between 2000 and 2009 as reported to the UN Office for the Coordination of Humanitarian Affairs (UN OCHA).

Chart 1
International Humanitarian Funding Uganda 2000 - 2009



Data source: OCHA Financial Tracking Service, status of December 8th, 2009

7 Cf. Consolidated Appeal Uganda 2009, p. 15. Kralls are nomadic encampments of the Karimojong when they are on the move with their animals. Protected kralls are quasi-sedentarised kralls established in the vicinity of military barracks which are supposed to provide a security umbrella. The direct effect of this strategy is to limit mobility of the herds and therefore reduce their access to grazing lands.

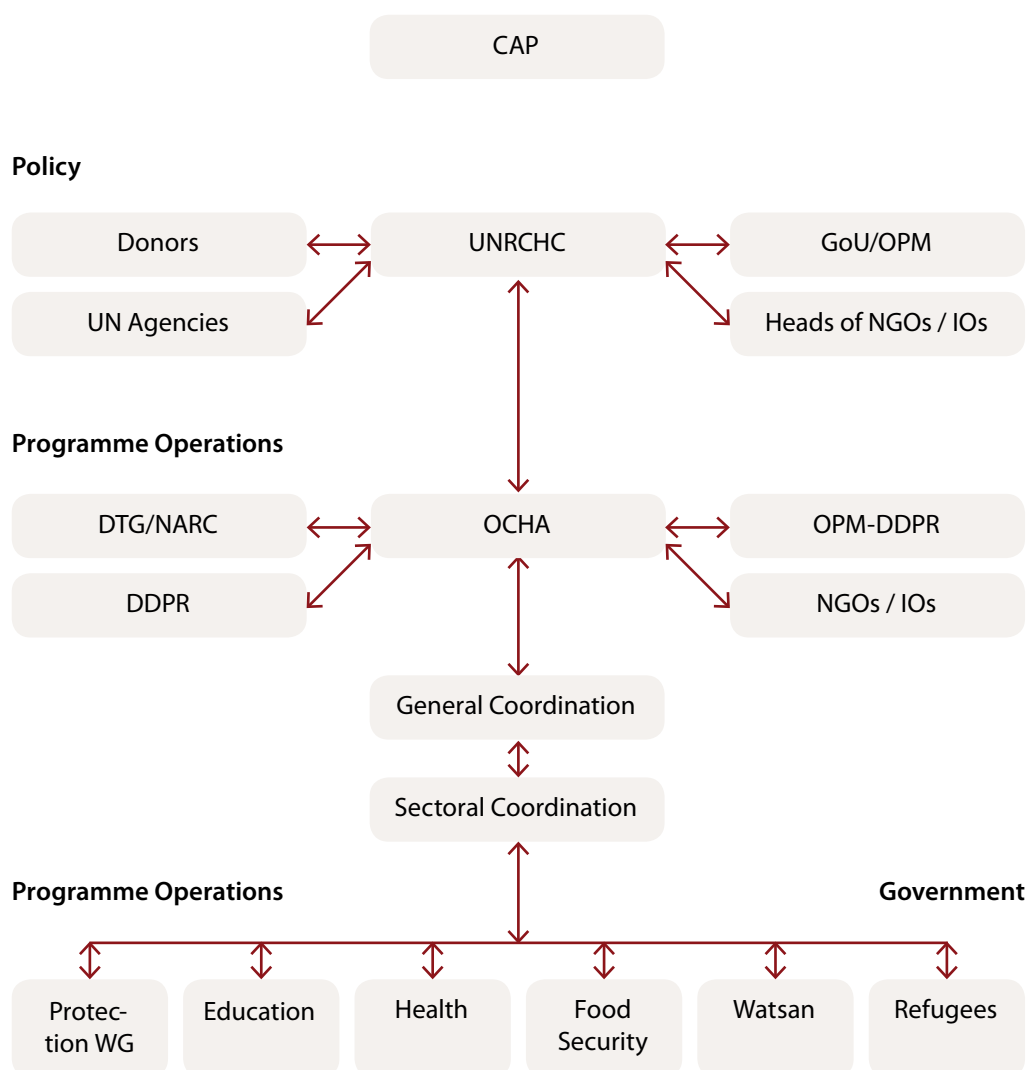
8 Agence France-Presse, 11 Nov 2003

Earlier forms of coordination

- 14 Until 2003, a limited number of international players had been active in Northern Uganda.⁹ They were organized in sector groups, each led by a UN focal agency (see illustration 2).

Sector-based coordination

Illustration 2 Coordination system in 2003



Source: CAP 2004, p. 104

- 9 The 2005 CAP, for instance states: “In 2003, coordination of humanitarian activities had clearly been identified as weak. Except for the WFP and OCHA sub-offices in Gulu and the regular visits of UNICEF’s Kampala-based district staff, there was hardly any UN presence and a limited NGO presence in the conflict-affected districts.” Uganda Consolidated Appeals Process 2005, p. 15.

15 As humanitarian presence increased, the Government of Uganda, supported by UN OCHA, developed a key policy document in 2004, the National Policy for Internally Displaced Persons. It set out goals and defined the roles and responsibilities of different actors. Among others, it established the Inter-Agency Technical Committee (IATC), composed of the Office of the Prime Minister, relevant ministries, the private sector, UN agencies, NGOs and donors as a planning and coordination body. Due to the decentralized structure of Uganda, the most important administrative level for the coordination of humanitarian activities is the district level. Here, the IDP policy mandated District Disaster Management Committees (DDMCs), including relevant government departments, humanitarian agencies and IDP representatives, to lead humanitarian coordination. In 2006, the Government of Uganda set up a Joint Monitoring Committee (replacing the IATC) to draw up and supervise the implementation of an emergency humanitarian action plan.

National IDP policy

16 In 2007, the Joint Monitoring Committee defined a transition strategy, the “Parish Approach”,¹⁰ in reaction to the ongoing return process and the proliferation of small transit camps. Instead of focusing humanitarian response on IDP camps, the “Parish Approach” aims at providing basic services in all parishes, depending on the total number of people belonging to each parish, including original villagers, returnees and IDPs. The IASC country team endorsed the “Parish Approach” in August 2007 and laid out the roles clusters should play to support its implementation.¹¹

Transition: parish approach

The cluster approach

17 In late 2005, Uganda was selected as a pilot country for the implementation of the cluster approach. The activation of clusters was initiated at the global level, with only minimal consultation of organizations working in Uganda and with the national government, and no consultation of regional / district actors. The clusters were activated at the national level, as well as in districts in northern Uganda (the Acholi sub-region, i.e. Kitgum, Pader, Gulu and Amuru, and the Lango and Teso sub-regions).¹² Some clusters including the Child Protection Sub-Cluster also appointed focal points at the level of sub-counties. Generally, however, area-based coordination is more important at these smaller administrative units, in which only a small number of actors are present.

Process to activate clusters
top-down

10 The parish is an administrative structure below the sub-county level.

11 Cf. Office of the Prime Minister, Joint Monitoring Committee, Transition Approach for LRA Affected Northern Uganda (draft), 2007, and Cluster Policy Implementation of the Parish Approach for LRA Affected Northern Uganda.

12 The IASC country team also took a decision in 2008 not to activate clusters in Karamoja. Despite this decision, most national level clusters in 2009 continued to discuss the situation in Karamoja and plan responses there.

- 18 In the first year, only four clusters were activated: Early Recovery, Protection, Water and Sanitation (WASH) and, in an innovative way, the Health, Nutrition and HIV/AIDS Cluster, fusing the regular clusters of health and nutrition and giving the cross-cutting issue of HIV/AIDS a prominent role in view of the importance of HIV/AIDS in Uganda.¹³
- 19 In the following year, Education, Food Security (later Food Security and Agricultural Livelihoods (FSAL)) and Camp Coordination and Camp Management (CCCM, later fused with Protection) were activated. For the response to the Teso floods in 2007, the Logistics Cluster was also activated. For the Lango and Teso sub-regions, the clusters were phased out in 2008. With the government of Uganda officially pursuing transition policies since 2007 and the closure date for clusters having been repeatedly postponed, the clusters in the Acholi sub-region and at the national level will be phased out by the end of 2009.
- 20 Illustration 3 provides an overview of the approximate timing of major events, while illustration 4 shows which clusters were rolled out in Uganda under which lead agency and how they correspond to the global clusters.

13 Early Recovery was later on renamed as “Governance, Infrastructure and Livelihoods” (GIL). The Gender-Based Violence (GBV) Sub-Cluster was initially led by UNICEF. Cluster leadership was transferred to UNFPA in 2008. In 2008, the Protection Cluster in the Acholi Sub-Region merged with the District Human Rights Protection and Promotion Committee (DHRPP).

Illustration 3

Timeline of events and cluster system dynamics

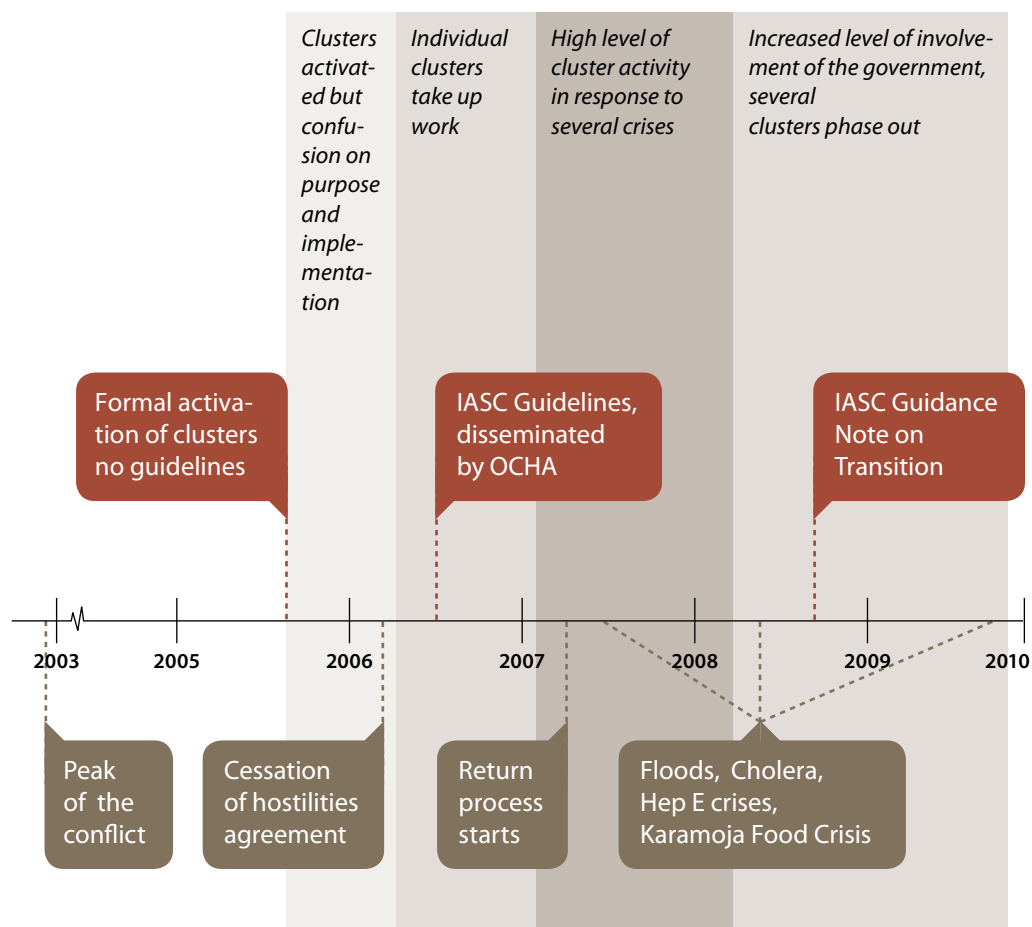
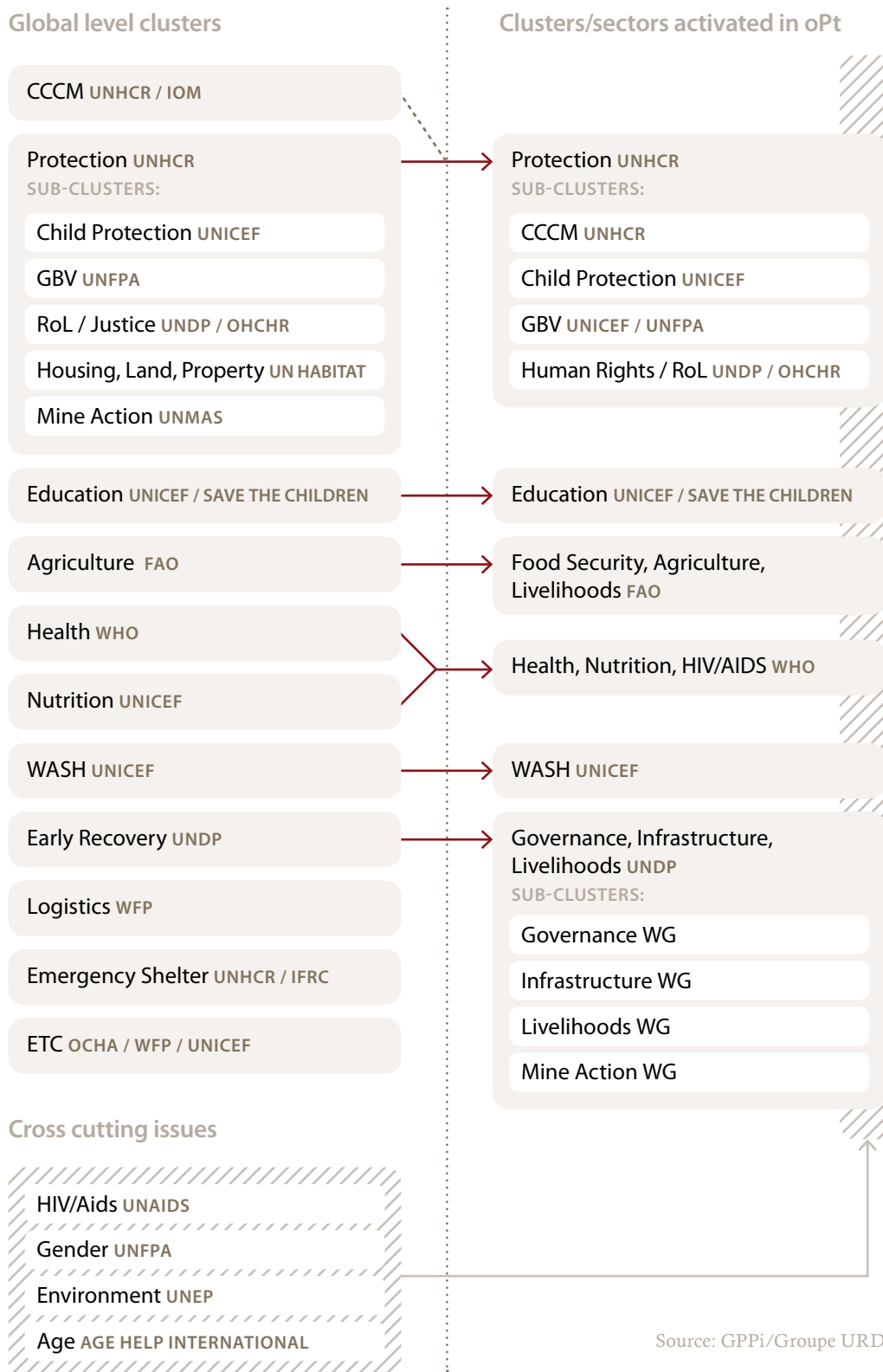


Illustration 4 Global clusters/cross-cutting issues and clusters/sectors activated in Uganda



4 Findings

- 21 This section summarizes the evaluation results of the overall performance of the cluster system in Uganda. Following the logic model for the cluster approach developed in the Phase Two Cluster Evaluation Framework (Alexander, 2009), the report analyzes support for clusters, predictable leadership, partnership and cohesiveness, accountability, gaps filled and greater coverage, ownership and connectedness, as well as intended and unintended effects of the introduction of the cluster approach and interactions with other pillars of humanitarian reform.
- 22 Each sub-section first describes what the cluster approach was intended to achieve. It then outlines the main achievements and progress made, followed by a discussion of the main problems and areas for improvement.

4.1 Cluster support: global clusters, IASC and UN OCHA Uganda

- 23 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.¹⁴ Through global cluster appeals, over \$57 million was raised to finance the activities of global clusters between 2006 and 2008.
- 24 In Uganda, humanitarian actors that the evaluation team met generally felt they had received little support from global clusters, especially at the local level. By contrast, guidance by the IASC at global and country level, as well as many activities of UN OCHA Uganda, was seen as instrumental for improving the implementation of the cluster approach. These elements are therefore also discussed in this section.

Main achievements and progress made

- 25 When the clusters were rolled out in Uganda in late 2005, no guidance on the meaning and application of the concept existed. At the outset, there was therefore wide-spread confusion concerning the objectives and implementation processes of the cluster approach.¹⁵ The adoption of the IASC guidance note on the cluster approach in November 2006 and the broad dissemination campaign organized by UN OCHA in Uganda promoting the cluster approach as an “operational

IASC and UN OCHA
guidance critical to cluster
implementation

14 Cf. Inter-Agency Standing Committee (IASC), Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response, p. 4

15 The IASC Self-Assessment conducted in Uganda in October 2006, for example, states that: “Today, the objectives of the approach remain unclear, and there is an obvious need for continued training and education” (p. 1).

Conversation” ushered in a new era of understanding and increased acceptance among humanitarian and local government actors. This was critical for implementation of the approach.

- 26 The UN OCHA office in Uganda, supported by a dedicated cluster coordination officer between 2007 and 2008, provided other relevant guidance during the implementation period. It includes guidance notes formally adopted by the IASC country team on *How to Merge, Modify or Close Clusters (2007)*, outlining criteria and processes for changing cluster leadership or closing a cluster, and on *Adapting the Clusters During Transition in Uganda (2008)*, which outlines steps to be taken by cluster coordinators to facilitate the transition to government-led coordination structures.
- 27 The UN OCHA office in Uganda also provided important information services supporting the work of clusters. The services most used by other humanitarian actors include the “Who does What Where” (3Ws), mapping services, local Google groups and an independent cluster website (www.ugandaclusters.org, launched in June 2008 and developed and maintained by UN OCHA). While the level of detail and the interactive nature of the 3Ws could be enhanced, they provide newly arriving actors with a good entry point and facilitate access to their peers. Google groups are a simple, quick and low-maintenance tool allowing for communication and information exchange among humanitarian actors, though they are rarely used for technical discussions.¹⁶ The website, in turn, serves as a central data storage facility. While it requires intensive maintenance, it supports the creation of institutional memory and provides a structured overview of relevant information.¹⁷ It should be mentioned that the UN OCHA team in Kampala has been strongly influenced by positive experiences with Humanitarian Information Centers (HIC) in other countries and carries forward the spirit of that approach.

Good Practice: Local IASC guidance notes on merging, modifying or closing clusters and on adapting clusters during transition

Information services by UN OCHA useful

Good Practice: Creation of local Google groups

Main problems and areas for improvement

- 28 Most humanitarian actors interviewed by the evaluation team stated that they had received little or no support from global clusters.¹⁸ The perceived lack of global cluster support was clearly more pronounced at the local than at the national level. Observed reasons for this apparent lack of global cluster support include:

16 The WASH Cluster, for example, also created dedicated Google groups for its members, but found that these were hardly used.

17 User statistics for the www.ugandaclusters.org Website indicate a steadily increasing number of hits on the website, reaching over 25.000 per month during the summer of 2009 (cf. <http://www.ugandaclusters.org/WebStats/MAY2008-AUG2009/Taffic-HitCountMAY2008-AUG2009.pdf>).

18 A noticeable exception is the Health, Nutrition and HIV/AIDS Cluster: The head of WHO in Uganda has maintained a permanent link with the head of the Health in Action Unit in Geneva, which plays a critical role in the global Health Cluster and therefore acts as an effective link between the global and the national cluster.

- The development of most global clusters lags behind the situation of clusters in Uganda since they were established earlier in Uganda than at the global level.
- Cluster coordinators and / or cluster members had received support in the past, but due to staff turnover and insufficient mechanisms to maintain an institutional memory they did not know that they had received it.
- Global cluster support products or services were received at the national level, but were in many cases not transmitted to the local level due to communication problems in country. This could be observed especially in cases where cluster-lead agencies differ at the national and local levels.
- Cluster-lead agencies and members did not know what support they could receive, pointing to a lack of pro-active communication by global clusters.
- National and local cluster-lead agencies were not active in asking for support (support requests are typically channeled within organizations, via country or regional desks) and, when prompted to state what kind of support they would like to receive, often had few specific demands. Concrete ideas for enhanced global support included enhanced training opportunities; a simple, ready-to-use cluster coordination handbook; and the enhanced availability of surge capacity for technical advisors on coordination mechanisms, cross-cutting issues and early recovery for clusters (rather than lead agencies).

Humanitarian actors
perceive little support by
global clusters

29 While the overall perception of global cluster support was thus low, it is important to point out that certain forms of support were received and appreciated. First and foremost, this included training sessions, held both at global and at national or local level.¹⁹ Some agencies also drew on global surge capacities to fill cluster coordinator positions. Finally, while guidelines, policies and handbooks elaborated by global clusters were rarely used in Uganda, a number of exceptions to this rule exist²⁰ and cluster members pointed out that national level clusters could perform a valuable role in adapting these documents to local circumstances. There are also examples of global clusters supporting clusters in Uganda in developing country-specific guidelines, such as for example the CCCM Cluster's Camp Phase-out Guidelines.

19 Clusters who reported receiving global level training included WASH and Health (participation in the global Health Cluster Workshop in Tunisia, January 2009). Cluster conducting in-country trainings for cluster members or using training manuals developed at the global level include Health, Nutrition & HIV/ AIDS, GBV and Child Protection. Moreover, all cluster coordinators and co-facilitators at the sub-national level received a facilitation skills training.

20 Global guidelines or handbooks used at the local level in Uganda include for example the IASC GBV guidelines, WASH hygiene promotion guidelines, the inter-agency training manual for child protection in emergencies and the guidelines of the Inter-Agency Network for Education in Emergencies (INEE), which precedes the creation of the clusters.

4.2 Predictable leadership

- 30 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 (IASC, 2006).
- 31 Over the last two to three years, the clusters in Uganda have achieved tremendous progress in clarifying the roles and responsibilities of cluster lead organizations. Most lead organizations now fulfill their coordination duties, though the level of commitment and activity varies strongly and agencies do not usually act as providers of last resort.

Main achievements and progress made

- 32 In 2006, the IASC country team conducted a self-assessment of the cluster approach in Uganda. At the time, it found that understanding of humanitarian reform and the cluster approach were minimal and that even many cluster lead agencies and other members of the humanitarian community or the Ugandan Government failed to understand the role of the clusters and their lead agencies. In late 2006, however, the IASC produced its general guidance note on the role of clusters²¹ and the UN OCHA country office in Uganda undertook a concerted effort to disseminate and explain the approach to all relevant actors at the national and local level. In late 2009, this evaluation consequently found that cluster lead organizations overall had achieved a good understanding of their roles and responsibilities, a conclusion that was largely shared by other humanitarian actors.²²
- 33 To fulfill their cluster lead responsibilities, most clusters had clearly designated cluster coordinators, though their level of commitment and activity varied strongly between clusters. Very active clusters included those with dedicated, full-time cluster coordinators or cluster staff, such as Child Protection and Health, Nutrition and HIV/AIDS, but also some clusters whose coordinators exercised a dual function, such as Food Security and Agricultural Livelihoods (FSAL). At the other end of the spectrum is the Early Recovery / Governance, Infrastructure, Livelihoods (GIL) Cluster, which had started with a dedicated cluster coordinator,

Roles and responsibilities clarified

Varying levels of commitment

21 Inter-Agency Standing Committee (2006), Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response

22 The allocation of responsibilities among sub-clusters or working groups was also relatively straight-forward. In the Health, Nutrition and HIV/AIDS Cluster, for example, three working groups were established, respectively chaired by WHO, UNICEF and MACAIS (an Ugandan civil society network dealing with HIV/AIDS). Similarly, the Protection Cluster includes several sub-clusters (GBV, Child Protection and Rule of Law and Human Rights) which are dealt with by their specific lead agencies.

but largely ceased to operate in 2008.²³ The difficulties of this cluster to gain acceptance from other members of the humanitarian community and to define its mandate and niche go a long way to explaining why it stopped trying to exercise an information sharing and coordination role.

- 34 In most cases, humanitarian actors were satisfied with the technical competencies and level of commitment of cluster lead organizations. Cluster coordinators with prior work experience in NGOs were particularly appreciated, for example in the case of the national Health, Nutrition and HIV/AIDS Cluster and the Education Cluster in Gulu. Concerns were voiced concerning the GIL Cluster and UNDP's role, which after initial attempts had largely given up efforts to establish an active cluster; the appropriateness of UNHCR as Protection Cluster lead, as UNHCR had previously not been involved in humanitarian assistance to IDPs; as well as the suitability of UNICEF as WASH Cluster lead due to a perceived lack of technical competence of UNICEF in this area. Moreover, the suitability of those lead agencies at district level that had no or nor strong local presence was questioned.²⁴ In the district of Pader, for example, cluster coordinators were often based in neighboring Kitgum, making practical arrangements for cluster meetings difficult.

Main problems and areas for improvement

- 35 In theory, cluster lead organizations are also responsible for ensuring adequate attention to cross-cutting issues such as gender, diversity, age or the environment. Overall attention to these issues is, however, minimal. Assessments, for example, almost never include gender- or age-disaggregated data (with the exception of reports on acute disease outbreaks, sub-county reports on child protection cases and a UNDP study on return²⁵) and as a result, humanitarian relief operations are rarely specifically targeted.²⁶ This gap was also identified by cluster lead agencies in discussions to determine an adequate focus for the then Early Recovery Cluster,

Little focus on
crosscutting issues

23 The CAP 2008 quarterly impact monitoring document for the first quarter, for example, includes the non-existence of Early Recovery / GIL coordination in Lira, Oyam and Apac as a priority gap and notes that "UNDP is absent" (CAP 2008, Impact Monitoring Quarter I, p. 3). An exception is the GIL Cluster in the district of Kitgum, where a coordination team was active until the closure of the GIL Cluster in August 2009. For the fourth quarter of 2008, the CAP impact monitoring document states that "There were also major challenges with the GIL cluster with frequent changes in cluster leadership (2) during the year and this greatly affected the coordination in the cluster both at the national and district levels." (CAP 2008, Impact Monitoring Quarter IV, p. 3)

24 UN OCHA Uganda described the consequences of lead agencies lacking local presence as follows: "in Pader the absence of some of the cluster leads in the district (Child Protection, Education, WASH, and FSAL) affected scheduling of meeting and consequently the participation of partners." (CAP 2008 Impact Monitoring Quarter IV, p. 3)

25 UNDP (2008), pp. 22-23.

26 A note-worthy exception is assistance to Extremely Vulnerable Individuals (EVIs), such as elderly, disabled or women-headed households, who tend to remain longer in camps and require continued assistance or special assistance to enable return to their villages of origin. Cf. e.g. Uganda CAP 2009, in which many activities are targeted on EVIs.

which identified gender and environment as gaps in the existing humanitarian response. This is despite the fact that a gender expert from the global Gender Standby Capacity project was deployed to Uganda in 2007/8 because the expert focused mainly on running and transferring the Gender-Based Violence (GBV) Sub-Cluster from UNICEF to UNFPA, rather than on mainstreaming gender issues in other clusters.²⁷ In Uganda, HIV/AIDS, human rights and environment were not treated as cross-cutting issues, but dealt with by dedicated fora, namely a working group of the Health, Nutrition and HIV/AIDS Cluster, the Sub-Cluster on Human Rights and the Rule of Law of the Protection Cluster and the Environment Working Group of the GIL Cluster.

- ³⁶ Based on the IASC guidance on the provider of last resort concept, most agencies in Uganda now understand the concept as that of “advocate of last resort”. As such, cluster lead organizations have used their role to bring critical gaps in the cluster’s area of responsibility to the attention of the Humanitarian Coordinator, the IASC country team and donors. Where funding was insufficient, cluster lead organizations have generally not, however, used their own resources to fill critical gaps. An exception is the use of UNICEF’s budget line for emergency response, which, together with reallocated resources from the national regular budget, was used to respond for example to the Teso floods.
- ³⁷ While the roles and responsibilities of clusters and their lead organizations are generally well understood in Uganda due to UN OCHA’s dissemination efforts and the long duration of cluster activities, the mainstreaming of these responsibilities within lead organizations remains limited. Incoming heads of cluster lead agencies, for example, mentioned that they neither receive special briefings on these responsibilities, nor have them included in their terms of reference. Heads of agencies occasionally report on cluster issues at the IASC country team.

4.3 Partnership and cohesiveness

- ³⁸ The cluster approach was also intended to strengthen humanitarian response by supporting the working of humanitarian actors as equal partners (as defined in the Principles of Partnership),²⁸ strengthening the cohesiveness of their policies and activities and ensuring compliance with minimum standards. The clusters were created to enhance partnership and cohesiveness not only within clusters, but also among them.

²⁷ Cf. Binder and Witte (2008), pp. 40-41.

²⁸ Global Humanitarian Platform (2007)

- 39 Especially after the clarification of its purpose, the introduction of the cluster approach in Uganda has strengthened the relationships between UN and non-UN organizations. The cluster approach has also strengthened cohesiveness within the humanitarian community, though important actors, especially many national and local NGOs and some faith-based organizations, remain outside the cluster approach.

Main achievements and progress made

- 40 Almost all interviewees emphasized that the introduction of the cluster approach has strengthened relationships between UN agencies and international NGOs or international organizations. Several facts support this assessment:

Cluster approach strengthen
UN-NGO relationships

- The evaluation team encountered no instances of fundamental opposition to the cluster approach during its mission and all but one interviewee recommended activating clusters (albeit in an adapted, improved manner) in other emergency contexts.
- Most clusters had high participation rates, especially during peaks of emergencies, and included the active participation of organizations like the International Committee of the Red Cross (ICRC) and Médecins sans Frontières (MSF).²⁹ In 2009, as clusters were approaching an as yet uncertain end-date and humanitarian activities were scaled down, cluster participation declined.
- While discussing options for the closure of clusters in late 2009, many cluster members were searching for ways to continue interactions after closure. Thus, for example, the WASH, FSAL and Education Clusters were all exploring the option of forming sector working groups to continue their work.³⁰
- Several clusters had co-lead arrangements with NGOs. The Education Cluster, for example, is led at the national level by Save the Children in Uganda and co-led by UNICEF. Save the Children emphasized that managing a cluster requires much staff time and resources and that it did not receive any external support for carrying out these tasks.

29 See meeting minutes and attendance lists for clusters, many available at <http://ugandacusters.org/> (last accessed December 2009).

30 Cf. minutes of Heads of Cluster Meeting, 30 March 2009. Since the FSAL Cluster faced difficulties at the national level to convince the relevant ministry to take over coordination after phase out, cluster members “suggested that a name should changed from “cluster” to something else and continue as it has been” (FSAL Cluster minutes December 9, 2008).

41 The evaluation team also found some evidence that the introduction of the cluster approach had made humanitarian activities more cohesive, although significant space for improvement persists in this area. Evidence for enhanced cohesiveness includes:

Cluster approach
strengthens cohesiveness

- In a limited number of key instances, clusters have identified concrete operational differences and inter-institutional conflicts and harmonized relevant approaches. The FSAL Cluster, backed by donors, obtained agreement by cluster members to apply the same rates in cash for work schemes and defined standard support and seed packages for different regions. The Child Protection Sub-Cluster defined a common approach and common standards for child protection committees³¹ and the GBV Sub-Cluster developed a standard referral pathway for cases of gender-based violence³². The WASH Cluster, moreover, introduced a common approach to hygiene promotion.³³ In most other areas, humanitarian organizations continue to implement their own approaches to relief.
- Most clusters have common strategies and work plans defining objectives, many of them including indicators. Most clusters invite their members to participate actively in their formulation. Often, however, clusters report that the input of cluster members remains limited and agencies still need to prepare their individual work plans, based on their own detailed assessments to respond to donor requests. The work plans also vary in their level of detail, as well as in whether they focus on procedural or outcome-oriented issues.³⁴
- Recently, these work plans have been closely linked to the Consolidated Appeals Process (CAP). As a result, quarterly CAP monitoring reports can also be used to monitor the implementation of cluster work plans. For clusters receiving little funds through the CAP, however, the incentive to report is limited. Moreover, some clusters, like for example Health, Nutrition and HIV/AIDS have published regular annual cluster performance reports to track progress. Despite this, many cluster coordinators and clusters members felt that monitoring and follow-up on work plans needed to be strengthened.

31 This approach and these standards have now been adopted by the Government of Uganda, cf. Ministry of Gender, Labour and Social Development / IASC Child Protection Sub-Cluster in Uganda (no date).

32 For the referral pathway in Kitgum as an example, see GBV Sub-Cluster Members Kitgum (2009).

33 Cf. WASH (2007)

34 The workplan of the FSAL Cluster, for example, identifies the relevant context, defines objectives, including goals, outcomes and outputs, and relevant constraints. Cf. FSAL Cluster, Plan of Action for Northern Uganda, 2008-2009. Similarly, the workplan of the Health, Nutrition and HIV/AIDS Cluster identifies objectives, activities, responsible actors, success indicators, sources for verification, timelines and exit strategies, albeit with a strong focus of its objectives on process, rather than outcome, issues. Cf. Health, Nutrition and HIV/AIDS Clusters, 2008 Work Plan and 2006 Work Plan.

Examples for cluster progress indicators for CAP impact monitoring

- Number of closed camps transformed into viable communities (CCCM)
- % increase in enrolment (Education)
- Pupil : classroom ratio (Education)
- % fall in GFD caseload (FSAL)
- % of households in the remaining caseload reached with GFD (FSAL)
- % of men and women employed (GIL)
- Number of landmine victims identified (GIL)
- DPT 3 coverage (Health, Nutrition and HIV/AIDS)
- Global Acute Malnutrition Rate (Health, Nutrition and HIV/AIDS)
- % of sub-counties with child protection systems in place (Protection)
- % of actions in land, housing and property restitution successful (Protection)
- Outbreaks of water born diseases are prevented (WASH)
- % of people (children, adolescents and adults) who wash their hands at critical times (WASH)

42 Effective information management and-sharing are key to enhanced partnership and cohesiveness in the aid system. With the introduction of the cluster approach and a continuing strong role of UN OCHA, information exchange between humanitarian actors in Uganda has been strengthened. Yet, again, much potential for improvement and streamlining remains in this area. Important information management and sharing tools include:

- During cluster meetings, humanitarian actors share information on their programs, as well as specific approaches and technical questions. These updates are included in meeting minutes, which are circulated among participants and often posted by UN OCHA on the cluster website.
- Clusters also provide data for populating UN OCHA’s “Who does What Where” (3 Ws) matrix, which indicates which organizations are active in which sector by sub-county. In some districts, such as Gulu, the 3Ws are more detailed and also include activities at the parish level (rather than just the sub-county level as in other districts).³⁵

Some progress in information management

35 Regularly updated 3Ws maps are available at <http://ugandacusters.ug/mapcenter.htm> (last accessed December 2009).

- Facilitated and processed by UN OCHA, several clusters including Health, Education, FSAL and WASH, also produce maps analyzing the humanitarian situation in Uganda.³⁶

Main problems and areas for improvement

- 43 While some progress has been achieved, many humanitarian actors in Uganda consider information management an area in need of improvement. Many claim, for example, that the 3Ws neither provide sufficiently detailed information in terms of the exact location of activities, nor project details or project status. At the same time, however, most actors acknowledge the difficulty of getting organizations to submit and update their information, especially when they do not see directly how the information is used. More important therefore, is the existence of parallel data collection and data management systems. Most notorious was the mapping process implemented by CartONG on behalf of UNHCR as part of its engagement in the Protection Cluster. The maps were produced before UN OCHA Uganda acquired sufficient mapping capacity and covered all sectors relating to IDPs in northern Uganda. They were, however, created with little consultation of other clusters and in a format that was not easily compatible with UN OCHA's mapping format. After partners complained that the collected data were not put to adequate use, UNHCR narrowed its focus significantly and began concentrating on population movements.
- 44 Moreover, joint, inter-agency or harmonized assessments³⁷ continue to be the exception rather than the rule. And while cluster members tend to share assessments and use them to triangulate their own findings, significant overlaps in collected data exist³⁸ and officials and affected populations complain about repeated, overlapping data collection exercises. Reasons for these parallel systems include donor demands and institutional requirements of individual agencies. Due to the absence of a central data management service and despite the creation of the cluster website and Google groups, moreover, many clusters encounter problems of institutional memory, with important cluster information getting lost when staff members change. It is interesting to note that joint missions are more regular in Karamoja, where clusters have not been activated. According to aid agencies active in the Karamoja districts of Kotido and Moroto, this is due to the fact that the number of actors is more limited, that they have more direct interaction with district authorities and the existence of sensitive issues, such as the impact of the protected krall strategy or insecurity.

Need to further improve information management

Need to enhance joint or harmonized assessments

36 These maps are also available at <http://ugandaclusters.org/mapcenter.htm> (last accessed December 2009).

37 Such as for example the Inter-Agency Assessment on Early Marriages in Northern Uganda.

38 Both WFP and FAO, for example, collect data on food security and livestock.

45 Another important shortcoming is the lack of representation of local NGOs in clusters. All clusters are in theory open to the participation of local NGOs, but only some seek to actively encourage their involvement. Even where they do, local NGOs rarely participate in coordination meetings. Next to lingo, digital and transport hurdles, local NGOs often lack the staff capacity to participate in frequent meetings and, where cluster participation is not directly linked to funding opportunities, lack incentives for participating.³⁹ Moreover, in some instances, existing networks like the Uganda Water and Sanitation NGO (UWASNET) were not involved in the creation of the WASH Cluster. While interactions between the two platforms have developed since the activation of clusters, but some members of UWASNET did not join the WASH Cluster even at a later stage.

Local NGOs remain excluded from clusters

GIL Cluster: Identified areas of activities

Governance

- Mediation
- Reconciliation and conflict prevention
- Security Sector
- Justice
- Local Government Capacity Building
- Civil Society and Communities Capacity building

Infrastructure

- Roads
- Commerce and Livelihoods
- Energy
- Housing and Shelter
- Communication

Non-Agricultural Livelihoods

- Public works
- Skills training
- Trade and Micro-Enterprises
- Professional associations and cooperatives
- Rural Finance
- Transport

Other Issues

- Environment and Natural Resources
- Disaster Risk Reduction
- Mine Action
- Gender
- Land
- Reintegration

Source: From ER Cluster to GIL Cluster

39 Local NGOs did also not participate in cluster evaluation meetings. The reasons given here were suggested by other members of the humanitarian community. While the evaluation team was unable to verify the reasons during this country mission, it strengthened its effort to include local NGOs in subsequent missions.

46 For ensuring cohesiveness of the humanitarian response, the relationships between clusters are as important as the relationships within them.⁴⁰ Despite the existence of a number of inter-cluster mechanisms,⁴¹ most humanitarian actors perceive inter-cluster coordination as weak and there is little evidence for a strategic approach to multi-dimensional issues. The evaluation team found evidence of inter-cluster overlaps and duplications, backing this assertion. Thus, for example, the GIL Cluster, despite its active efforts to identify gaps in the humanitarian response, clarify boundaries and avoid overlaps, encountered overlaps between its discussions of “non-agricultural livelihoods” and the FSAL Cluster’s agricultural livelihoods agenda, as well as between some of its infrastructure considerations and the WASH Cluster’s concern with water supply and its proposed focus on the return of IDPs and the agenda of the Protection Cluster (see box for the list of gaps / proposed activity identified by the GIL Cluster). Similarly, overlaps occurred between the Health and the WASH Cluster and a lack of coordination was even found between sub-clusters of one and the same cluster.⁴² Reasons for these problems of inter-cluster coordination include:

- The large number of meetings makes it difficult for individuals to attend several clusters.
- Inter-cluster meetings, at least in 2009, focus on information sharing / mutual reporting, rather than the strategic identification of inter-disciplinary issues, which could be addressed through inter-agency or inter-cluster working groups.
- Cluster coordinators and members do not feel responsible for inter-cluster coordination, which they see as a responsibility of OCHA or the DDMCs.

4.4 Accountability

47 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 accountability to the Humanitarian Coordinator; the accountability of humanitarian organizations to cluster leads and their peers for fulfilling their responsibilities and adhering to relevant national and international standards; and accountability to affected populations.

40 The importance and potential of inter-cluster coordination are clearly demonstrated for example by a study on Agriculture sector vulnerability and risk analysis to HIV/AIDS (draft), WHO Uganda office, 2008.

41 Including the IASC country team meeting, at which heads of agencies present cluster reports; the monthly heads of cluster meeting at national and district levels; and the participation of UN OCHA and cluster leads or members in several clusters, providing opportunities for inter-cluster inputs.

42 Reviewing its work in 2008, for example, the Child Protection Sub-Cluster emphasizes that “the need to further harmonise and strengthen linkages with GBV services and coordination is an area requiring renewed efforts in 2009.” Kampala Child Protection Sub-Cluster Minutes (3 December 2008)

- 48 In Uganda, the introduction of the cluster approach had only a weak effect on accountability. While some instances of enhanced peer accountability have been recorded and UNOCHA plays an important role in clarifying cluster responsibilities and following up on them, interactions with and therefore accountability to the Humanitarian Coordinator remain minimal and the clusters have not used their potential to promote enhanced accountability to affected populations.

Main achievements and progress made

- 49 Within clusters, no formal accountability relationships between cluster members and cluster lead organizations exist. What is more important, however, and more in line with the Principles of Partnership, is informal peer accountability among different members of the humanitarian community. It was strengthened by clusters as they enhance communication and information exchange among cluster members. During technical discussions and presentations of activities, for example, peers offered feedback and advice and many cluster members stated that this helped them improve their operations. Cluster members also question their peers when they are duplicating the activities of others despite an early identification of the duplication through the cluster, or because they create “aid dumping” by not respecting jointly discussed targeting criteria. The evaluation team observed such an interaction, in which the questioned agency explained that it could not adjust its activities due to commitments to a donor. Moreover, most clusters have joint strategies and work plans, as well as agreed action points after meetings. Due to frequent fluctuations in participation, follow-up on these plans and points is not always easy.⁴³ Cluster lead organizations also generally do not understand their role as a “policing” one and perceive a tension between efforts to increase accountability to cluster leads and the desire to work on the basis of an equal partnership. The linking of cluster plans to the quarterly CAP reporting, however, allows for some monitoring. Peer accountability is also promoted when agencies transparently share the results of research or evaluations.

Clusters strengthen peer accountability

Main problems and areas for improvement

- 50 Accountability of cluster lead organizations to the Humanitarian Coordinator (HC) is marginal. Cluster coordinators themselves have little or no direct contact with the Humanitarian Coordinator. Instead, country representatives or heads of cluster lead agencies sometimes present cluster reports at the IASC country team meeting. This channel, however, does not result in any significant accountability because there is typically little critique of or follow-up to these

Barely any accountability to the HC

43 The Health, Nutrition and HIV/AIDS Cluster, for example, came to the following conclusion during its cluster retreat in 2009: “Follow-up on action points during cluster meetings are usually delayed or not adequately addressed” (Annual Cluster Retreat Report 2009, Appendix 1, p. 2).

reports. Moreover, the communication channel between cluster coordinators and their respective heads of agencies was often weak, so that heads of agencies were often poorly informed about cluster activities. As mentioned above, heads of agencies typically do not have cluster lead responsibilities included in their terms of reference and rarely receive official briefings about their cluster lead role. There is therefore also no formal accountability for fulfilling cluster lead responsibilities to the Humanitarian Coordinator, such as a participation of the Humanitarian Coordinator in the evaluation of heads of agencies.

- 51 Another and, arguably, a more important aspect of accountability is that to affected populations. The work of clusters themselves rarely lends itself to the direct participation of affected populations and does not encourage participation as information is almost exclusively in English and often channeled via the Internet.⁴⁴ By contrast, the clusters could play an important role in promoting the use of participatory planning, implementation and monitoring and evaluation approaches among their members yet have so far largely failed to do so, although there is at least some awareness of the need to strengthen participation of affected populations.⁴⁵

No promotion of participatory approaches

4.5 Gaps filled and greater coverage

- 52 The main purpose of the introduction of the cluster approach was 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, to ensure more comprehensive geographic and thematic coverage of humanitarian needs and to enhance the quality of support.
- 53 In Uganda, there is evidence that the clusters have been relatively effective at eliminating duplications. The elimination of duplications enhances the efficiency of humanitarian assistance and can thus lead to greater coverage. Moreover, certain topics such as Gender-Based Violence (GBV) have received greater attention through the introduction of dedicated clusters or sub-clusters. Beyond this, however, there is no data to prove that the cluster approach has significantly extended geographic and thematic coverage or that it has significantly enhanced the quality of assistance.

44 Notable exceptions where clusters have either tried to make their activities and information more accessible to local communities or where they have directly involved affected populations in their activities include a validation process of the FSAL Cluster, which involves feedback by beneficiaries at the district and sub-county levels on the national FSAL strategy, as well as a cluster video on its activities. The Child Protection Sub-Cluster also held consultations with children during the preparation of the Government's child protection recovery strategy ("Hear me Out", 2009)

45 The Protection Cluster, for example, identified the lack of beneficiary participation as an important problem of the response to the Teso floods in 2007: "Participation of beneficiaries in the response was lacking; beneficiaries didn't understand the criteria and standards of distributions therefore they didn't understand why they were getting certain items in certain quantities and not others etc." (Uganda Floods Lessons Learnt Workshop Final Report, p. xi)

Main achievements and progress made

54 As stated in phase 1 of the evaluation, the cluster approach offers several effective mechanisms for identifying and avoiding duplications for organizations that participate actively in clusters: Presentations of activities at cluster meetings and subsequent, often bilateral, discussions; the compilation of the 3Ws; providing opportunities to follow up bilaterally with other organizations active in the same sector and same region; as well as the cluster-led process of compiling project sheets for the CAP. As a result, various organizations, including cluster observers such as the ICRC, reported having redirected some of their planned activities in the food security and agricultural livelihoods sector to eliminate duplications and provide similar services to other un-covered areas instead. Some clusters have also created proactive tools for avoiding duplications, such as the Education Cluster's database for school sponsorships, which has uncovered numerous cases of children enrolled in multiple school support projects, as well as many cases of "shadow teachers". In other areas, however, the risk of duplication persists, as for example between the World Food Program (WFP) and the Food and Agriculture Organization (FAO) which are both involved in the multiplication of cassava cuttings in the Acholi sub-region. This is also the case for the activities of organizations that do not participate in clusters, such as most local and faith-based organizations.

Duplications are avoided

55 In Uganda, clusters have also improved the identification of gaps. In addition to the information sharing and management tools described in the preceding paragraph, most clusters play an active role in disseminating the results of needs assessments and, in exceptional cases, even conduct joint assessments. Relatively early on, for example, the Health, Nutrition and HIV/AIDS Cluster started producing service availability maps for the entire sector, as well as overviews of epidemiological data⁴⁶ and the FSAL Cluster produces rapid food security assessments and widely disseminates the comprehensive food security and vulnerability analysis produced by WFP.⁴⁷ In response to the Teso floods in 2007, UN OCHA Uganda coordinated the implementation of an inter-agency needs assessment. Moreover, the CCCM Cluster, at least for some period of time, reported identified gaps in camps and return areas to other clusters.⁴⁸ The increased availability of information enables humanitarian actors to improve their planning and focus their upcoming activities on identified gaps. Gap identification, however, was much easier when most IDPs

Better information on gaps

46 For doing so, the Health, Nutrition and HIV/AIDS Cluster works through a surveillance system of the Ministry of Health. Information sheets are regularly completed at the lower level of the health pyramid and synthesized at the upper levels of the surveillance system. With the exception of health services coverage, systematic data about the availability of humanitarian services in Uganda is not available.

47 In the area of food security and agricultural livelihoods, information on agricultural patterns (agriculture and livelihood zones, crop calendars) and interventions in different areas, such as seed distributions or vouchers has been relatively well identified and mapped, including for Karamoja. The intervention maps, however, systematically exclude food aid.

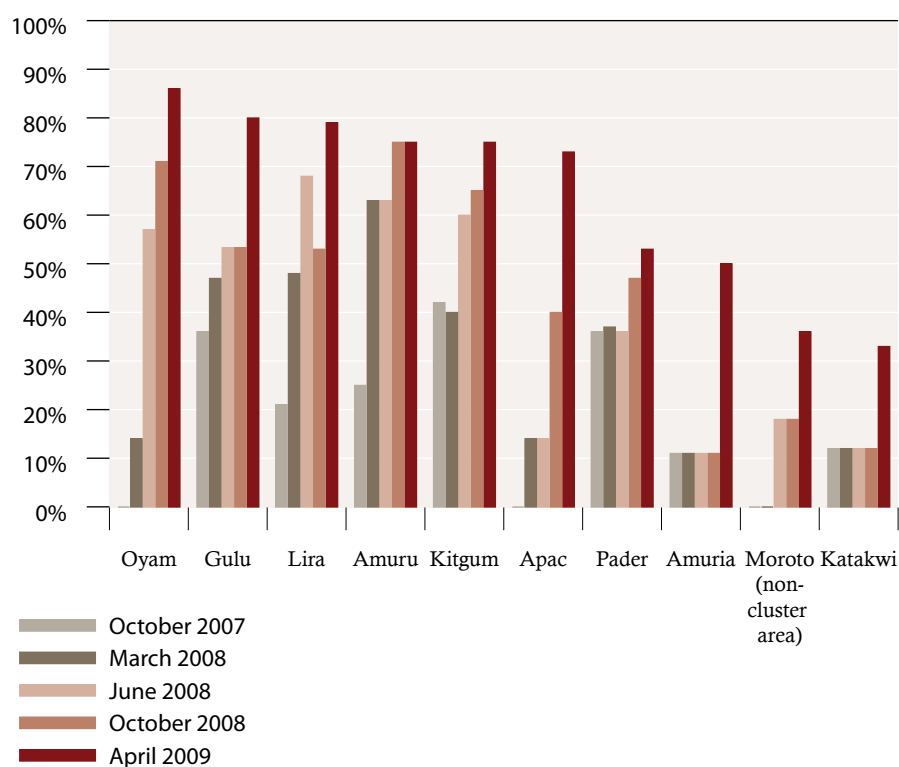
48 Cf. e.g. CAP 2008, Impact Monitoring Quarter I.

were in camps. During the return process, the situation has become more fluid and assessments rapidly become outdated. Paradoxically, moreover, some of the tools designed to identify gaps have also helped perpetuate them. Several members of the humanitarian community reported, for example, that organizations included their planned projects in the 3Ws to “stake their claim”, even when they had not yet received funding. In several cases funds were ultimately not committed, but since the organization was still marked in the 3Ws as addressing the problem, gaps were obscured.

- 56 The introduction of the cluster approach also increased the focus on and level of activities in certain thematic areas. The case is particularly clear for child protection and GBV – areas which received only marginal attention by the humanitarian community in Uganda before the introduction of dedicated sub-clusters. The Child Protection Sub-Cluster focused on the establishment of community-based child protection systems and chart 2 shows that coverage by these systems increased significantly between 2007 and 2009. No similar quantitative data are available for GBV, but the sub-cluster similarly managed to establish clear referral pathways for GBV cases in most areas of northern Uganda and have installed GBV hotlines in many districts. As argued in § 36, however, there is no evidence for a similar extension of thematic coverage concerning other cross-cutting issues, such as the environment or gender.

Enhanced coverage of child protection and GBV

Chart 2
% of Sub-Counties with Child Protection Systems Established



Data source: Child Protection Sub-Cluster and CAP reportings

Main problems and areas for improvement

- 57 Clusters do not have direct access to funding and donors do not necessarily direct their funds towards identified priority gaps or allow sufficient flexibility for redirecting resources towards identified priority gaps.⁴⁹ Overall, the clusters have thus proven much better at identifying gaps than at filling them.
- 58 With available data, it is impossible to establish whether and to what extent the introduction of the cluster approach has enhanced geographic coverage of humanitarian relief. Longitudinal data on service availability, for example, are only available for very few indicators, since indicators or the basis on which they are measured tend to change from year to year. Even for those indicators, however, it is impossible to establish a clear causal link to the introduction of the cluster approach. Charts 3 and 4, for example, show that access to water

Clusters better at identifying gaps than at filling them

⁴⁹ The Health, Nutrition and HIV/AIDS Cluster, for example, mentioned this as one constraint for effective cluster operations in its progress report: "At times partner internal arrangements conflicted when gap analysis required movement from one area of operation to another." IASC 2006, p.11

and sanitation in IDP camps has improved significantly over time, starting to reach Sphere standards since about 2007. Much of the increase in available water, however, took place before the introduction of the cluster approach in Uganda, between 2004 and 2005. Many of the improvements after 2006/7 are also due to declining numbers of people in main camps (in Gulu, for example, 195,000 people had moved to transit sites or villages of origin by 2008, and 179,000 in Kitgum). Moreover, since no genuine provider of last resort role is being exercised, the level of funding available for water and sanitation projects has to be kept in mind when interpreting these trends (as reported in CAP documents: \$5 million in 2005, \$7 million in 2006, \$14 million in 2007, \$9 million in 2008).

Impossible to attribute increased geographic coverage

Chart 3
Access to Safe Water in Camps

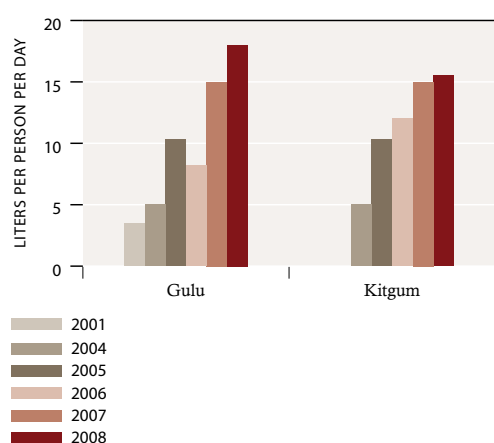
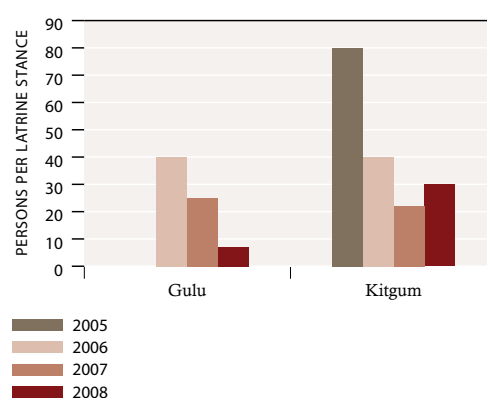


Chart 4
Access to Sanitation in Camps



Data sources: Uganda CAP 2002, 2005, 2006, 2007, 2008 and 2009

- 59 Clusters were also meant to improve coverage through better targeting of assistance so that the most urgent needs are served first. In Uganda, this prioritization may have taken place within specific areas of operation, but certainly not among areas. Despite cluster discussions at national level on priority humanitarian needs, table 1 demonstrates that stark disparities between districts persist. Gulu, for example, has an attractive location and a high concentration of humanitarian organizations and therefore consistently receives higher levels of humanitarian services than other districts.

Regional discrepancies persist

Table 1
Indicators of humanitarian service delivery by districts / region

Indicator	Gulu	Amuru	Kitgum	Pader	Karamoja
Pupil: latrine stance ratio	48:1	53:1	94:1	110:1	150:1
% of HIV positive pregnant women receiving anti-retrovirals	105%	34%	49%	41%	16.3%
% of population in village of origin with household latrine	42%	34%	19%	38%	5%

Source: Uganda 2009 Consolidated Appeal, Mid-Year Review

- 60 Finally, clusters were intended to enhance the quality of response by enhancing adherence to standards on humanitarian assistance. The clusters in Uganda have played a certain, but in most cases not a very strong, role in helping to create and / or disseminate global or national standards by providing information materials or training.⁵⁰ Where these standards have been endorsed and adopted by the government, some evidence for enhanced compliance exists.⁵¹ Various cluster members have also stated that exchanges on technical problems or approaches in clusters, often supported by presentations by cluster members or national research institutions,⁵² helped them improve their programs.⁵³ There is, however, no hard

50 By no means, however, did this happen in all areas. In the health sector, for example, the government of Uganda has defined national standards for different types of health facilities. These standards, however, were not promoted through the Health, Nutrition and HIV/AIDS Cluster. According to cluster members, the facilities constructed by various actors throughout northern Uganda often don't comply with these standards.

51 One example is the standards for community-based child protection structures created by the Child Protection Sub-Cluster and later adopted and applied by the government of Uganda. Similarly, the CCCM Cluster was actively involved in defining camp phase-out guidelines which now guide the work of camp phase-out committees. The Health, Nutrition and HIV/AIDS Cluster supported the nutrition department of the Ministry of Health in the development of a national nutrition protocol. The Education Cluster provided input into the Ministry of Education's 'Education Blueprint' for northern Uganda. Several guidance documents of FSAL Cluster members were also designed in close cooperation with the Ministry of Agriculture, Animal Industry and Fishery (MAAIF), such as for example ActionAid's seed policy proposal and FAO's manual on certified seed production for Nerica rice by FAO.

52 The FSAL Cluster, for example, featured presentations by national research institutions on newly developed drought-resistant seeds, as well as by meteorological experts. In several instance, for example in the FSAL cluster, the meetings are also used as opportunities to have ad hoc "lectures" by either external resource persons (from the National research institutions) or by cluster members.

53 As a result of sub-cluster discussions, for example, organizations reduced their ways of categorizing children in child protection work, which is important to reduce stigmatization. Cf. Inter-Agency Review and Documentation, Uganda's Child Protection Sub-Cluster, Briefing Document and Kampala Child Protection Sub-Cluster Minutes (June 4th, 2008).

evidence concerning adherence to standards or good practices not adopted as national policies, since no monitoring on them took place.⁵⁴

4.6 Ownership and connectedness

- 61 A further aim of the cluster approach is to increase ownership and connectedness of humanitarian response by building on local capacities and 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 between relief and development and ensure that the achievements of humanitarian actors can be sustained.
- 62 In Uganda, the introduction of the cluster approach was neither well planned, nor well communicated to national stakeholders and clusters were established in parallel to or superseding national coordination mechanisms (cf. section 4). The introduction of the cluster approach therefore initially had a strongly disempowering effect. Humanitarian actors later sought to remedy this birth defect through co-chair arrangements and hand-over strategies. These activities resulted in a greater involvement of government authorities at district level, but largely failed to solicit meaningful involvement of the central government, as well as national and local NGOs.

Main achievements and progress made

- 63 To emphasize the importance of linking clusters with other coordination structures and to provide guidance on how to do this, the IASC country team in October 2008 approved a guidance note developed by UN OCHA Uganda on “Adapting the Clusters during Transition in Uganda”.⁵⁵ It suggests that clusters should merge with sector working group meetings at the national level and technical department meetings at the district level. Following this guidance note, the Protection Cluster merged with the District Human Rights Protection and Promotion Committee (DHRPP) in the Acholi sub-region, the Camp Management and Camp Coordination (CCCM) Cluster with district-led Camp Phase-out Committees and the GIL Cluster had already formally transferred its responsibilities to the government and ceased its own operations.

Guidance note on
“Adapting the Clusters
during Transition”

- 54 The humanitarian community in Uganda conducted a lessons learned exercise following the response to the floods in the Teso sub-region in Uganda. Clusters previously established to enhance the coordination of the humanitarian response in northern Uganda played an important role in the flood response. Despite their work to harmonize standards, humanitarian actors found that “During the response, humanitarian actors, including the private sector, used different strategies to identify affected population, quantify needs and distribute relief items. As result, affected populations sometimes received different items of varying quality and quantities from different agencies. This was unfortunate, especially as some of the clusters had developed guidelines on standards and quality of humanitarian assistance – but these standards were not always used by cluster members (and others). Uganda Floods Lessons Learnt Workshop Final Report, p. 7
- 55 This guidance note was reproduced in the 2009 CAP documents for Uganda.

64 At different points in time, all clusters tried to arrange for co-chair arrangements with relevant government counterparts. Under this arrangement, government officials formally chair cluster meetings, while cluster lead organizations arrange for meetings and provide secretarial and support functions. At the district level, most clusters implemented such co-chair arrangements, though the commitment of government officials tended not to be very strong. Moreover, even under these co-chair arrangements, cluster meetings in most cases were held alongside sector coordination meetings. While district officials generally expressed their appreciation for the work of the clusters,⁵⁶ cluster meetings would not be sustained without the active support of cluster lead organizations and the evaluation team encountered many instances in which officials would cancel meetings without rescheduling. In these situations cluster lead organizations differed in their interpretation of their roles and responsibilities, with some continuing to call meetings without the presence of government officials and others abandoning regular cluster meetings. At national level, most clusters faced greater difficulties in involving government counterparts, who are partially still alienated about the way the cluster approach was initially introduced. Reflecting these difficulties, cluster meetings in Kampala in most instances take place in the offices of the cluster lead agency or a member organization, rather than on the premises of national ministries.

Co-chair arrangements with government officials

65 Some clusters, especially in the area of protection, have also worked closely together with government institutions, either to jointly develop policies or guidelines or to achieve government endorsement for cluster guidelines and approaches. Hand in hand with these efforts, these (sub)-clusters have increasingly focused on capacity strengthening. Thus, for example, the approach and standards for child protection committees developed by the Child Protection Sub-Cluster were endorsed and applied in additional areas by the government. As this approach involves a shift of child protection activities from NGOs to local institutions, it also enhances ownership.⁵⁷ Moreover, the Child Protection Sub-Cluster actively supported the development of a child protection recovery strategy for Northern Uganda by the Ministry of Gender, Labour and Social Development and jointly developed a training manual for child protection core competencies with the ministry. Another example is the CCCM Cluster, which, in cooperation with the Protection Cluster, supported the government in defining camp phase-out guidelines. Similarly, the GBV Sub-Cluster provided advice to the Ministry of Gender and input to the development of a GBV bill and a domestic violence bill. To support this integration with capacity building, the strategy document of the GBV Sub-Cluster, for example, names as its first priority capacity building at district and

Protection: Working with and through government

56 In Karamoja, where clusters have not been formally activated, district authorities expressed similar appreciation for UN OCHA's work in supporting inter-agency coordination.

57 Cf. Inter-Agency Review and Documentation, Uganda's Child Protection Sub-Cluster, Briefing Document.

sub-county level. Government counterparts were included in the yearly cluster retreat and supported through training, mentoring and the provision of guidelines. Similarly, the Protection Cluster focuses on training police officers, local courts and community development officers.

- 66 Moreover, some clusters have been transferring information and data management systems to local authorities. The database created by the Education Cluster in Gulu, for example, has been hosted from the beginning by the relevant district education department. Similarly, the Health, Nutrition and HIV/AIDS Cluster has started to integrate its data management capacity with the monitoring system of the Ministry of Health, the National Health Tracking System, which is supported by WHO. Most clusters, however, still regard the transfer of information and information management systems to the government as a major challenge. Many interviewees stressed, for instance, the need to integrate their data into the system of the national office for statistics.

Main problems and areas for improvement

- 67 As mentioned briefly in section 4, the process of introducing the clusters in Uganda was detrimental to ownership compared to previous approaches and disempowered national and local actors.⁵⁸ The decision to activate clusters was taken in a strongly top-down manner, with minimal consultation of humanitarian actors on the ground or in the government. Clusters then duplicated or superseded pre-existing coordination structures. Thus, many sector coordination meetings continued to be held throughout the existence of the clusters,⁵⁹ but were weakened as humanitarian actors had to grapple with meeting overload. Also, respective roles and responsibilities of the different fora were not always clear. Just before the activation of the cluster approach, the government with the strong support of UN OCHA Uganda had developed its national IDP policy, outlining an alternative, government-led coordination apparatus. In fact, the CAP 2006 document (finalized in late 2005, i.e. around the same time as clusters were introduced), still describes the progress in coordination made through the introduction of the national IDP policy and emphasizes the need to enhance government-leadership

Birth defect of the cluster system

58 This problem was explicitly mentioned in the Annual Report of the Health, Nutrition and HIV/AIDS cluster, which states that “The introduction of the cluster approach into the country was done using a top-down approach which resulted in initial misunderstanding of the concept. This couples with lack of information, reference materials and implementation guidelines about the approach caused initial resistance by some humanitarian actors to embrace the cluster.” (Annual Report 2007, pp. 14-15)

59 An exception is for example the Health, Nutrition and HIV/AIDS Cluster, which explicitly replaced health sector meetings.

of the humanitarian response.⁶⁰ Efforts to implement these mechanisms suffered an important set-back through the introduction of the cluster approach and government officials, especially at the national level, often remained reluctant to engage in clusters.

68 As mentioned above (§ 45), incentive problems, language / lingo and technology barriers also largely prevented the active involvement of Ugandan civil society in the clusters.

69 In late 2009, most clusters were actively working on an exit strategy, if they had not de facto already ceased to exist. Most humanitarian actors emphasized that it would have been necessary to consider exit strategies from a much earlier point in time, namely from the very introduction of the cluster approach. This could have avoided structural problems making it difficult for many clusters to define a meaningful exit strategy. In particular, clusters pointed out the failure to align cluster planning cycles to those of the government, the lack of government coordination capacity and the lack of clearly identified government counterparts. Exit planning was further complicated by the fact that the exact date of closure remained unclear for a long time and was then repeatedly postponed. As a result, most clusters are worried about losing coordination gains after hand-over (or more appropriately “hand-back”).

Exist strategies “too little too late”

70 In the cluster architecture, the Early Recovery Cluster focuses explicitly on facilitating the link between relief and development. In Uganda, the humanitarian community resisted the mandate of the Early Recovery Cluster under UNDP. As a result, the cluster only focused on identified “gap issues”, namely governance, infrastructure and livelihoods, but did not act in its capacity as advisor to other clusters or organizations to mainstream early recovery. Due to this and the absence of a funding mechanism for recovery, most humanitarian actors pointed to an acute gap in recovery activities.

Gap in recovery

60 The CAP document states, among others, that “Most of the coordination mechanisms foreseen within the framework of the National Policy for IDPs have been activated, including the Inter-Agency Technical Committee and the Human Rights Promotion and Protection Sub-Committee in which the UN and NGOs are adequately represented”, but stresses that “Inadequate government capacity at the district level remains a major gap in response planning and humanitarian actions. While it is acknowledged that coordination has improved over the years, the need for the GoU to effectively lead the humanitarian response cannot be over-emphasised. Therefore, the involvement of government and humanitarian partners (within each sector) in the CAP both at the district and national levels is critical” and emphasizes as “main priorities for coordination in 2006 (...) to work in close collaboration with the OPM and the DDMCs in improving the collaborative inter-sectoral approach to emergency response” (CAP 2006, pp. 8, 13 and 35).

As early as 2002, the humanitarian community in Uganda stated as one of its major lessons that “The humanitarian community should ensure that the Government takes the driving seat in coordination at all levels.” (CAP 2003, p. 9)

4.7 Effects

- 71 The ultimate goal of the cluster approach is to enhance the quality of humanitarian response in order to improve the well-being and dignity of the affected population. It is very difficult to trace the direct effects of the introduction of the cluster approach on the population in Northern Uganda. This section discusses available evidence relating to effects on the affected population, as well as other positive and negative, intended and unintended effects of the introduction of the cluster approach.

Evidence for effects on the affected population

- 72 As discussed above, it is in most cases already difficult to attribute changes in the availability of humanitarian services to the work of the clusters. The availability of humanitarian services or creation of humanitarian structures, in turn, does not necessarily translate into an enhanced well-being and dignity of the affected population.⁶¹ Many external factors, such as the development of conflicts, weather and harvest patterns or economic developments also strongly influence the situation of affected populations. For Uganda, it is therefore important to keep in mind that the conflict was de facto terminated in 2006 and that several regions were affected by drought, floods and outbreaks of contagious diseases between 2006 and 2009.

Attribution gap

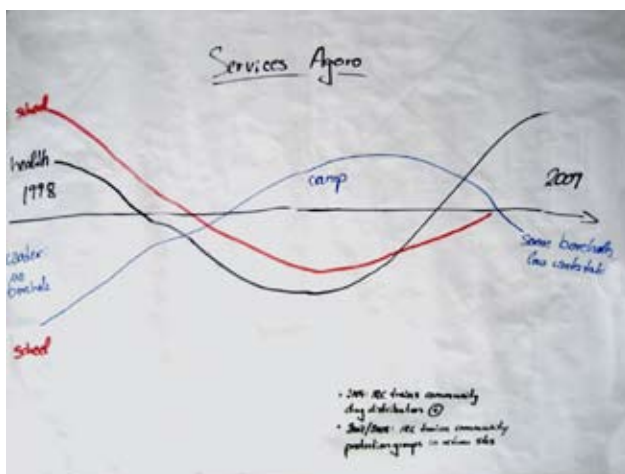
- 73 Overall, the available evidence contains some elements indicating that clusters have a positive effect of on the affected population, especially concerning the response to small, localized acute emergencies. The evidence, however, is not strong and some indicators also point in the opposite direction. Available evidence includes:

- 74 *Timelines by affected population.* The evaluation team conducted two in-depth focus group discussions and location visits with affected populations in Amuru and Kitgum. Participants, including camp inhabitants, farmers, local community representatives and returnees were asked to describe significant events over recent years, including which kind of assistance they received when, and, in the case of a focus group with over 70 participants in Agoro sub-county, to rate the relative quality of key services (water, education, health) before displacement, in camps and in return villages (see illustration 5). The timelines allow two conclusions: The consulted affected populations did not perceive any significant change in the level or quality of humanitarian assistance around the time of the activation of the clusters (2006/7). The perceived quality of services differed significantly between pre-conflict situation, camps (which had strong cluster activities) and return villages (with some, but reduced cluster activities), but without showing a clear overall trend.

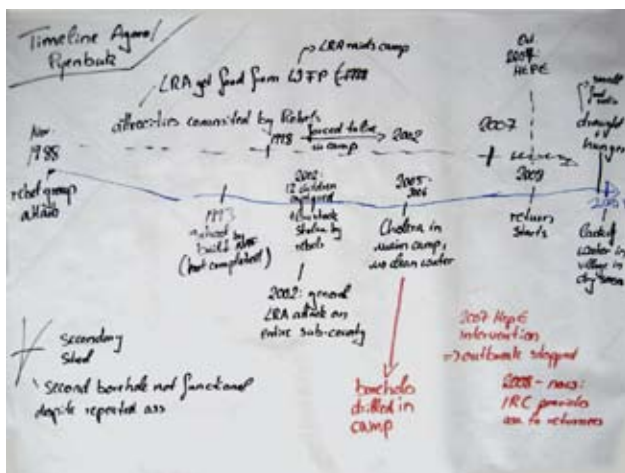
Beneficiary timelines do not point to a strong effect of the clusters

61 The Child Protection Sub-Cluster, for example, though proud of its achievements in establishing community-based child protection systems, admitted in its review: "Although much progress has been made, the new Child Protection Network and structures developed and supported by sub-cluster members remain fragile, and have not yet resulted in better care and protection for all children identified by the system." Uganda's Child-Protection Sub-Cluster (2008), p. 7.

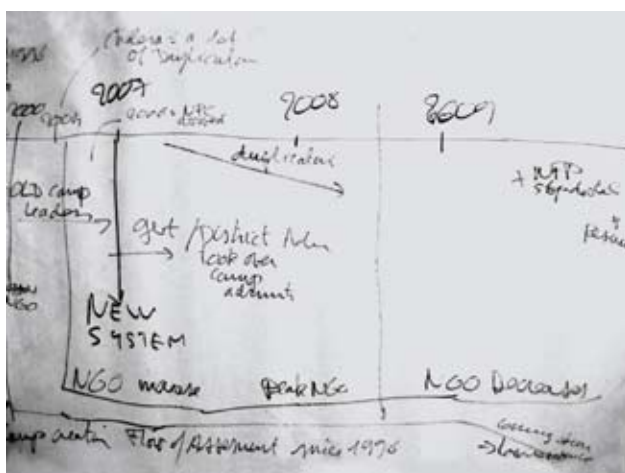
Illustration 5 Timelines by affected populations



Returns in Agoro / Kitgum rating relative service quality in education (red line), health (black line) and water (blue line) before displacement, in camps and at return village



Returns in Agoro / Kitgum marking key events over recent years and highlighting assistance received in 1993 (education), 2005 (water), 2007 (health) and 2008-2009 (food and general assistance). On a separate sheet, returnees also mentioned support from 1998 (food), 2005 (health) and 2007 (agriculture)



Camp inhabitants in Pabbo IDP camp / Amuru marking key events and emphasizing a reduction of duplications since the introduction of a new camp management system in 2007

Source: GPPi/Groupe URD

75 *Comparisons to “non-clusterized” areas.* In Uganda, clusters have been introduced in the northern region, but not in other areas with humanitarian needs, such as the north-west of the country (West-Nile) or the east (Karamoja). While the circumstances in these areas differ significantly, some cautious comparisons can be drawn. These do not point to a systematically improved humanitarian response in “clusterized” as compared to “non-clusterized” areas. First, charts 6 – 10 show changes in key indicators for different districts in the Acholi sub-region and Karamoja between 2007 and 2008 as reported in CAP documents (district portraits, only available for all these districts in CAP 2008 and CAP 2009). The numbers show that the “non-clusterized” Karamoja districts tend to start from a lower basis, but see more consistent progress. In the Acholi sub-region, by contrast, the values of many indicators fluctuate, pointing to problems of the humanitarian community in maintaining levels of assistance during the return process, which many humanitarian actors confirmed in interviews.

Developments in “clusterized” regions not more positive than in “nonclusterized” ones

Chart 5
DPT3 Coverage Rate

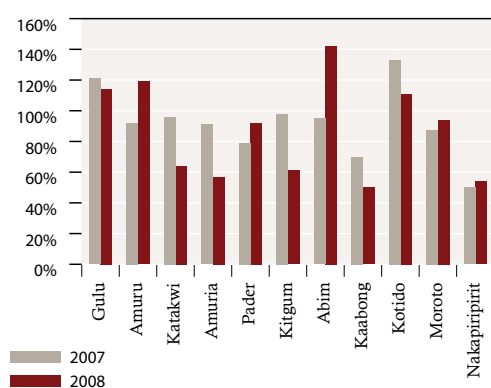


Chart 6
Global Acute Malnutrition Rate (GAM)

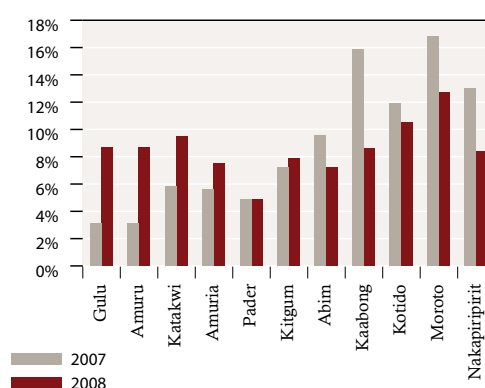


Chart 7
HIV patients on anti-retroviral therapy

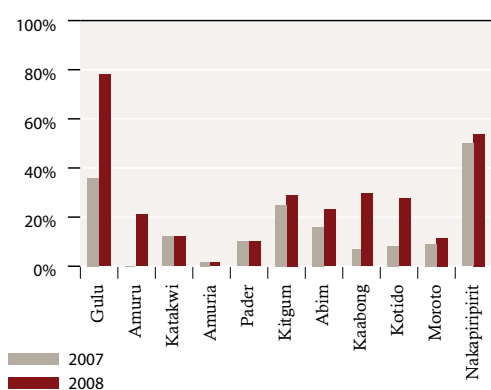


Chart 8
Enrollment of girls in primary school

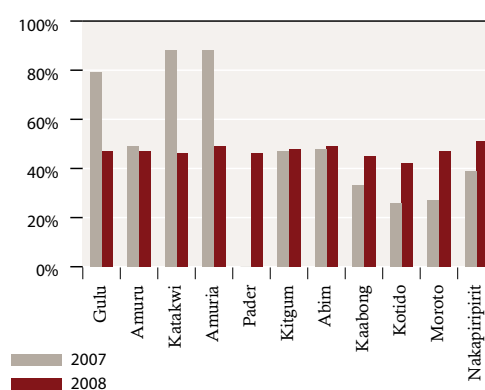


Chart 9
Sub-counties with functional GBV service delivery systems

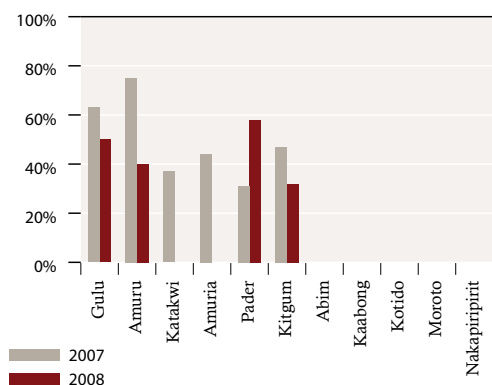
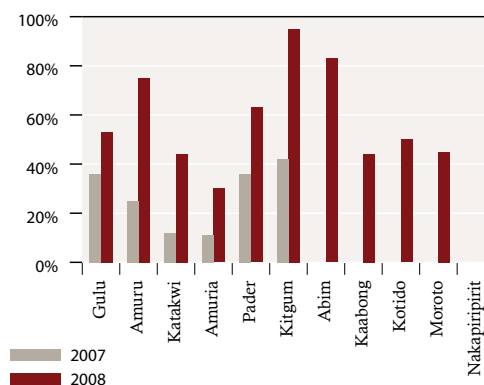


Chart 10
Sub-counties with child protection systems

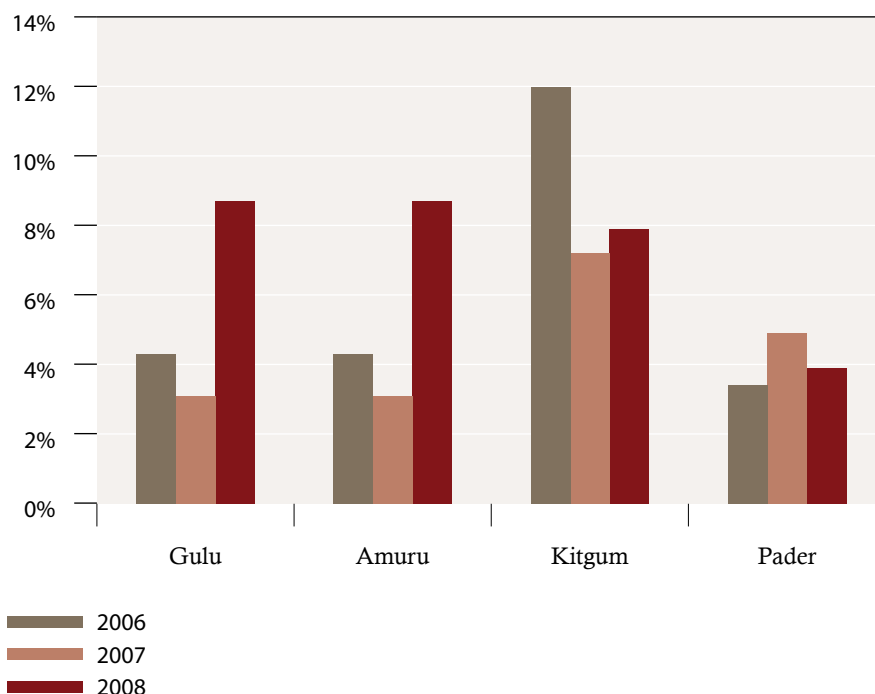


Data source: District profiles, Uganda CAP 2008 and CAP 2009

- 76 *Longitudinal studies and indicator values.* While it is generally difficult to obtain consistent monitoring data that would allow tracing the well-being of affected populations over time, such data does exist for some key indicators. These indicators do not show a significant or consistent improvement in the situation of the affected population that could be ascribed to the introduction of the cluster approach. One such indicator for which data is available at least for 2006, 2007 and 2008, is the Global Acute Malnutrition (GAM) rate. Chart 11 shows that the GAM rate decreased in most districts between 2006 and 2007 (strong concentration of population in camps), but increased again in 2008 during the return process.

Longitudinal studies show conflicting trends

Chart 11
Global Acute Malnutrition Rate (GAM)



Data source: CAP 2007, 2008, 2009 (district profiles)

Other evidence is available through a longitudinal study on livelihoods conducted over three years by the Overseas Development Institute (ODI). The study assesses in detail the livelihood situations of a small number of households in Pader. The second phase of the study found that “despite the improved security and increase in food production since 2006, many people were scarcely managing to access minimum food and non-food needs. Indeed, some households had experienced a reduction in their standard of living since 2006”, whereas the final analysis in 2009 showed that “while disposable incomes have dropped for a few households (...), the majority of households are somewhat better off now than they were in 2006.” (Martin et al., 2009, p. 5 and p. 19)

77 *Quality of response to localized acute emergencies.* Since the activation of clusters in Uganda in 2005/6, the country has been subjected to several smaller acute emergencies. Available evidence on the response to these emergencies suggests that the existence and quick activation of clusters supported a relatively effective response to these emergencies. Thus, for example, the case fatality rates for acute outbreaks of hepatitis E, cholera, meningitis and ebola in northern Uganda in most cases remained below the emergency threshold defined by the World Health

Response to small acute emergencies effective

Organization (WHO).⁶² In 2007, clusters, including a specially activated Logistics Cluster, played an important role in responding to floods that affected mainly the sub-region of Teso. According to available reports, the humanitarian response to the floods was relatively timely and well coordinated. As a result, disease outbreaks remained under control, with no major outbreaks of water-borne diseases, and key humanitarian indicators such as the Global Acute Malnutrition (GAM) rate remained below the emergency threshold of 10%.⁶³

Other positive effects

- 78 In Uganda, the introduction of the cluster approach brought with it few other effects that are not captured by the logic model proposed in the Evaluation Framework. One notable positive and probably unintended effect is that the introduction of the clusters has intensified exchanges between NGOs (mainly international NGOs) and led to better information exchange and greater dialogue among them. This is due in part to the controversial manner in which the clusters were introduced in the country, which initially raised suspicion among NGOs and triggered efforts to define common positions. Stronger relationships among NGOs
- 79 A second positive side-effect is that enhanced coordination and information exchange through the cluster approach can lead to greater transparency on who receives what. Especially unified beneficiary lists, such as the one created by the Education Cluster, can therefore enhance the detection and reduction of aid misuse and abuse. Reduction of aid abuse
- 80 Another positive effect reported by humanitarian actors in Uganda is that the cluster structure involving national-level and district-level coordination fora has improved the flow of information between the field and the capital. District-level clusters, for example, tried to schedule their meetings just before national-level meetings, so that their information could be used and discussed in Kampala. Moreover, especially dedicated national cluster coordinators organized regular field visits and request inputs to national planning instruments like the CAP, as well as cluster strategies and workplans. This, however, was also portrayed as a qualified success as many organizations still noticed a disconnect between Kampala and the districts and often perceived information flows as unidirectional, from the districts up to the national level.

62 In 2007, for example, WHO reports case fatality rates of a cholera epidemic of 1.9% in Kitgum, 1% in Kampala, 9.6% in Pader and 1% in Koboko (Health, Nutrition and HIV/AIDS Cluster Annual Report 2007, p.18). In 2008, the prolonged hepatitis E outbreak in Acholi resulted in a case fatality rate of 1.6% (Health, Nutrition and HIV/AIDS Cluster Annual Report 2008, p. 20). WHO has defined a case fatality rate of 2% or lower for similar instances as target.

63 Cf. CERF Annual Report Uganda 2007; Uganda Floods Lessons Learnt Workshop Final Report.

Other negative effects

- 81 A negative unintended effect reported by humanitarian actors in Uganda relates to the willingness of the national government of Uganda to consult and coordinate with the humanitarian community with regards to humanitarian and development issues. Thus, humanitarian actors perceive the government as reluctant to engage in consultations concerning its strategy for Karamoja and link this to the problematic way in which the clusters were introduced.

Reduced willingness of the national government to consult and coordinate

4.8 Interaction with other pillars of humanitarian reform

- 82 The cluster approach was introduced as one of several pillars of humanitarian reform and was intended to complement and strengthen the other elements, namely the Humanitarian Coordinator system, reformed funding mechanisms like the Central Emergency Response Fund (CERF), pooled funding mechanisms and innovations to the CAP, as well as the Principles of Partnership developed by the Global Humanitarian Platform.⁶⁴
- 83 In Uganda, the relationship between the clusters and the Humanitarian Coordinator has not been very intensive and has provided some, but little, mutual support. Common funding instruments, especially the CAP, strongly support the functioning of the cluster system and the clusters have improved the management and selection of CAP proposals.

Interaction with the Humanitarian Coordinator system

- 84 In Uganda, an attempt was made in late 2006 / early 2007 to introduce a dedicated non-UN Humanitarian Coordinator.⁶⁵ The process was implemented with little consultation of the Ugandan government and ultimately failed due to its resistance. Since then, the Resident Coordinator has been fulfilling the role of Humanitarian Coordinator. The Humanitarian Coordinator chairs the IASC country team meeting, which received first monthly, later quarterly cluster reports, delivered by heads of agencies. Beyond this, direct interactions between the Humanitarian Coordinator and the clusters or the cluster lead agencies are very rare. Overall, this results in very limited interactions between the Humanitarian Coordinator and individual clusters, especially since heads of agencies – the main interlocutors of the Humanitarian Coordinator – are typically not strongly involved in the work of clusters.

Interactions between clusters and the HC marginal
Interactions between clusters and the HC marginal

64 The relationship between the cluster approach and the Principles of Partnership is discussed above, in section 5.3.

65 Elisabeth Rasmussen, Secretary General of the Norwegian Refugee Council.

85 Instead, UNOCHA Uganda, which works to support the Humanitarian Coordinator, has taken an active role in guiding and supporting the implementation and development of the cluster approach. The clusters, in turn, feed into and strengthen the coordination efforts made by UN OCHA Uganda and the IASC country team by providing information and developing response and contingency plans. Thereby, they indirectly strengthen the office of the Humanitarian Coordinator.

Mutual support between clusters and UN OCHA

Interaction with humanitarian financing

86 In Uganda, by far the most important humanitarian funding instrument is the Consolidated Appeals Process (CAP). It is followed by bilateral contributions not linked to the CAP and contributions through the Central Emergency Response Fund (CERF). The evaluation showed that there is a strongly positive interaction between the cluster approach and the CAP and a positive interaction with CERF in those instances when it is used as a funding mechanism by clusters. There is, however, also a risk that humanitarian actors could perceive the cluster systems merely as a means for allocating resources. Bilateral funding mechanisms, by contrast, have the potential to undermine the cluster approach if funding decisions counteract cluster priorities or lack the flexibility to reallocate resources in case of identified duplications.

87 The CAP process strongly supports the functioning of the clusters in Uganda. First, the CAP provides an important incentive for humanitarian organizations to participate in the clusters. The CAP process is managed by UN OCHA via the clusters: UN OCHA uses cluster meetings to explain the CAP process, the clusters formulate strategic priorities and review activities in their areas and, most importantly, the clusters compile and, to a certain degree, vet proposals.⁶⁶ Second, the CAP provides an important planning tool for the clusters.⁶⁷ Most clusters report that organizations usually remain reluctant about sharing their future plans. Through the CAP process, they are required to share detailed project proposals. Third, the CAP is an important reporting mechanism for the clusters. Since 2008, donors have been requesting quarterly CAP reports with pre-defined progress indicators. The clusters are involved in defining these indicators and use the reporting results for their own work. By far the largest share of the CAP,

Strong mutual support CAP clusters

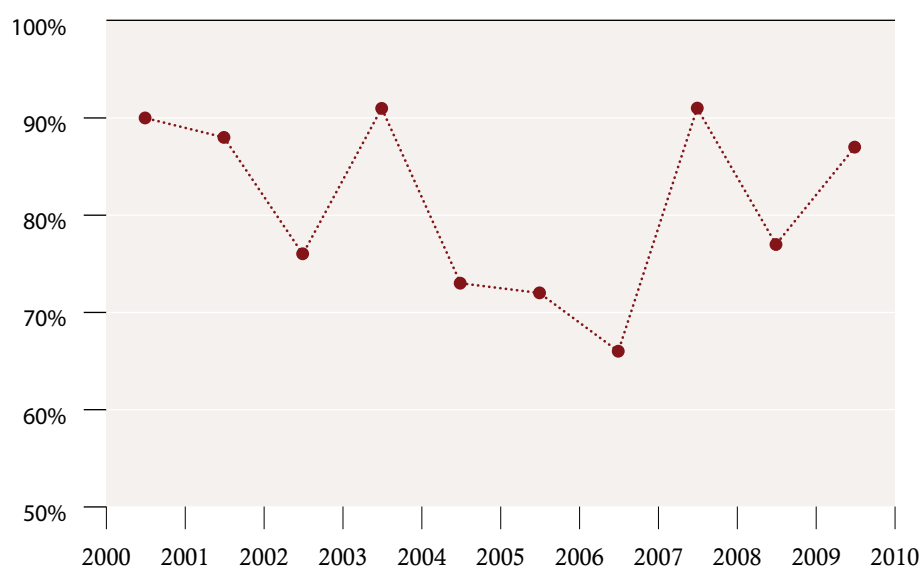
66 In many cases, vetting by clusters leads to the exclusion of duplicating project proposals from the CAP. The clusters, however, have no formal authority for vetting proposals. Individual organizations can therefore circumvent this process and submit their project sheets directly to UN OCHA Geneva. In 2009, moreover, an electronic system for submitting project sheets was created. This electronic system requires individual organizations to upload their proposals for a first screening. It is unclear how clusters can continue to exercise their vetting function under these circumstances.

67 A similar effect has been described for Flash Appeals. In 2007, the humanitarian community in Uganda also launched a Flash Appeal for responding to the Teso floods. While the appeal barely received any funding, humanitarian organizations still valued it as it “enabled definition and quantification of needs” (Uganda Floods Lessons Learnt Workshop Final Report, p. viii).

however, is directed at food aid. While WFP is the dominant player in food aid and works with its own network of partners (and therefore uses its own channels and procedures, rather than the cluster's) it also shares its plans during cluster meetings.

- 88 The clusters have also contributed to improving the CAP. Information dissemination has become easier for UN OCHA, leading to a better understanding of the CAP within the humanitarian community. Moreover, the quality of CAP proposals has been enhanced through the process of defining joint priorities and vetting proposals to eliminate duplications and ensuring better coverage. However, there is no clear correlation between the introduction of the cluster approach and the share of total humanitarian funding in Uganda received from the CAP (and the CERF, though the amounts contributed by the CERF are marginal by comparison. See chart 12).

Chart 12
Share of Funding from CAP and CERF



Data source: OCHA Financial Tracking Service, status of December 8th, 2009

- 89 Not all aspects of the interrelationship between the clusters and the CAP are positive, however. The bypassing of the vetting process by individual organizations, some being cluster co-leads, and the redesign of the submission process (see footnote above) have undermined the authority of the clusters. Some clusters have also experienced very low CAP funding levels, which beyond its operational effect has a strongly de-motivating effect on cluster members. Finally, some cluster members perceive CAP allocations as biased towards a few key players in each sector.

90 Since 2007, humanitarian organizations in Uganda have launched five requests for CERF funding to the Emergency Response Coordinator (ERC). In total, they have received \$20.2 million from the rapid response window. Of these five requests, three were addressed to individual agencies, namely WFP and the United Nations High Commissioner for Refugees (UNHCR); one had a moderately inter-agency nature, but was targeted at Karamoja, an area in which the clusters have officially not been activated; and only the flash appeal for the response to the Teso floods had a significant involvement of clusters and represented an inter-agency and inter-cluster approach.⁶⁸ For the flood response, humanitarian actors perceived the \$6 million of CERF funding as useful for kick-starting the response, but assessed overall contributions to the flood response as insufficient. In discussions about the strengths and weaknesses of the flood response, participants did not mention the exclusive channeling of funds through UN agencies as a problem.⁶⁹

CERF mainly used by individual agencies

91 Some bilateral donors in Uganda have provided important support to the cluster approach. The European Commission's Humanitarian Aid Department (DG ECHO) and the UK's Department for International Development (DFID), for instance, often participate in cluster meetings, require those submitting funding proposals to state how they coordinate their activities with other organizations and frequently take their funding decisions accordingly. Other bilateral donors, however, do not link their funding decisions to the cluster processes. This can undermine coordination efforts, as funded projects may be overlapping and as funding recipients may not be given sufficient flexibility to reorient their programming once duplications have been identified and gaps prioritized.

Bilateral funding arrangements can undermine clusters

68 The humanitarian community in Uganda also launched a Flash Appeal in 2007 for the flood response. Of the total request of almost \$41 million, however, only \$625,000 was funded.

69 Cf. Uganda Floods Lessons Learnt Workshop Final Report.

5 Conclusions

- 92 Overall, the introduction of the cluster approach has made some valuable contributions to the coordination of the humanitarian response in Uganda, but remains well below its potential.

Factors strengthening humanitarian response

- 93 The most important mechanisms through which the cluster approach is making a positive contribution to the delivery of more effective and efficient assistance in Uganda include the following:
- The clear designation of an organization and a person in charge of organizing coordination and information exchange meetings and other information sharing and planning tools;
 - The strengthening of common planning mechanisms, ranging from cluster work plans and the standard practice of defining action points during cluster meetings to CAP submissions, which reduce duplications and support the allocation of resources for priority needs;
 - Enhanced opportunities to share experience and materials on technical questions, sometimes leading to the definition of harmonized approaches, which may strengthen the quality of response programs.

Factors impeding the work of clusters and/or their effect

- 94 The following factors hinder the delivery of more effective and efficient assistance and/or account for why the cluster approach has not developed its full potential to improve humanitarian assistance in Uganda:
- The creation of parallel coordination structures to those put in place by the government and the insufficient adaptation of the global approach to local circumstances, which reduce government ownership, at times undermine national capacity and hinder effective hand-over, reducing the likelihood that achievements made by the cluster approach will be sustained;
 - The disconnect between the cluster approach and donor mechanisms, which undermines the importance of cluster decisions and can counteract them when cluster members cannot adapt their programming due to donor inflexibility;
 - The communication gap between clusters and local authorities as well as NGOs at the district level and below. This communication gap is due to technological

problems (lack of Internet access), as well as language/lingo issues (cluster communication is exclusively in English and often rich in UN/international jargon). Only some agencies have made a systematic effort to either equip these local partners with mobile Internet access or to distribute printed materials.

- The shedding of a genuine provider of last resort role, which has disappointed the expectations of many and eliminates a critical tool for filling gaps;
- Insufficient consideration for cross-cutting issues, including early recovery, which misses opportunities for improving the quality of humanitarian response;
- Several factors hindering the efficient and effective working of the clusters themselves, including the non-participation of important actors (especially national and local NGOs); the insufficient engagement in joint, harmonized or shared needs assessments; knowledge and information management problems; the lack of systematic monitoring and follow-up to cluster work plans and action points agreed in meetings; the continuing importance of the personality of cluster coordinators, despite global and local coordination training; in some cases cluster coordinators without sufficient time to fulfil their responsibilities; and in some cases the lack of institutional backing for the cluster coordinators within their organizations.

Have outcomes justified investments?

- 95 As discussed above, little support by global clusters was visible in Uganda at the time of the evaluation, yet the majority of resources dedicated to the cluster approach were invested at global level. From the local and country perspective, the outcomes do therefore not fully justify the investments made at the global level. At the local and country level, the single most important investment in the cluster approach is staff time, including that of the cluster coordinator and of cluster members. This investment was consistently described as very high by all participants. The level of investment by cluster lead agencies varies considerably, with some employing one or several dedicated coordinator(s), whereas others add the cluster coordinator role to an existing job description. Cluster members estimate that they typically invest 20 to 25 per cent of the time of a staff member in coordination, especially as the same individual often represents an organization in several clusters. While this level of investment proved prohibitive for certain actors, especially small national and local NGOs, there are important indicators that most humanitarian organizations deem the effort worthwhile: First, attendance in most clusters was high, especially during acute emergencies. Second, as it became clear that the clusters would cease working towards the end of 2009, the members of most clusters that were still operational at that stage were looking for

ways to carry on with meetings and information exchanges.⁷⁰ Finally, almost all persons and groups interviewed stated that they would introduce a “cluster-like” coordination mechanism again if they were involved in a new emergency, though often with significant improvements, especially in terms of time management and power relations.

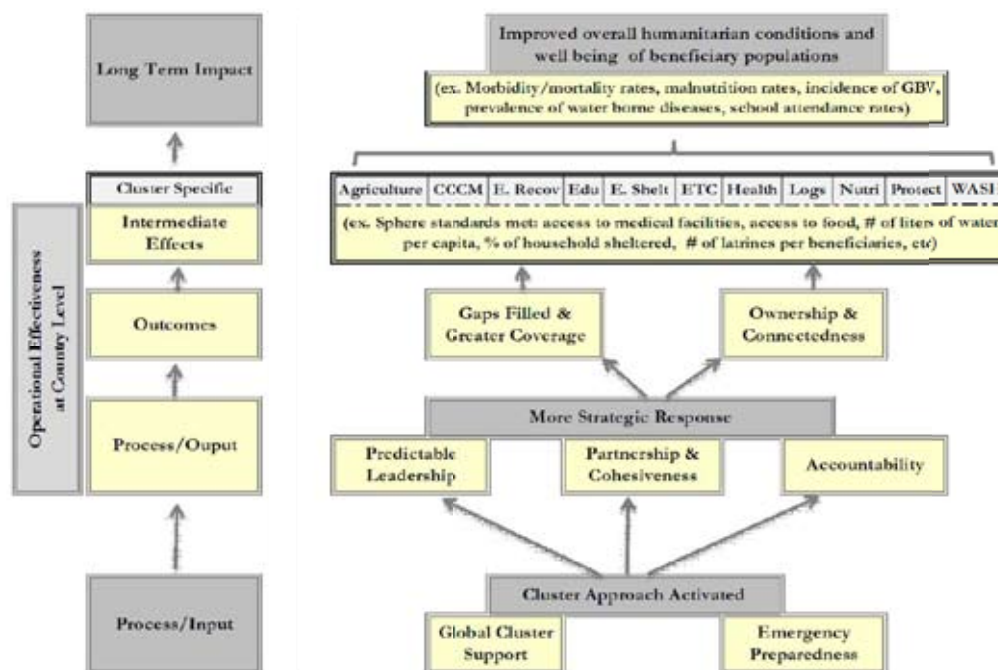
Validation of the logic model

- 96 Regarding the logic model that underlies this evaluation (reproduced as illustration 6), the country study in Uganda raises several question marks. First, the assumed causal relationship between global cluster support and the functioning of the cluster approach in country is clearly not as strong as expected. While key guidance documents issued by the IASC proved critical to enabling the implementation of effective clusters, the clusters in Uganda were able to operate relatively well without strong global support and had few demands regarding additional support. Second, the logic model has internal tensions, most notably between enhancing partnership and strengthening (hierarchical) accountability. Third, the causal link between “process / outputs” and “outcomes” is unclear and at the very least the elements translating for example stronger partnership into increased coverage, gap filling or ownership and connectedness are not spelled out clearly enough. For many, outputs like partnership and to a lesser extent also accountability are objectives in their own right and do not necessarily have a direct link to coverage and ownership. Fourth, many see some of the “outputs”, namely leadership, also as a critical input to the cluster approach. Finally, 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 Uganda suggests that the introduction of the cluster approach at first weakens national ownership and that it takes a strong conscious effort to counteract this effect.

70 Minutes of a Child Protection Sub-Cluster meeting, for example, state that “Members were keen to maintain the inter-agency nature of child protection work, which has optimised responses and capacities on the ground. Without this common platform [an inter-agency child protection strategy], agencies saw a risk of return to pre-cluster period when duplication and un-coordinated or issue-based interventions were implemented in the North.” Kampala Child Protection Sub-Cluster Minutes (1 October 2008)

Illustration 6

The logic model of the cluster approach



Source: Alexander (2009), p.7

6 Recommendations and lessons learned

97 The clusters in Uganda are scheduled to be closed by the end of 2009, before the publication of this report. The findings of the evaluation mission to Uganda are therefore translated into general lessons learned for similar situations, rather than specific recommendations for Uganda. The recommendations are listed in an approximate order of priority and indicate in brackets who they address.

6.1 Adapt clusters to local situations and strengthen the involvement of national and local actors

98 Conduct an analysis of existing coordination mechanisms before activating clusters and, as far as possible, adapt clusters to them so they can temporarily take over the coordination role if necessary and subsequently transform into a supportive role for those existing mechanisms.

» Humanitarian Coordinator and Humanitarian Country Team

99 Consult with humanitarian actors, as well as the government, where appropriate, before activating clusters.

» Humanitarian Coordinator and Humanitarian Country Team

100 Ensure that clusters are activated at the height of the emergency. Where possible, plan for cluster activation as part of preparedness activities.

» Humanitarian Coordinator and Humanitarian Country Team

101 Where appropriate, create a more active link between the cluster system and the national government, for example by encouraging government participation and facilitating the identification of national counterparts for clusters.

» Humanitarian Coordinator and Humanitarian Country Team

102 Align cluster planning cycles with government planning and CAP cycles.

» National and local clusters

103 Consider exit strategies from the design phase onwards and focus on capacity building for national institutions early on.

» National and local clusters

104 Actively encourage and facilitate the participation of local and national NGOs in clusters, where necessary adapting the working language, providing for translation services, adapting technologies used or appointing a liaison officer for local NGOs.

» National and local clusters / UN OCHA

- 105 Promote participatory approaches among cluster members, for example by conducting training, presenting tools or exchanging experiences on the use of different participatory techniques.

» National and local clusters

6.2 Enhance harmonized needs assessments and strengthen information management

- 106 Strengthen joint, harmonized or shared needs assessments, within clusters and between clusters, for example by agreeing on a basic set of indicators to be covered in initial assessments.

» National and local clusters

- 107 Enhance the “Who does What Where” by generating interactive maps with geo-referenced interventions and including information on project status.

» National and local UN OCHA offices

- 108 Provide relevant information on projects, their scope and status to clusters and update this information regularly and avoid the practice of “reserving areas of intervention” by claiming activities in certain areas despite uncertain funding.

» All cluster members

- 109 At the beginning of cluster operations, explore and promote interactive low-tech solutions for information sharing, such as large, printed maps on walls used in cluster workshops. Thereafter, adapt information management tools to the needs of individual clusters.

» National and local clusters

- 110 Expand the good practice of encouraging the formation of Google groups or similar information sharing tools, as well as managing an independent cluster website.

» National and local UN OCHA offices

- 111 Create a central storage space for information for all clusters, through a cluster website or other tools.

» National and local UN OCHA offices

- 112 Enhance institutional memory by minimizing turn-over of coordinators and ensuring appropriate hand-over processes between different cluster coordinators.

» Cluster lead agencies and organizations

6.3 Strengthen facilitation skills of cluster coordinators

- 113 Develop and disseminate a basic, hands-on cluster management manual, containing basic facilitation techniques, samples of agendas, minutes, work plans, information management tools etc. and building on handbooks developed by individual clusters.
» **Global IASC or UN OCHA**
- 114 Allocate sufficient time to cluster coordinators, adapt recruitment profiles to focus more on coordination skills and prior work experience with NGOs and support their coordination skills through trainings.
» **Cluster lead agencies and organizations**
- 115 Enhance the operational focus of clusters by identifying joint priorities in humanitarian response and developing concrete plans for addressing them, if necessary including joint proposals to donors for funding these activities and taking relevant decisions.
» **Cluster lead agencies and organizations / cluster coordinators**

6.4 Strengthen inter-cluster coordination and attention to cross-cutting issues

- 116 Strategically identify inter-cluster gaps and multidisciplinary issues and encourage the formation of issue-based thematic working groups to address them.
» **National and local UN OCHA offices**
- 117 Strengthen and improve surge capacity for technical advisory on cross-cutting issues, such as those provided by the Gender Capacity Standby Project, and early recovery and ensure deployments are used to provide advisory and support services to all relevant clusters, rather than filling staffing gaps for coordinators.
» **Global clusters and focal agencies**
- 118 Early recovery: Implement earlier guidance and do not roll out national and local early recovery clusters, but provide other clusters with early recovery advisory services.
» **Early Recovery Cluster**

6.5 Enhance the accountability of clusters and cluster lead organizations

- 119 Develop detailed cluster work plans and create systematic monitoring processes for them. Consider adopting the Ugandan practice of linking cluster work plans and monitoring to CAP monitoring processes.
» **National or local clusters**

- 120 Strengthen organizational commitment to the cluster approach among others by including cluster responsibilities into the standard terms of reference for national heads of agency.
» **Cluster lead agencies and organizations**
- 121 Enhance accountability for exercising these responsibilities by giving the Humanitarian Coordinator a role in evaluating heads of agencies in relation to their cluster lead responsibilities.
» **Cluster lead agencies and organizations**
- 122 Develop a mechanism for changing national and local cluster lead agencies in which the Humanitarian Country Team decides upon request of any cluster member or member of the Humanitarian Country Team.
» **Humanitarian Country Team / cluster members**

6.6 Guidance and tools for clusters

123. Develop clear criteria and processes for cluster closure and exit, building on the “Adapting the Clusters During Transition in Uganda” and similar notes.
» **Global IASC**
- 124 Finalize guidance on the roles and responsibilities of cluster co-leads and co-chairs and clarify the roles and responsibilities of cluster members.
» **Global IASC / all cluster members**
- 125 Strengthen communication between global and national and local clusters, ensuring that cluster lead organizations and cluster members know which global support possibilities exist and that national and local clusters provide input and feedback to global clusters on what support products and services they need.
» **Clusters at global, national and local level**
- 126 Expand training opportunities, especially in-country and for all cluster members.
» **Clusters at global, national and local level**
- 127 Adapt global guidance documents to local conditions.
» **National and local clusters**

6.7 Clusters and financing tools

- 128 Reverse funding priorities for clusters to provide stronger support to local and national clusters as compared to global clusters.
» **Donors**

- 129 Strengthen the role of clusters in Consolidated Appeals Processes (CAP) by providing them with greater authority for screening proposals.
» **UN OCHA**
- 130 Support joint funding appeals by clusters.
» **Donors**
- 131 For bilateral funding agreements, demand project or program orientation along priorities identified by clusters or inter-cluster processes and provide partner organizations with sufficient flexibility to adapt their planning in response to coordination efforts.
» **Donors**

Annex 1

Cluster Performance

The evaluation team sought to assess the performance of the Cluster Approach in Uganda with a set of indicators (see Annex 2). The judgment for each indicator is based on extensive review of documentation, interviews and participative exercises facilitated during the evaluation mission to the oPt. On this data basis, each evaluator independently judged the respective clusters. If there were differences, these were discussed between the two evaluators to find a common scoring. The following cluster portraits, however, 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.

Education

Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	NOT ENOUGH DATA
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	NOT ENOUGH DATA




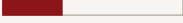



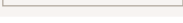








- The Education Cluster was activated in Uganda under the leadership of UNICEF in 2007. It coexists and at times competes with a number of other coordination fora for education: The government-led Education Sector

Coordination Committee (to which the cluster has started submitting reports in 2009), the Forum for Education NGOs in Uganda (FENU) and the Education Development Partners Group. In February 2009, UNICEF transferred cluster leadership at the national level to Save the Children in Uganda. Cluster members have agreed to maintain the Education Cluster as a coordination forum even after the formal closure of clusters in Uganda.

- The cluster received no funding through the 2009 CAP, leading to a drastic reduction in emergency education activities, a drop in interest in cluster participation and motivational issues among organizations working on education in emergencies.
- The cluster developed a close working relationship with the Ministry of Education. Thus, it provided input to the Ministry's strategy for education in northern Uganda, the 'Education Blueprint,' and aligned its activities with this plan. It used the harmonized reporting matrix developed under the government's Quality Enhancement Initiative and verifies information contained in the government's Education Management Information System (EMIS). At the district level, however, involvement of district education officers remains haphazard.
- The cluster in the district of Gulu developed a database on school sponsorships, housed in the office of the district education officer, which has helped uncover numerous cases children receiving various scholarships. Education clusters in other districts (Amuru, Kitgum, Pader) have over longer periods of time not been active or struggled due to lack of suitable staff.
- Cluster members criticize a lack of concrete activities for the cluster, report problems relating to information sharing and gaps in inter-cluster coordination, particularly with the WASH Cluster.

Food Security and Agricultural Livelihoods (FSAL)

Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
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	N/A


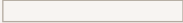
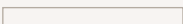



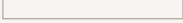





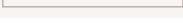

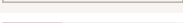

- The FSAL Cluster in Uganda is formally co-chaired by WFP and FAO and de facto led by FAO. Despite that fact that it has no full-time, dedicated coordinator, it is one of the most dynamic clusters in Uganda. Even in 2009, participation continues to be very strong and cluster members plan to carry on the work of the cluster under a different name after the formal closure of clusters.
- The cluster has a strong technical and outcome-oriented focus. Thus, cluster meetings frequently feature presentations on technical issues such as newly available seed varieties or information on expected weather patterns influencing planting and harvesting seasons. In contrast to many other cluster work plans, the FSAL Cluster's action plan does not focus on process issues, such as enhanced coordination, but on goals and objectives relating directly to the situation of the affected population.
- The cluster achieved important progress in harmonizing approaches, including the rate to be used in cash for work schemes or standard seed packages for different areas. It also played a strong role in promoting approaches such as the farmer field school approach or the use of the Integrated Food Security Phase Classification System (IPC) and offered trainings to cluster members on those

issues.

- The cluster implemented innovative ways to strengthen the participation of affected populations. Key information and strategy documents were thus subject to beneficiary validation and even rapid assessments included focus group discussions with affected individuals. Moreover, the cluster produced a video on its action plan to facilitate communication with affected populations.
- The cluster initially received support from regional offices, but no support from the global Agriculture Cluster.

Governance, Infrastructure, Livelihoods (GIL)

Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	NOT ENOUGH DATA
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 Early Recovery Cluster was activated in late 2005, but many humanitarian actors resisted its implementation.
- In 2007, the Cluster renamed itself “Governance, Infrastructure and Livelihoods” to reflect its new scope.
- Most discussions within the Cluster are concerned with defining its focus on issues that are not adequately covered by other clusters, including environment and gender.
- Meetings of the cluster and its sub-clusters or working groups were irregular and ceased at the national level in late 2008. At district level, cluster meetings have been rare and sporadic in Gulu and regular for a livelihoods working group in Kitgum since 2008.
- UNDP staff members and other humanitarian actors agreed that the Early Recovery Cluster was not viable as its mandate was not accepted by the humanitarian community and advocates replaced the cluster with early recovery training or advisors for other clusters.

Health, Nutrition and HIV/AIDS

Indicator scales


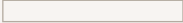

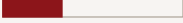



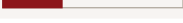

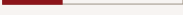


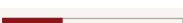

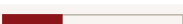


Nº	Indicator	Scale
1	Extent of additional geographic coverage	
2	Extent of additional thematic coverage	NOT ENOUGH DATA
3	Attention to differentiated needs	
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster 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	

- When the Health, Nutrition and HIV/AIDS Cluster was formally activated in the end of 2005, WHO did not have sufficient capacity in country to assume the lead role. Formally, UNICEF assumed the initial lead role, but actual cluster work only started in April/May 2006 under the leadership of WHO. The cluster then enjoyed continuous leadership by the coordinator, almost until phase-out during 2009.
- The cluster developed highly formalized and visible cluster activities and products, including a quarterly cluster newsletter, an annual cluster report and annual cluster retreats.
- Attempts to involve the Ugandan authorities were made relatively early on. Thus, cluster meetings did not take place alongside, but instead replaced health sector coordination meetings. At least since 2007, district cluster meetings have been co-chaired by district officials (though with varying levels of commitment). Moreover, the cluster actively supported the Ministry of Health and districts in developing health recovery plans. National standards on health facilities, however, were not disseminated through the cluster and many health facilities constructed by different actors do not meet these standards.

- The cluster developed relatively good information management tools, including health service availability maps, detailed analyses of existing health infrastructure and its gaps based on a standardized health services availability checklist, and regular updates on disease outbreaks.
- The cluster adopted relatively detailed cluster work plans, identifying objectives, activities, responsible actors, success indicators, sources for verification, timelines and exit strategies, as well as stating assumptions and other remarks. The objectives of these work plans focus strongly on process issues, such as coordination, information sharing, gap identification, advocacy and strategy development, but do not contain any objectives relating directly to the dignity and well being of the affected population (such as for example, the increase in available health services and their quality or the development of key health and nutrition indicators such as malnutrition, vaccination coverage and the like). These kinds of indicators are, however, contained in the CAP strategy and CAP impact monitoring.

Protection Cluster

Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
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 Protection Cluster is led by UNHCR and has several sub-clusters, including Camp Coordination and Camp Management (CCCM) - which operated as an independent cluster for some time, Child Protection, Gender-Based Violence (GBV) and Human Rights and Rule of Law. Child Protection and GBV are largely treated as clusters in their own right and are therefore treated separately below. The relationship between the Protection Cluster and its sub-clusters is relatively loose, creating problems of inter-sub-cluster coordination.
- The definition of “protection” is contentious and, in the case of Uganda, very broad. As a result, the Protection Cluster often tried to act as a sort of meta- or IDP cluster. An expression of this role is, for example, the extensive role in data collection that UNHCR took on in cooperation with CartONG. These data, however, were seldom used by other clusters, leading to frequent and duplicative assessment missions. Practically, the Protection Cluster mainly focuses on advocacy, for example on freedom of movement or the creation of viable communities, as well as some instances of basic service provision for IDPs.
- UNHCR as Protection Cluster lead faces an acceptance problem in Uganda since it had not been working with IDPs before the introduction of the clusters

and consequently had very little or no presence in northern Uganda.

- In the area of protection and its sub-themes, no previous coordination structures existed.

CCCM Cluster

- The CCCM Cluster initially was part of the Protection Cluster and became independent in March 2007 under the leadership of UNHCR. It acted as a “meta-cluster”, attempting overall information management and identification of gaps in camps and return areas. The involvement of other clusters in CCCM activities, however, was limited and responsibilities for inter-cluster coordination were not always clear between the CCCM Cluster and UN OCHA.
- The cluster was actively involved in the definition of camp phase-out guidelines, drawing on the experiences of the Lango and Teso sub-regions, where camps were first phased out. These guidelines and related tools (e.g. hut demolition guidelines, camp phase-out assessment guiding tool, guidelines for camp cleaning activities) were then further developed in cooperation with individual districts and adopted by them.
- The cluster received support from the Global CCCM Cluster in developing local guidelines.
- UNHCR as cluster lead agency requested CERF funds in 2008 as the cluster lacks funds to carry out many camp closure activities.
- The cluster supported the establishment of government-led Camp Phase-Out Committees in districts and was one of the first clusters to discontinue its activities: With the return process accelerating in 2008, the CCCM Cluster formally “merged back” into the Protection Cluster by the end of 2008 and remaining tasks were handed over to Camp Phase-Out Committees.
- Since the CCCM Cluster was no longer active at the time of the evaluation, a detailed assessment using the indicators defined by the evaluation team is not possible.

Child Protection Sub-Cluster

Indicator scales

Nº	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 Child-Protection Sub-Cluster has been active at national level since early 2007 with a dedicated, full-time cluster coordinator continuously in office until cluster phase-out in late 2009. Cluster meetings at district level have been chaired by government officials from the beginning in 2006. Child protection focal points have been appointed at sub-county level.
- Cluster members have agreed on one common approach, the building and strengthening of community-based child protection systems. Standards and guidelines for implementing this approach were adopted by the sub-cluster and endorsed and applied in non-cluster areas by the government. The strategy, including a common reporting format, was implemented, significantly increasing coverage with community-based child protection systems, resulting in a more sustainable and holistic approach to child protection. Significant gaps in responses to child protection cases persisted nevertheless.
- The Child Protection Sub-Cluster worked closely with the government, achieving official endorsement of most of its products and actively supporting the government in developing a child protection recovery strategy.
- With the closure of the clusters in late 2009, cluster members are searching for ways to maintain an inter-agency approach to child protection.

Gender-Based Violence (GBV) Sub-Cluster


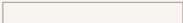












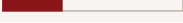

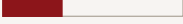
Indicator scales

Nº	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	
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6	Interaction of cluster with HC system	
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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 GBV Sub-Cluster was first led by UNICEF and, from 2008 onwards, by the United Nations Population Fund (UNFPA). A member of the global Gender Capacity Standby Project (GenCap) was deployed to Uganda and served as sub-cluster coordinator, managing the transfer between UNICEF and UNFPA.
- The sub-cluster was active in harmonizing approaches to GBV, for example by defining a standardized referral pathway for GBV cases and developing a harmonized system for collecting GBV data.
- The sub-cluster works relatively closely with the national government and provided for example input for the national GBV bill and capacity building. The sub-cluster also supports the establishment and development of national associations, such as the Ugandan Association on Woman Layers and provides direct support to GBV victims, for example by installing a GBV hotline. Despite these efforts, follow-up on GBV cases remains sketchy.
- Among cluster members, a GBV consortium formed to jointly apply for funds and implement projects.

Water, Sanitation and Hygiene (WASH)

Indicator scales

Nº	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
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 is led by UNICEF and had a dedicated, full-time cluster coordinator at the national level between the end of 2006 and early 2009. The competence of UNICEF to lead the WASH cluster was questioned by several humanitarian actors on technical grounds and due to UNICEF's lack of local presence in Pader.
- The area of water and sanitation is characterized by a multitude of existing coordination mechanisms, including the National Water and Sanitation Working Group (whose sub-committee on sanitation also serves as the National WASH Coalition), the Water and Sanitation Sector Development Partners Groups (donors) and the Uganda Water and Sanitation NGO Network (UWASNET). The WASH Cluster is represented through its lead in the National Water and Sanitation Working Group and has been providing inputs to the National Sector Performance Report since 2007, in addition and in parallel to UWASNET. In its exit strategy, the WASH Cluster plans to hand coordination back to a sub-committee of the National Working Group and to district water and sanitation committees.
- The cluster was relatively active in disseminating standards among cluster members. These included national standards on such things as water quality

and borehole specifications, but also global guidance, for example on hygiene education. These dissemination efforts were backed up by trainings, for example on water quality monitoring and other technical issues.

- While the cluster lead agency regularly demanded information from cluster participants, information sharing and management remained weak, with many organizations not knowing what their information was used for. This is linked to the perception of cluster members that the cluster was not active in taking decisions, only in exchanging information or points of view.
- Funding levels in the water and sanitation sector were relatively low, reducing NGO presence in the field and undermining morale among cluster members.

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 of one 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

Kampala
 Gulu
 Pabbo IDP camp
 Kitgum
 Agoro transit site and return village
 Kotido
 Moroto

Persons interviewed or consulted

Peter Abal, Distric Agricultural Officer, Gulu
 Becky Achan, HelpAge International
 Vincent Adude, ChildFund International
 Stella Ajwang, UN OCHA
 Caroline Akello, Protection Officer, UNHCR Gulu
 Florence Akello, KOPEIN
 Coesor Akeno, Distric Official
 Harriet Akullu, UNIFEM
 Caroline Aloyo, Child Protection Officer, UNICEF
 Francio Alumai, TPO Uganda
 Malan Amara, Head of Sub-Office, Kitgum, UN OCHA
 Irene Amongin, UNICEF
 Pamela Amony, Gusco
 Helene Andersson Novela, Country Director, Save the Children in Uganda
 Martin Andrew, UN OCHA Uganda
 Olivia Angolere, KADP
 Scott Aronson, DRC Gulu
 Grace Atim, Protection Cluster Coordinator, UNHCR Kitgum
 Dr. O. Awex, District Health Officer, Gulu
 Chander Badloe, UNICEF
 Adane Bekele, Water and Sanitation, UNICEF Kitgum
 Angeles Bel, ARC
 Bonita Birungi, Education Cluster Coordinator and Regional Education Advisor,
 Save the Children in Uganda
 Jimmy Bitwire, UNHCR Gulu
 Alexis Bonte, Emergency and Rehabilitation Coordinator, Food and Agriculture
 Organization of the United Nations Uganda

Wendy Bouard, JH Uganda
Jessica Bowers, UN OCHA
Winston Camarinas, Crisis Prevention and Recovery Unit, UNDP Kitgum
Graham Carrington, GC Consultancy
Marco Cavalcante, Special Assistant to the Country Director, Uganda Country Office, United Nations World Food Programme (WFP)
Ablur Charnoi, District Agricultural Officer
Nathan Chelimo, UNICEF
Brou Djekou, Programme Specialist, Crisis Prevention and Recovery Unit, UNDP Kampala
Alvaro Mellado Dominguez, MSF Holland
Gerry Dyer, Office of the Resident Coordinator
Jürg Eglin, Head of Delegation, International Committee of the Red Cross (ICRC)
Caxton Etii, Programme Analyst, Crisis Prevention and Recovery Unit, UNDP Kampala
Angella Evrest Lokong, Oxfam GB
Paola Fabbri, ASB
Solomon Fisseha, WHO
Francesco Frigerio, ATL AVSI
David Gatane, IRC
Mohammed Godbsudi, UNHCR Gulu
Hugh Greathead, World Vision
Janis Grychowski, Training Coordinator, War Child Canada, Gulu
Daniel Hatimer, AT SERV
Frido Herinckx, Head of Mission, Medecins Sans Frontieres, Spanish Section
Amony Agnes Hollyne, AUSL Kitgum
Daniel Howe, Head of Programme, WFP Uganda
Valentina Invernizzi WAMM
Fred Jackson, DAG
Janet Jackson, Representative United Nations Population Fund (UNFPA) Uganda
Tudi Johnbosco, District Health Official
Edna Junugu, UNICEF
Agnes Karani, UNICEF
Abdallah Kiganda, District Official
Patrick Kiggundu, District Official Kotido
Wilberforce Kimezere, Water and Sanitation, UNICEF Kitgum
Agnes Kisembo, GBV Sub-Cluster Coordinator Kitgum
J. Komadech, District Official Gulu
Pamela Komujuni, Disaster Management Officer, Office of the Prime Minister, Department of Disaster Management, Relief and Refugees
Brenda Kuconza, CEDOVIP

Gordou Lakide, UN OCHA
Jackson Lakor, District Official
Giorgio Lappo, CLD
Grace Latigi, UNFPA Gulu
Abura Levi, District Official Kotido
Yuusuf Logiel, UNOHCHR
Hannah Longde, Caritas
Peter Loruk, Mercy Corps
Diana Lotud, District Water Official
Carlijn Lubbinge, Policy Officer, Embassy of the Kingdom of the Netherlands
Primo Madra
Jocelyne Makatsuno, IRC
Maria Mallender, ASB
Jennifer Martinesi, ASB
Heller Maseveka, UNFPA
Lillian Mboyana, CESVI
Hassan Mohtashami, Deputy Representative United Nations Population Fund (UNFPA) Uganda
Alfred Mutanda, UNDP Kitgum
Anna Mutavati, Gender-Based Violence Cluster Coordinator, UNFPA
Joyce Mutiso, Child Protection Specialist, UNICEF Kitgum
Susan Muwanga, MGLSD
Jeddy Namfua, UNHCR Representation in Uganda
Marie Nanyeh, UNICEF Gulu
Muwanga Susan Nassuna, Women in Law and Development in Africa (WiLDAF)
Theophane Nikyema, United Nations Resident Coordinator and Humanitarian Coordinator Uganda
Clare Nkirirette, International Medical Corps
Brouce Nokrach, NRC
Vanno Noupech, Head of Sub-Office, UNHCR Gulu
Francis Obitton, SCIUG
Godfroy Ocan, FAO
Charles Ochreiq, UNICEF
Nansamba Odiirah, DAG
A. Odong, DRC Gulu
Lawrence Odong, NRC, Gulu
Raphael Oguto, IRC
Stella Ogalo, WFP Uganda
Martin Ojara, ACF
Tonay Ougom Ojok, FAO
Ouma Alex Okello, Norwegian Refugee Council
Jasper Okodi, Save the Children in Uganda, Gulu

Dennis Okot, Programme Assistant, OHCHR Kitgum
Francis Okot, HIDO Gulu
Lukach Okue, District Official
Patrick Okuni, Water and Environmental Sanitation Specialist, United Nations Children's Fund (UNICEF)
A. Okwe-Okala, District Education Officer, Gulu
Francis Oloka, OHCHR
Moses Omema, WFP
Paul M. Onyanga, National Officer, UN OCHA Kitgum
Bernard Onyango, Data Analyst, Emergency Coordination Unit, Food and Agriculture Organization of the United Nations (FAO)
Daniel Opio, UNDP Gulu
Paul Opio, FAO
Johnodong Opwonya, Chief Administrative Officer
Jimmy Orusst, District Official
Margo O'Sullivan, Chief, Education, United Nations Children's Fund (UNICEF)
Bruno Otto, UNDP Gulu
Gerald Owachi, DFID Uganda
Jimmy Owani, Assistant Emergency and Rehabilitation Coordinator, Food and Agriculture Organization of the United Nations (FAO)
Martin Owor, Commissioner Disaster Preparedness and Refugees, Office of the Prime Minister
Caroline Joan Oyella, USAID
Deborah Oyello, UNOHCHR Gulu
Sara Pasolini, AVSI
George Petropoulos, ACF
Ben Pickering, Oxfam GB
Tim Pitt, Head of Office, OCHA Uganda
Sammy Poro, Education Officer, Gulu Field Office, UNICEF
Fausto Prieto Perez, Technical Assistant Uganda, European Commission Directorate-General for Humanitarian Aid – ECHO
Federico Riccio, AVSI
Oroma Rhoda, Assistant Chief Administrative Officer, Gulu
Samuele Otim Rizzo, Area Team Leader Gulu, AVSI
Logira Sambey, SCIUG
Bai Sankoh, WFP
Stanlake Samkange, Representative and Country Director United Nations World Food Programme (WFP)
Stephanie Schwarz, Child Protection Cluster Coordinator, UNICEF
Rachel Scott-Leflaive, former cluster coordinator for UN OCHA Uganda
Richard Sennoga, Webmaster, Information Management Unit, United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

N.K. Shrestha, Head of Information Management Unit, United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

Ross Smith, UNICEF

Moses Subbilokorn, District Official

Mary Symmonds, Country Director UNDP

Jocelyne Takatsuno, Program Coordinator Kitgum, International Rescue Committee (IRC)

Nemia Temporal, Deputy Representative, UNHCR Representation in Uganda

Julio Tiboa, NRC

Hakan Tongul, Deputy Country Director, United Nations World Food Programme (WFP)

Gabriella Trudi, ICRC

Maria-Lovence Tusingwire Jorgensen, Advocacy and Communication Manager, Oxfam Uganda

Charles Uma, District Official

Nwanneakolam Vwede-Obahor, Human Rights Officer, District Team Leader, OHCHR Kitgum

Paul Walakiva, District Official Kotido

Claire Whiting, War Child Holland

Dr. Solomon F. Woldetsadik, Medical Officer / Health Action in Crisis, WHO Country Office for Uganda

Ian Woodcock, ACTED

Paulina Wyrzykowski, RCP

A focus group discussion with around 40 participants in Pabo IDP Camp

A focus group discussion with over 70 participants in Agoro return village

Annex 4

Documents and literature consulted for the country report (selection)

Global documents

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