The occupied Palestinian territory

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Acknowledgements

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**Illustration 1
the oPt Map and Mission Itinerary**

Acronyms

AAA . . . . Arab Agronomist Association

ACCP . . . . Asamblea de Cooperación por la Paz

ACS . . . . Associazione di Cooperazione allo Sviluppo

AHLC . . . . Ad Hoc Liaison Committee (Meeting on Assistance for the Palestinians)

AIDA . . . . Association of International Development Agencies

BCPR . . . . Bureau for Crisis Prevention and Recovery (UNDP)

B´TSELEM . . . . The Israeli Information Center for Human Rights in the Occupied Territories

3 Ws . . . . Who does What Where

CAP . . . . Consolidated Appeals Process

CERF . . . . Central Emergency Response Fund

COGAT . . . . Coordination of Government Activities in the Territories

CSLT . . . . Cluster/Sector Lead Training

DFID . . . . Department for International Development (UK)

DG ECHO . . . . . European Commission's Humanitarian Aid Department

DWG . . . . Inter-Agency Protection Sub-Working Group on Forced Displacement

EU . . . . European Union

HaMoked . . . . Center for the Defence of the Individual

HERF . . . . Humanitarian Emergency Response Fund

HRSU . . . . Humanitarian Reform Support Unit

HTF . . . . Humanitarian Task Force

HWC . . . . Health Work Committees

IASC . . . . Inter-Agency Standing Committee

IATC . . . . Inter-Agency Technical Committee

ICRC . . . . International Committee of the Red Cross

INEE . . . . Inter-Agency Network for Education in Emergencies

JUHOUD . . . . . Community and Rural Development (Palestinian NGO)

KAPCA . . . . Permaculture Association

LACS . . . . Local Aid Coordination Secretariat

LDF . . . . Local Development Forum

MAP . . . . Medical Aid for Palestine

MdM France . Médecins du Monde

MENA . . . . Middle East and North Africa Region

MHPSS . . . . Mental Health and Psycho Social Sector

MSF . . . . Médecins Sans Frontières

MTRP . . . . Medium Term Response Plan (UN response plan to Palestinian PRDP)

MoPAD . . . . . . Ministry of Planning and Administrative Development

NDC . . . . The NGO Development Center

NGOs . . . . Non-Governmental Organizations

OCHA . . . . Office for the Coordination of Humanitarian Affairs

OECD-DAC . . . Organization for Economic Co-Operation and Development –
The Development Assistance Committee

OHCHR . . . . . . Office of the High Commissioner for Human Rights
PA . . . . Palestinian Authority
PARC . . . . Palestinian Agricultural Relief Committees
PHG . . . . Palestinian Hydrology Group
PNERRP . . . . . Palestinian National Early Recovery and Reconstruction Plan
PNGO . . . . The Palestinian Non-Governmental Organizations Network
PRDP . . . . Palestinian Reconstruction and Development Plan
SECADEV . . . . Secours Catholique du Développement
TDH . . . . Terres des hommes
UN . . . . United Nations
UNCT . . . . United Nations Country Team
UNDP . . . . United Nations Development Programme
UNSCO . . . . . . United Nations Special Coordinator Office for the Middle East Peace Process
WASH . . . . Water and Sanitation Cluster

Executive summary

This report assesses and analyzes the functioning and first outcomes of the cluster approach in the occupied Palestinian territory (oPt). The cluster approach was introduced in the oPt in 2008/2009 and especially since Operation Cast Lead, launched by the Israeli army on December 27, 2008 in the Gaza Strip.

In the framework of the second phase of the cluster approach evaluation, the implementation of clusters in the oPt was selected as one of six country studies that investigate the effects of the overall cluster approach introduced in 2005. The evaluation was conducted in November 2009 and the team met with a wide range of actors involved in the humanitarian response, including UN agencies, cluster and non-cluster members, international and local NGOs, the Humanitarian Coordinator, OCHA, donors and representatives of Palestinian authorities.

The cluster approach in the oPt has proven to be a valuable mechanism for coordinating the response to Cast Lead and has since played a key part in strengthening humanitarian coordination in both the Gaza Strip and the West Bank. As a result, coordination and leadership responsibilities have become much clearer. The introduction of the cluster approach strengthened partnerships between international humanitarian actors, enhanced cohesiveness and improved peer accountability. The cluster approach provided a reliable platform for disseminating information during Cast Lead and beyond, and proved effective in identifying gaps and avoiding duplications. Furthermore, clusters have strengthened the CAP as a strategic framework for humanitarian assistance in the oPt and enhanced joint advocacy.

However, the cluster approach in the oPt did not appear to be relevant towards the Israeli occupation, as it complicates the already cumbersome aid coordination structures and thus may deflect attention away from the main coordination body, the Local Aid Coordination Secretariat (LACS) system. It has also intensified the humanitarian approach to the situation in the oPt, which diverges from the Palestinian political agenda (e. g. building a state) and therefore has a share in undermining national ownership.

The evaluation team concluded that the allocated resources for supporting the cluster approach could be employed more effectively and efficiently in the context of a protracted crisis such as the oPt if the local level needs´ would be brought better into focus. Clusters were definitely appreciated during the peak of the crisis and could also play a useful role afterwards, but they would need to be much more pragmatic and action oriented.

The central recommendations of this report are therefore

- to considerably shift resources from the global to the local cluster level in the oPt, thereby using the current cluster system as a contingency planning and local preparedness tool and building the capacity of future (local) cluster coordinators, which should be – for the most part - based in country.

- to (internally) clarify the future, scope and mandate of clusters/sectors to the humanitarian and developmental community in the oPt (both international and local), including concerning accountability of cluster coordinators to their heads of agencies, heads of agencies towards RC/HC and clusters towards affected population.

The following findings and recommendations substantiate these and might aid the humanitarian country team in their efforts to improve coordination in the oPt:

Findings related to recommendations	Recommendations
Role, mandate and length of cluster approach in the oPt is not sufficiently clear §§ 15, 16, 17, 18, 25, 49	Hold staff workshop to clarify role and mandate of clusters in the oPt; align OCHA material; invite donors to discuss future of cluster approach §§ 96, 97, 111
Cluster coordinators and other stakeholders lack clarity about direct reporting and accountability lines; cluster meetings predominantly used for information sharing rather than common planning; local human resources are not tapped into; financial cost of external experts high §§ 33, 34, 47, 49, 76, 92	Shift resources towards the local level by installing a cluster mentoring and coaching system in country, designed for cluster coordinators needs in oPt (both local and international) with special focus on facilitation and empowerment skills; develop a cluster handbook with concrete recommendations for day-to-day cluster management; maintain concrete cluster workplans with jointly defined priorities in individual clusters §§ 95, 98, 117
Knowledge of possibility of global cluster coordination support is limited §§ 21, 26	Develop action oriented curriculum for local cluster coordination support; produce one-page hand-outs of services available from the global clusters § 99

Findings related to recommendations	Recommendations
Local asset mapping is lacking § 76	Identify in preparedness plan where to recruit locally and where internationally; map local assets; begin to recruit locally where possible §§ 100, 116
Inter-cluster meetings could be improved towards common planning and inter-cluster gap identification §§ 36, 40, 41	Use inter-cluster meetings to monitor concrete individual cluster workplans and check on benchmarks and performance indicators § 101
Information Management complicated, Cluster Websites not always updated §§ 63, 15	Close GRAD; revert to 3W; use simple tools such as visual mapping according to individual clusters' needs; regularly update cluster webpages or create individual cluster ones §§ 102, 105
Involvement of PA increasingly good but not sufficient, participation of local NGOs insufficient §§ 70, 72, 73, 42, 66, 67, 68, 74	Enhance involvement of PA by holding meetings in ministries and placing support staff; develop awareness raising campaign and trainings for local NGOs through appropriate local NGO networks in West-Bank and Gaza §§ 104, 112
Buy-in of cluster members good but can be enhanced, facilitation skills of cluster coordinators could be enhanced to ensure more buy-in; territorial split between Gaza and West-Bank exacerbates buy-in problem and connectedness of the overall approach §§ 15, 34, 68	Conduct and publish surveys about internal cluster performance; hold West-Bank meetings occasionally in Hebron, Jenin and Nablus as well; alternate HCT meetings in Jerusalem and Gaza and through regular video linkage §§ 107, 110
Role and Mandate of Early Recovery Cluster not sufficiently clear § 44	Retain the ER cluster as a network; officially clarify its duties, mandate and scope § 113

Findings related to recommendations

Recommendations

Cluster approach complicates overall aid coordination system, focal points of same agencies in different fora are not streamlined, clusters not well integrated in overall aid architecture

§§ 16, 17, 18, 71, 72, 73

Contribute to the streamlining of aid coordination in the oPt; have same (UN) focal agencies in LACS and clusters

§§ 111, 114

TORs of head of lead agencies not always mention cluster responsibilities; buy-in of lead agencies can be enhanced; reporting and communication lines between cluster coordinators, HCT and head of agencies not always clear

§§ 34, 49

Ensure inclusion of duties and responsibilities in TORs; formalize cluster coordinators presence in HCT meetings and encourage common reporting with cluster lead agencies

§§ 109, 115

1 Introduction

1 This report covers the effects of the cluster approach on the humanitarian response in the occupied Palestinian territory (oPt) following the emergency of the Gaza incursion "Cast Lead" in December 2008/January 2009. The effects of the cluster approach's introduction are compared to and embedded in an analysis of earlier and other existing forms of coordination and preparedness in the oPt.

2 This report is one of six country studies, all of which feed into the results of the Cluster Approach Evaluation Phase 2 commissioned by the IASC in 2009/2010. The oPt was selected as a case study because it represents a protracted crisis situation where clusters were activated only recently. A more detailed description of the evaluation methodology can be found in the Inception Report of the evaluation.[1]

3 The country report is based on extensive document and data analysis, a 18-day country visit by two evaluators in November 2009 and additional telephone interviews and e-mail conversations with relevant actors, including some no longer in country. Please see Illustration 1 for the exact itinerary of the mission and Annex 3 for all persons interviewed and/or consulted. Annex 4 contains the list of documents and literature reviewed.

4 Preliminary findings were presented to and discussed with the Humanitarian Coordinator, the Head of UN OCHA in the oPt, and a number of stakeholders in country during a debriefing session in Jerusalem.

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1 The Inception Report for this evaluation is 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.

2 Limitations

5 The evaluation mission to the oPt faced a number of limitations, including:

- *Limited access to baseline and comparable data:* Since the clusters were activated for the first time in the oPt in January 2009 and no baseline data according to the indicators of this evaluation were collected, no comparisons can be made. 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, these data turned out not to be comparable over time as information from earlier coordination efforts was not available, key indicators were changed or data were raised for different areas.

- *Staff turnover in humanitarian agencies:* Many of the cluster coordinators, who had been hired on a short-term basis in February/March 2009 were no longer in country. This also holds true for a number of Heads of Agencies. The evaluation team was able to locate some, but far from all of them, after the country mission via e-mail.

- *Access to Gaza:* Only one member of the evaluation team was allowed into Gaza, although coordination had been careful and planned for a long time. The Israeli authorities gave no explanation as to why access was denied.

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

- *Limited depth of cluster-specific analyses:* The country study considers all active clusters and sectors in the covered regions. This breadth means that the data collected for each individual cluster is restricted; the cluster profiles in Annex 1 thus reflect tendencies and are not equivalent to cluster-specific evaluations.

3 Background

3.1 Country Background

6   The current humanitarian context in the oPt is inextricably linked to the conflict between Israel and the Palestinians, which has been described as persistent low-level violence and human-rights violations, interspersed by periods of acute conflict, war and displacement.[2] The latest intensive military offensive "Cast Lead" was launched by the Israeli army on December 27, 2008 in the Gaza Strip, lasted for 23 days and caused widespread destruction and death. The offensive followed the collapse of the ceasefire with Hamas in November 2008, which had resulted in the resumption of indiscriminate rocket attacks on Israeli population centers. According to official statistics, 14 Israelis and 1,400 Palestinians were killed, with several thousand wounded.[3] According to UN and World Bank assessments, the three-week operation has considerably accelerated the de-development of the Gaza Strip, already in a state of deprivation following an 18-month-long blockade, during which very little commercial interaction was possible or official development assistance could be delivered.[4]

Operation Cast Lead

7   Access to Gaza and essential goods (including humanitarian goods) remains severely restricted, hindering both economic activity and the humanitarian response.[5] As highlighted in the Palestinian National Early Recovery Plan for Gaza in summer 2009,[6] besides causing severe damage and destruction, "Cast Lead" has also overstretched the already low capacity of existing facilities, such as hospitals and schools. In addition, large areas of the Gaza Strip, in particular industrial areas, have been reduced to rubble and more than 15,000 houses have been damaged or destroyed. By mid-2009, damage to the water and sanitation systems and networks had left hundreds of thousands of people still without access to potable water and released considerable flows of untreated sewage in open areas. In the agricultural sector, widespread destruction of cultivated land, greenhouses, livestock and poultry farms have not only deprived thousands of Gazans of livelihood and employment opportunities, but have also had negative effects on the food security situation of the Gaza strip.[7] Loss of livelihood opportunities has resulted in very high unemployment rates.

Loss of livelihood and employment opportunities

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2   HPG Working Paper (July 2009), p. 12
3   OCHA, Field Update on Gaza from the Humanitarian Coordinator, (30 January - 2 February 2009), p.1
4   The Deepening Crisis in Gaza (2009), p. 4
5   CAP Mid-Term Review (2009).
6   PNERRP (2009).
7   By autumn 2009 over three quarters of the Gazan population was food insecure or vulnerable to food insecurity, which means the large majority of the population is widening its consumption gap, over-stretching its coping mechanisms and relies heavily on aid subsidies to sustain its level of food security. For data see Gaza Socio Survey WFP/FAO (2009).

8   At the same time, Israeli settlement activity, the construction of the separation barrier and the entrenchment of the closure regime continue in the West Bank (WB), including East Jerusalem.[8]

9   Immediately after Hamas took over the Gaza Strip in 2007, western donors gave the impression that they would make provision of aid to Gaza conditional on the fulfillment of certain political requirements.[9] Since then the EU and other donors have been hampering themselves by a self-imposed inability to engage with the de facto authorities in Gaza.

Conditional aid

10   OCHA has characterized the protracted crisis in the oPt as a "crisis of human dignity" in which the population is denied self-determination and movement. Many people, including the majority of Palestinians, argue that the situation is not a humanitarian one but requires comprehensive political solutions. The more dependent on humanitarian aid the Palestinian population becomes, the fainter the opportunity becomes for a political solution in the framework of the two-state solution, these people argue.

11   Both humanitarian and developmental needs are exacerbated by many factors, most importantly the Israeli occupation, a continued lack of physical protection for Palestinians, ever increasing restrictions on economic access and physical movement, constrained humanitarian access,[10] internal political fragmentation between Fatah and Hamas, the widening (territorial) split between the West Bank and Gaza as well as global price rises and climatic factors throughout the Middle East and North Africa (MENA) region (drought etc.).[11]

Developmental and humanitarian needs are increasing

3.2 Introduction of the Cluster Approach

12   At the onset of the crisis, the Resident Coordinator / Humanitarian Coordinator (RC/HC) activated the cluster approach to organize a coordinated response to the humanitarian needs of the affected population. The formalization of the clusters, however, only took place March 11, 2009 by a message from John Holmes to the RC/HC,[12] in which he approved the proposed coordination arrangements.[13] The following arrangements were then officially in place in the oPt (see illustration 2):

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8   See OCHA reports on access and movement (2009).

9   CIDSE, The EU's aid to the occupied Palestinian territory (II). The deepening crisis in Gaza. Policy Paper (June 2009), p. 13.
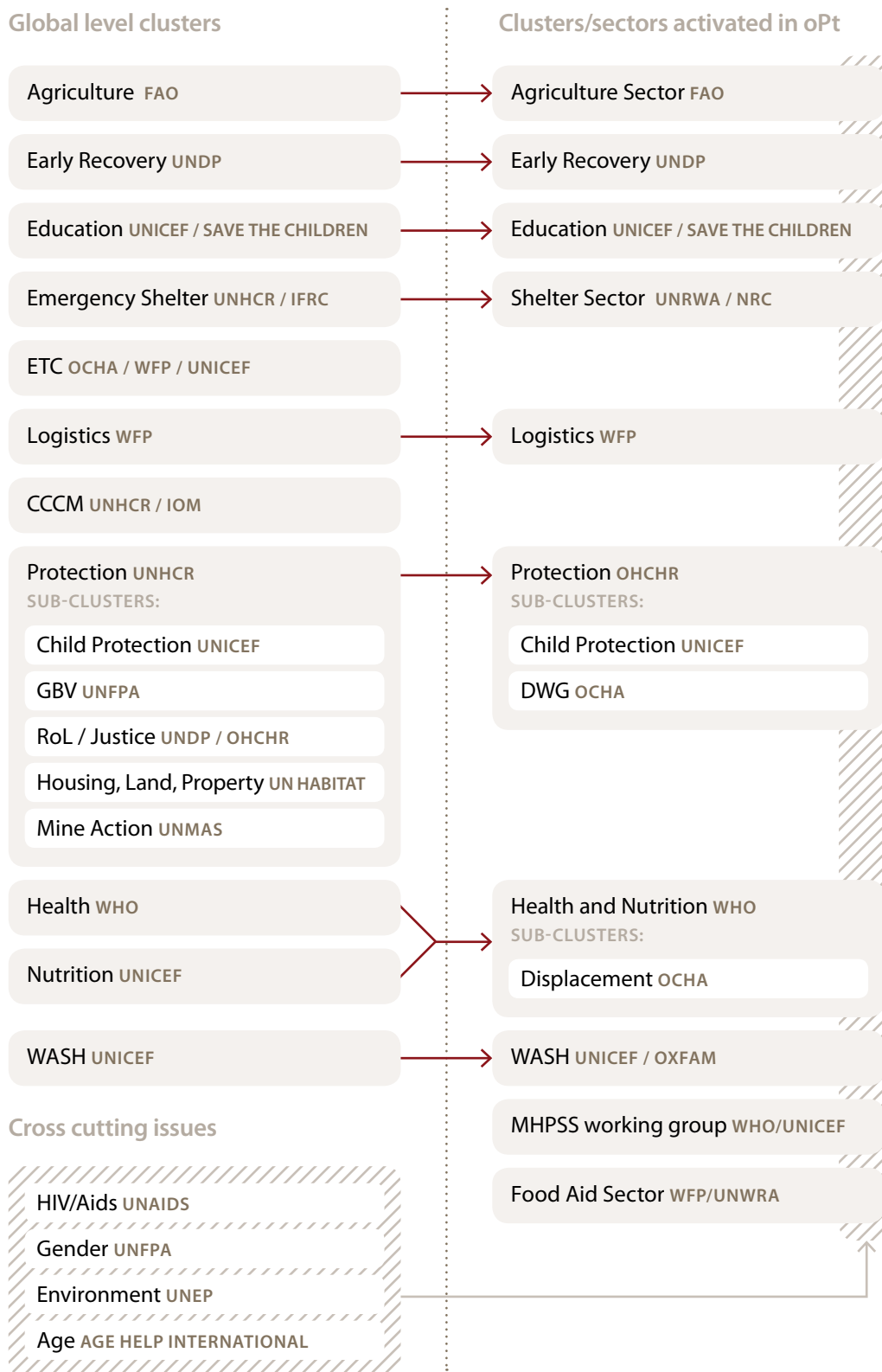
10 For proof that access is slowly and steadily deteriorating see data on what is allowed into the Gaza Strip (amount of fuel, number of trucks etc.) in Excel sheets (Incoming Gaza Strip Truckloads by Crossing, June 17th 2007 – December 13th 2009, available at http://www.ochaopt.org (last access December 16, 2009).

11 All data in CAP 2009, the context and humanitarian needs analysis, p. 12-22.

12 See Message from the ERC on the Cluster Approach in the occupied Palestinian territories, (March 11th 2009).

13 See letter of Maxwell J. Gaylard, RC/HC to John Holmes, ERC (February 4th 2009).

Illustration 2
Global clusters/cross-cutting issues and clusters/sectors activated in the oPt

Global level clusters | **Clusters/sectors activated in oPt**

Agriculture FAO → Agriculture Sector FAO

Early Recovery UNDP → Early Recovery UNDP

Education UNICEF / SAVE THE CHILDREN → Education UNICEF / SAVE THE CHILDREN

Emergency Shelter UNHCR / IFRC → Shelter Sector UNRWA / NRC

ETC OCHA / WFP / UNICEF

Logistics WFP → Logistics WFP

CCCM UNHCR / IOM

Protection UNHCR → Protection OHCHR
SUB-CLUSTERS: | SUB-CLUSTERS:

Child Protection UNICEF | Child Protection UNICEF

GBV UNFPA | DWG OCHA

RoL / Justice UNDP / OHCHR

Housing, Land, Property UN HABITAT

Mine Action UNMAS

Health WHO → Health and Nutrition WHO
SUB-CLUSTERS:

Nutrition UNICEF | Displacement OCHA

WASH UNICEF → WASH UNICEF / OXFAM

Cross cutting issues | MHPSS working group WHO/UNICEF

HIV/Aids UNAIDS | Food Aid Sector WFP/UNWRA

Gender UNFPA

Environment UNEP

Age AGE HELP INTERNATIONAL

13 At the request of the Humanitarian Country Team, coordination arrangements for the following sectors remained unchanged compared to what had existed before the cluster activation: Agriculture chaired by FAO; Cash-for-work chaired by UNRWA; Food and Nutrition chaired by WFP; Psychological and Mental Health support chaired by WHO and UNICEF; Shelter and Non-Food Items (NFIs) chaired by UNRWA. UNICEF continued to chair the Child Protection Working-Group, under the broader Protection Cluster.

Cluster activation and sector strengthening

14 The introduction of the cluster approach in the oPt in January 2009 has to be regarded in the light of an attempt to reform humanitarian assistance more generally, which the newly appointed Head of OCHA in the oPt, together with the RC/HC have been leading since mid-2008. A Humanitarian Country Team (HCT) was established in July 2008 and modeled on the Inter Agency Standing Committee (IASC). It consists of humanitarian UN Agencies, international NGOs and two representatives of NGO networks. In that context, the activation of clusters had been discussed and prepared since the autumn of 2008 and the activation of the Protection and Education Clusters for example was already decided in late 2008. These discussions were overtaken by the events of December 2008/January 2009, when all clusters listed above were activated in response to the Israeli offensive.

Clusters as part of overall reform process

15 By the time of this evaluation (November 2009), the cluster approach was up and running in the oPt. In January 2009 cluster activities had been solely concentrated in the Gaza Strip, predominantly coordinated from Jerusalem (from both OCHA and agencies headquarters). After a couple of months almost all of them had also taken up neglected issues in the West Bank (Area C, Seam Zone, East Jerusalem). Some clusters alternated their meetings between Jerusalem/Ramallah and Gaza (f. e. Protection), others developed two parallel structures (f. e. Education). The difference between clusters, sectors, sub-clusters and/or working groups, however, was not clear to many humanitarian stakeholders. In several different documents, information on which sector groups are clusters and which are not contradicted each other (e.g. Early Recovery does not appear as a cluster in the Gaza Flash Appeal,[14] in contact documents it is not clear what sectors or clusters are or whether there is a difference,[15] whether something is a sub-cluster or an independent sector remains semantic, and the official OCHA cluster homepage indicates 10 clusters, namely Mine Action, Early Recovery, WASH, Food Security, Health and Nutrition, Protection, Shelter, Education, Agriculture and Logistics[16]).

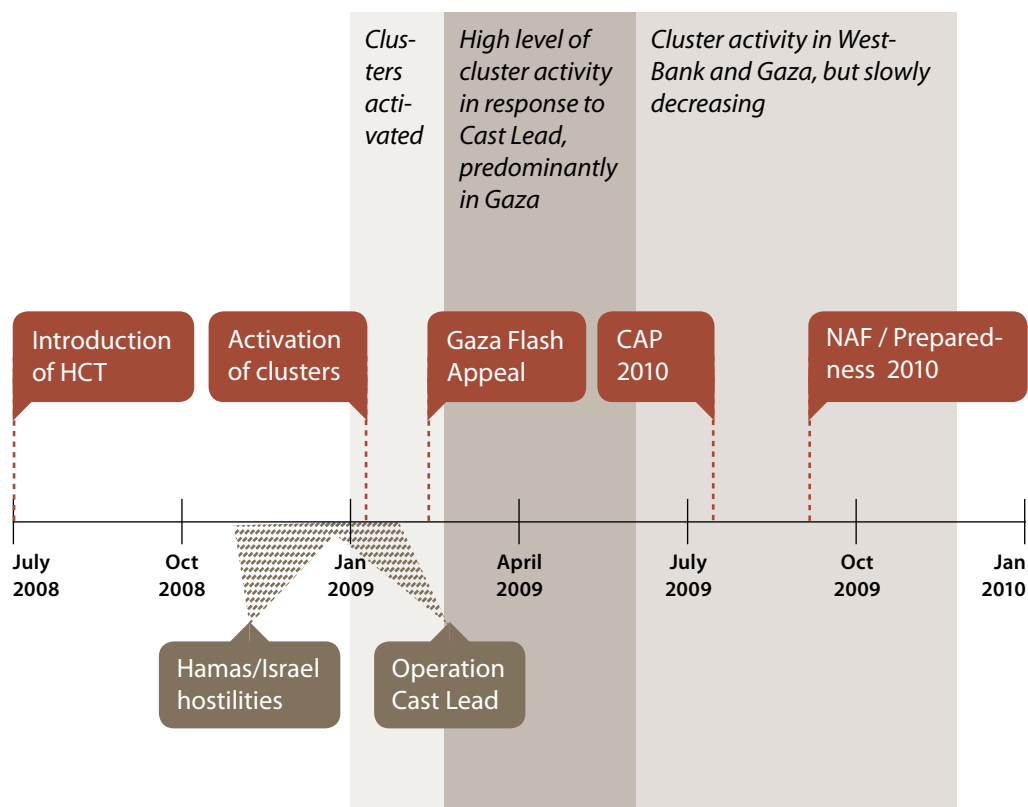*Cluster activation in both Gaza and West Bank*

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14 See OCHA summarizing document on Gaza Flash Appeal (2009).
15 See OCHA contact sheet for cluster/sector coordination in oPt (2009).
16 See http://www.ochaopt.org/cluster/clusters.php?section=90&domain=8 (last access December 21, 2009).

Illustration 3
Timeline of events and cluster system dynamics

Clus-ter acti-vated

High level of cluster activity in response to Cast Lead, predominantly in Gaza

Cluster activity in West-Bank and Gaza, but slowly decreasing

Introduction of HCT

Activation of clusters

Gaza Flash Appeal

CAP 2010

NAF / Prepared-ness 2010

| July 2008 | Oct 2008 | Jan 2009 | April 2009 | July 2009 | Oct 2009 | Jan 2010 |

Hamas/Israel hostilities

Operation Cast Lead

Source: GPPi/Groupe URD

3.3 Aid coordination in the oPt

16 The cluster approach in the oPt was not set up in a coordination vacuum. Sector meetings working on development issues had been there long before, following a decision made at a meeting of the Ad Hoc Liaison Committee (AHLC) on December 14, 2005 in London to improve the effectiveness of aid by providing coherent technical assistance and financial support based on national priorities in line with the OECD-DAC Paris Declaration on Aid Effectiveness.[17] The clusters were not set up in parallel to those sectors but provided a space for humanitarian actors to plan and act together (for the first time in the oPt). The AHLC framework has a developmental focus and only minor entry points to "humanitarian assistance". It is supported by a Local Aid Coordination Secretariat (LACS)

Overall aid coordination in oPt

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17 AHLC London 14 December 2005, Reforming Donor Coordination in the West Bank and Gaza, The Proposed Reform of the Structures (2005).

funded by several international donors.[18] At the local level it is comprised of the Local Development Forum (LDF), which includes representatives of the Palestinian Authority (PA), donor and aid agencies, as well as the Association of International Development Agencies (AIDA), the most important international NGO platform in the oPt. The LDF is chaired by the Palestinian Prime Minister, co-chaired by the Ministry of Planning and Administrative Development (MoPAD), together with Norway, the World Bank and the Office of the United Nations Special Coordinator for the Middle East Peace Process (UNSCO). The acting RC/HC also serves as deputy to this Coordinator. Four Strategy Groups (Governance, Economic, Social Development and Infrastructure) focus on policy formulation and programmatic coordination and through the Humanitarian Task Force of the Social Development Strategy Group (set up at the end of 2008) also have humanitarian issues on their agenda.[19] The task force met during January 2009 (Cast Lead)[20], but apparently has not been used much since.

17 By their mandate almost all UN agencies are engaged in both development and humanitarian aid assistance and hence represented in both LACS and cluster structures. However they are not represented through the same focal points and no formal coordination between these two coordination structures could be detected. See Annex 7 for UN agencies' representation in the local aid coordination structure in the the oPt.

18 In addition, the UNCT has been introducing another coordination effort: under the leadership of the RC/HC, it drafts the UN Medium Term Response Plan (MTRP), which articulates the UN role in supporting Palestinian early recovery and development priorities in the West Bank and Gaza, and serves to better coordinate and rationalize UN Agency priorities in the oPt. The MTRP is aligned as much as possible with the priorities and objectives of the PA, in particular the Palestinian Recovery and Development Plan (PRDP) and the Gaza Early Recovery and Response Plan (after March 2009).[21] The UNCT has identified *five strategic operational areas of activity for a programmatic response* since 2008,[22] namely: Governance and Rule of Law, Social Sector, Food Security, Employment and Livelihoods, Protection and Human Rights, and Humanitarian Response. These were derived from the national policy goals of the PRDP.

UN Medium Term Response Plan

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18 LACS staff is sponsored/funded by Norway, World Bank, UNSCO, USAID and Germany. The work of the Strategy groups however is further supported by the World Bank, EC, UNSCO and USAID.

19 http://www.ldf.ps/article.aspx?id=4 (last access 16 December 2009).

20 Humanitarian Taskforce (HTF), Minutes of Meeting, 26 Jan 2009, 12:00 – 13:30, MoP – Ramallah. Head of OCHA and RC/HC were both present.

21 See annual report of the Resident Coordinator in oPt (2008).

22 UNCT annual retreat in Bethlehem from 27 - 28 January 2008, see Annual report of the Resident Coordinator in oPt, 2008, p.2, as well as personal interview with the RC/HC.

4 Findings

19 The following section summarizes the evaluation results for the overall performance of the cluster system in the oPt in terms of global level support, predictability of leadership, partnership and cohesiveness, accountability, gap filling and ownership. Each section follows two steps. First, it briefly describes the intended functioning and achievements of the respective element of the cluster approach. Second, it summarizes the findings for the oPt, presenting main achievements and progress made as well as the main problems and areas for improvement. The recommendations resulting from this assessment can be found at the end of the report. An assessment of the performance of the individual clusters in the oPt along the 21 indicators can be found in Annex 1.

4.1 Global level support: Global clusters, the IASC and UN OCHA

20 Under humanitarian reform, global clusters are intended to support the work of national and local clusters by providing advice on global standards, policies and best practice, as well as operational support, general guidance and training.[23] Through global cluster appeals, over $57 million was raised to finance the activities of global clusters between 2006 and 2008.

Substantial financial input to cluster coordination

21 Most cluster coordinators perceive a lack of global support. However, the actual data and facts tell a different and more nuanced story: Most clusters have or had designated cluster leads deployed from global rosters (Protection, WASH, Education (Gaza), Health, Logistics, as well as Shelter Sector) and some received other kinds of support, as described below. The evaluators found that financial inputs for cluster coordination in the oPt raised through the CAP mechanism were substantial. A detailed summary of these can be found in Annex 5.

Main achievements and progress made

22 Examples for important elements of global-level support include:

- The Protection Cluster was assigned a ProCap Advisor from the global level[24] who received special IDP training for Gaza.[25]

- The Early Recovery Cluster received strong support from Geneva, especially at the inception stage. A mission from UNDP's Bureau for Crisis Prevention and

Good Practice: Global BCPR mission support for Early Recovery Cluster

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23 Inter-Agency Standing Committee (IASC), Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response, p. 4
24 See ProCap Report (2009).
25 Special training given in November 2008.

Recovery (BCPR) was deployed to Jerusalem in January - February 2009 that helped jump-start the Early Recovery Network and the Needs Assessment (GERRNA and PNERRP).

· The Logistics Cluster also received very strong support from Rome: The deployment of several members of the Logistics Response Team (LRT) from Rome with previous experience in Logistics Cluster emergency response was a significant advantage in the early phase of the crisis.

· OCHA provided CAP support workshops (13 Aug. 09 in Nablus, 16 Aug. in Gaza, 18 Aug. in Jenin, 20 Aug. in Hebron), which fed directly into cluster activities.[26]

· The global level also provided training (e.g. Health, Early Recovery, Education) and tools (e.g. health database).

· Global IASC guidelines were usually disseminated by e-mail by the OCHA office in Jerusalem and could be retrieved in many agencies when asked for.

23 In addition, some sectors highlighted cluster (!) toolkits, such as the Food Sector, which promotes the Initial Rapid Assessment toolkit from the Global Nutrition Cluster.[27]

Main problems and areas for improvement

24 The cluster coordinators from global rosters were deployed on very short-term contracts that were clearly inadequate for a conflict as complex and protracted such as that in the oPt (usually 3 month contracts, sometimes with renewal, sometimes not). As a result, cluster coordinators often had insufficient knowledge of the complex political situation, which always required a time-intensive learning process and at times triggered counter-productive actions such as the opening of parallel, uncoordinated negotiation channels with the Israeli authorities. Moreover, the resulting frequent staff turnover meant that many clusters repeatedly lost achievements already made.

Deployment of short term international experts ambivalent

25 Most actors do not know what they can expect and retrieve in terms of global support. They are simply not aware that possibilities for special global cluster support exist. Although cluster coordinators seemed to be interested and especially in need of facilitation training, they were not aware of the possibility of special facilitation

Limited knowledge about possibilities of global training support

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26 See CAP Field Workshop Dates 2009 as of 04 September 2009, at http://ochaonline.un.org/ humanitarianappeal (last access 10 December 2009).

27 See OCHA website, Health cluster proceedings.

skills training for cluster/sector coordination and management (including for example the Cluster/Sector Lead Training (CSLT) of the Humanitarian Reform Support Unit (HRSU)).[28]

26　With minor exceptions, designated cluster coordinators usually know about technical training at the global level, but UN agency staff assigned to cover cluster coordination on top of their normal duties do not know where exactly to get support and hence act without.

27　Critical elements of global guidance are missing, including the exact roles and responsibilities of OCHA and duration of clusters. Other guidelines have not achieved the intended level of clarity, for example relating to the roles and responsibilities of lead agencies, the mandates of individual clusters and the purpose of the cluster approach.

4.2 Predictable leadership

28　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.[29]

29　Compared to the pre-cluster period, the coordination and leadership responsibilities of cluster lead agencies have become much clearer. However, significant staffing gaps for cluster coordinators have persisted and coordinators have not always received adequate institutional backing from their host institution.

Main achievements and progress made

30　Most clusters have (or had) clearly-designated and active cluster coordinators. Cluster lead organizations overall have a good understanding of their roles and responsibilities, which is largely shared by other humanitarian actors. The allocation of roles and responsibilities between cluster lead agencies and UN OCHA is also largely clear.

31　Whenever backed by financial resources and/or focal points, cross-cutting issues receive significant attention. Thus, for example, a gender task force exists that gives inputs to clusters. Similarly, the Disability Sub-Cluster promotes attention to issues relating to disability in other clusters.

Good practice:
Logistics Cluster conducted a member survey whether it delivered satisfactory services or not. The result was positive.
Good practice:
The Disability Sub-Cluster Coordinator regularly attends other cluster meetings to build awareness

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28　See http://www.humanitarianreform.org/Default.aspx?tabid=421 (last access 21 December 2009).
29　See IASC (2006): Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response, IASC (2008): Operational Guidance on the Concept of 'Provider of Last Resort'.

Main problems and areas for improvement

32 In the oPt, the concept of provider of last resort is interpreted as the lead agencies' responsibility to advocate to fill gaps. A real provider of last resort role – meaning filling gaps with own financial resources - was detected in only a few incidents: in the Logistics Cluster (which acted as service provider and thereby provider of last resort for smaller agencies), in the Displacement Working Group and once in the (West Bank) Education Cluster. It should also be mentioned, however, that the provider of last resort concept is not very relevant in the oPt, where gaps in humanitarian response are less due to leadership or resource problems than to political and access issues. Nonetheless with the formation of an advocacy working group headed by the RC/HC, the "last resort role" becomes "to advocate" vis à vis the Israeli authorities (on the advocacy group refer to § 38).

Concept of provider of last resort irrelevant

33 The weakest link in predictable leadership seems to be the unpredictability of timing and duration of support[30] (not support as such) and the high turnover of cluster coordinators. The WASH Cluster – despite all its later good work – remained without a coordinator for six months and the Education Cluster in Gaza repeatedly faced difficulties recruiting and retaining a cluster coordinator. Short-term staffing counteracts predictable leadership.

34 Cluster coordinators did not always feel they received adequate backing for their role from cluster lead agencies. In some cases, coordinators acted without valid terms of references, were not instructed before their assignment what their role was going to be or what was expected of them and in many cases coordinators were not informed about where they could get assistance.[31]

Clusters often lack backing from lead agencies

4.3 Partnership and Cohesiveness

35 The cluster approach was also intended to strengthen humanitarian response by supporting the work of humanitarian actors as equal partners (as defined by the Principles of Partnership),[32] strengthening the cohesiveness of their policies and activities and ensuring compliance with minimum standards. The clusters were created to enhance partnership and cohesiveness both within and among clusters.

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30 Examples among many others are the ProCap Advisor whose contract ended in December 2009 without replacement and who also acted as cluster coordinator and the Education Cluster Coordinator in Gaza.

31 An example for this is the difficulty faced by the former Education Cluster Coordinator in Gaza, who could not figure out to whom to report to and only at the end of her assignment found out that she actually had a budget for the cluster, see Maryan Koehler, End Report (2009).

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

36 The introduction of the cluster approach in the oPt has strengthened partnerships between international humanitarian actors and enhanced their cohesiveness. However, important actors remain outside the cluster approach or are not seen as participating actively enough. Inter-cluster coordination, though strengthened, remains weak and joint activities the exception rather than the rule.

Main achievements and progress made

37 According to humanitarian actors in the oPt, the single most important value added by the cluster approach compared to earlier forms of sectoral coordination is that it provides a more reliable space for information sharing among the international community with a clearly assigned lead organization.

Clusters provide a reliable space for information sharing

38 The introduction of the cluster approach has also strengthened cohesiveness within the humanitarian community in the oPt. Thus, for example, joint advocacy efforts have been noticeably fortified through the work of the HCT advocacy sub-group, which is coordinating advocacy for the HCT and the clusters.[33] Common advocacy efforts, however, face many challenges rooted in the political situation. Defining a common political understanding among such diverse partners as UN agencies, local NGOs (in cases such as Protection including both Israeli and Palestinian), international NGOs (AIDA) and the PA is extremely difficult. Moreover, joint advocacy efforts – even if well organized – do not necessarily affect Israeli policies or ease humanitarian access. The Logistics Cluster, for example, definitely prioritized advocacy issues, but even these priorities were largely ignored by Israel.[34] A concrete follow-up on such matters by OCHA or the RC/HC is considered extremely sensitive for "political reasons". There is much self-censorship and fear throughout the humanitarian community of upsetting Israel or the USA with language and descriptions.[35]

Cluster approach strengthens joint advocacy

39 Through clusters, humanitarian actors in the oPt have also engaged in similar reporting activities because OCHA oPt has demanded similar outputs from all clusters. All have contributed to the Consolidated Appeals Process (CAP) as clusters/sectors and developed at least draft Needs Assessment Framework (NAF) documents. Moreover, contingency planning is on its way for every cluster/sector. Another example of enhanced cohesiveness is the joint protection strategy, discussed and approved by the HCT.[36] Most clusters have defined their terms of reference, although some are still in draft format (as of November 2009).

Cluster approach enhances cohesiveness

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33 The mandate of the sub-advocacy group is to coordinate the advocacy of the clusters themselves and ensure consistent messaging and activities. At the time of this evaluation, guidelines for public advocacy statements were being developed. RC/HC

34 Logistics Cluster, Mid Term Review (June 2009).

35 A good description of this phenomenon can be found for example in the End of Mission report of the ProCap Advisor, Deck (2009), p. 17.

36 See Joint Protection strategy, final version (November 2009).

40 Clusters also strengthen cohesiveness by facilitating the development of joint initiatives. This includes:

- Inter-agency attempts (through facilitation of OCHA) to develop a drought response, or the WASH Cluster's winterization strategy, which was developed in cooperation with many partners[37];

- Cases in which existing partnerships or joint initiatives were strengthened through the introduction of the clusters, in particular the "water scarcity response strategy" of the Agricultural Sector, which involves UN agencies, NGOs and the PA. The strategy has resulted in a coordinated approach to water supply and animal production.[38]

- The Rubble Removal Task Force in Gaza, which was coordinated under the Environment sub-cluster of the ER cluster. It successfully developed a common operational plan to coordinate the activities of a number of partners, including UNRWA, UNDP, UNMAS, MAG, CHF and NRC. Outcomes are an updated database with nearly 5,000 entries and GPS coordinates that is updated regularly to map out progress in UXO assessment and clearance and rubble removal. Maps are being produced, resources pooled and training in asbestos and UXOs being given.

41 Partnership and cohesiveness are important both within and among clusters. In the oPt, clusters have taken several important steps to strengthen inter-cluster coordination. Thus, for example, some cluster coordinators and/or focal points systematically attend other cluster meetings. This has resulted, for instance, in a joint WASH/Health plan for water quality monitoring and waterborne disease outbreak preparation.[39] Noteworthy inter-cluster work is also being conducted by the Disability Sub-Cluster.[40] Regular inter-cluster meetings take place in Gaza and Jerusalem, but these are not seen as very useful by most humanitarian actors because they do not systematically focus on inter-cluster gaps or inter-disciplinary issues and do not focus on joint activities or programming. They focus more or less on cluster and project updates.[41] Most relevant inter-cluster / inter-agency cooperation, therefore, arises from an identified need for concrete projects in the field rather than designated inter-cluster meetings.

Good practice:
Rubble Removal Task Force in Gaza is an example of good partnership

Good practice cluster management:
"Logistics Cluster meetings were constructive and action-oriented…
The one-hour timeframe was strictly observed. Same-day issuance of meeting minutes enhanced coordination." Logistics Cluster, Three Month Review, March 2009, p. 2

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37 The winterization strategy however lacked effective information sharing among programme officers and donors, which led to some missed funding opportunities, e. g. for Sweden.
38 NAF paper, Agriculture sector (2009).
39 Health Meeting Minutes 31 March 2009.
40 This led for example to a UNESCO project about education disability.
41 See inter-cluster meeting minutes 2009.

Main problems and areas for improvement

42 Certain actors remain excluded or humanitarian actors see their participation as insufficient:

- Few national or local NGOs participate actively in the clusters. In addition to reasons quoted in other contexts such as a lack of incentives, language and technology issues, this is related to the fact that most Palestinian (and Israeli) NGOs are clearly development-related and object to a humanitarian approach to the situation (for more analysis see § 75).

- The bigger and more powerful in terms of staff and resources an actor is, the less it needs to rely on common planning and coordination structures. UNRWA acts as a quasi-government for much of the Gaza Strip. Although UNRWA participates actively in almost all clusters and sectors, many humanitarian actors remain concerned about the organization's willingness to share data and engage in common planning.

- Israeli viewpoints are hardly ever represented in any of the clusters (the only exception is some Israeli NGO representation in the Protection cluster and via technical issues in the Logistics cluster). Humanitarian actors in the oPt work without direct interaction and personal experience of the Israeli mindset(s), concerns and background(s).[42]

Insufficient understanding of Israeli concerns

43 Joint cluster planning occurs during CAP and NAF and a lot has been achieved already through these processes. But joint cluster planning is almost always restricted to these frameworks and often implemented because of an OCHA demand, rather than genuine feeling among cluster members that the respective activity is useful. Common cluster programming with joint proposals to donors is absent. The same holds true for needs assessments. There is no example of a joint cluster needs assessment except the NAF exercise the evaluation team is aware of, and in some cases cluster members were not even aware of all the assessments being conducted by other agencies and colleagues in their own cluster.

Joint activities not yet regular

44 The role of the Early Recovery Cluster, in theory a cross-cutting or inter-cluster endeavor, is not clear to most stakeholders in the oPt. Despite much of its work, its mandate seems not widely accepted and hence its day-do-day work is often hindered. A striking example of this is the Early Recovery workshop, held in Gaza right after Operation Cast Lead, to map out needs and coordinate all Early Recovery-related responses. It involved all humanitarian stakeholders in the Gaza

Early Recovery Workshop in Gaza

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42 This concern has been raised in all interviews with Israeli NGO stakeholders.

Strip in a joint needs-assessment and mapping exercise, but generated no follow-up.[43] In this particular case it seems that the ER cluster in the eyes of other actors did not have the mandate for such coordination efforts. These underlying different interests seem to have their roots in the systemic conflict between humanitarian and developmental interventions and hence different mindsets of (not only UN) actors.

4.4 Accountability

45 The introduction of the cluster approach was meant to strengthen the accountability of humanitarian response by defining clear responsibilities for cluster lead agencies and making them accountable to the Humanitarian Coordinator, strengthening the accountability of humanitarian organizations to cluster leads and their peers for fulfilling their responsibilities and adhering to relevant standards, and strengthening the focus of the humanitarian community on creating accountability to affected populations.

46 The cluster approach has only marginally increased accountability towards the RC/HC, has not enhanced accountability to affected populations, but has slightly improved peer accountability between different humanitarian actors.

Main achievements and progress made

47 The OCHA office has a very strong and widely accepted role in providing space and guidance for meetings and exerting leadership support through their Nablus, Jenin, Hebron, Jerusalem and Gaza offices.

OCHA role widely accepted

48 Learning exercises in the clusters point towards a slowly strengthened mutual accountability mechanism among the cluster members (f. e. WASH, drought response), where individual members hold each other accountable for what they have promised.[44]

Main problems and areas for improvement

49 Accountability is clearly one of the weakest points of the cluster approach in the oPt for the following reasons:

Accountability one of the weakest points of the cluster approach

- Many ambiguities exist in follow-up responsibilities between lead agencies, cluster coordinators, OCHA and RC/HC and there is no clarity about reporting lines. Thus, it is unclear whether accountability of cluster coordinators to the

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43 See comprehensive Mapping sheets (Excel) and workshop documentation by the Early Recovery Cluster (2009).
44 Good example is the drought response in the southern West Bank in 2009.

RC/HC should be exercised via OCHA or via the respective heads of agencies and the HCT. While the collaboration between OCHA/HCT/HC is smooth, the ambiguity of the role of cluster coordinators can be related to their not yet fully understood reporting lines. As a result, it is also not clear who holds whom accountable for what.

· The 'mainstreaming' of cluster lead responsibilities is often still limited. Heads of agencies, for example, usually do not include cluster responsibilities in their TORs and their accountability to the RC/HC for exercising this responsibility is minimal.

· Accountability mechanisms towards beneficiaries are weak or non-existent and only in rare cases (such as WASH recently) do cluster strategy papers target this weakness explicitly. Promotion of participatory approaches in the clusters (apart from the needs assessment procedures during the CAP workshops) is very weak.

Weak accountability towards beneficiaries

50 Accountability towards donors – though not explicitly part of the cluster approach – is seen only in very rare cases and only towards ECHO[45] (WASH Advocacy group, MHPSS) and donors do not fund clusters directly. During interviews, donors have voiced that they would like to fund joint programs in the clusters, but do not perceive that clusters in the oPt have reached sufficient coherence for joint proposals.

51 Although the HCT meeting minutes show regular and well-documented information sharing about political and humanitarian issues in the oPt,[46] they are used far less for asking for reports from the responsible person for inter-cluster coordination, cluster-coordinators or heads of agencies (e.g. for monitoring). In fact there is no formalized cluster reporting system towards the RC/HC. There was no change of structure in the HCT meetings after the introduction of the cluster approach in January 2009.[47]

52 In the oPt the HC wears three different hats. A substantial number of interviewees have voiced concerns that this situation does not always allow the "humanitarian imperative" to be effectively addressed in light of the conflicting political pressures, especially since the introduction of the cluster approach is aimed at strengthening a common advocacy strategy vis à vis Israel. It is debatable whether a strong and mainstreamed advocacy approach (obviously intended with the HCT sub-advocacy

Three hats of the RC/HC

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45 Because they are heavily investing in cluster processes and have started to reimburse funds only to agencies, that prove to participate in cluster and coordination meetings.
46 See HCT meeting minutes (2008-2009).
47 See HCT meeting minutes (January – November 2009).

group but also with the whole cluster approach in the oPt) can be reconciled with the political duties asked of the RC/HC.

4.5 Gaps filled and greater coverage

53 The main purpose of the introduction of the cluster approach was to use coordination to identify and eliminate duplications and thereby, ensure more comprehensive geographic and thematic coverage of humanitarian needs and enhance the quality of support, not least by clearly designating sectoral lead agencies that act as providers of last resort.

54 Most direct humanitarian needs in the Gaza Strip have been covered, although this does not apply to recovery because of the blockade and overall lack of building materials. For the West Bank there remain significant gaps, although they are humanitarian pockets in a predominantly development situation.

Main achievements and progress made

55 Cluster meetings are an effective tool for identifying gaps. After the immediate attention on Gaza declined, (inter-) cluster meetings in the West Bank, for example, allowed a clearer focus on neglected issues such as Area C, the seam zone and East Jerusalem. Similarly the drugs coordination list of the Ministry of Health shared through the cluster helped identify priority gaps and fill them. Many constraints in drugs supplies are still reported, but there is also evidence of improvement. Another example is the OCHA research department (an entity within OCHA Jerusalem, in which humanitarian access data is collected, analyzed and disseminated to the public), which could more clearly identify priority targets through the introduction of clusters. In the autumn of 2009 key indicators showed that from recent surveys carried out in the south of Area C a minimum of 500 families are living below minimum shelter standards and require immediate shelter assistance.[48]

Clusters are effective at identifying gaps

Good practice: Shelter Sector addresses neglected humanitarian needs in Area C

56 Clusters are also effective in avoiding duplications in the response. There are several concrete examples of organizations that identified duplications during cluster meetings and diverted their activities to other areas, where they filled gaps. In the Mental Health and Psycho Social (MHPSS) cluster, MdM France and TDH

Clusters avoid duplications

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48 Internal Shelter document shared with the evaluators (Approach to emergency shelter needs in Area C, December 3, 2009): "Key indicators show that from recent surveys carried out in the south of Area C a minimum of 500 families are living below minimum shelter standards and require immediate shelter assistance. Initial emergency assistance is recommended to be in the form of tents, potable latrines and NFIs. It is widely anticipated that additional families are also living in substandard conditions in other areas of the West Bank and will require the same level of assistance in the immediate future."

Italy agreed during cluster meetings to redirect their activities,[49] WFP/UNRWA avoided duplication by unifying their eligibility database for food assistance, the WASH cluster did not have household level data and CMWU shared theirs with them, which avoided duplication,[50] and a common database developed by the Shelter Cluster enables its users to uncover duplications of beneficiaries receiving housing support.

57   Greater coverage was also achieved when larger organizations in clusters assembled resources and did joint needs assessments:

· One example is when UNDP and UNRWA carried out in depth surveys of Cast Lead-related destruction of individual housing, UNDP for non-refugees, UNRWA for refugees.[51] These numbers serve as baselines against which the response can be measured. As of November 2009 with the provision of cash assistance for living expenses and rental assistance, the majority of those displaced, estimated at 20,000 persons, have been able to rent or find alternative housing by now. More than 300,000 blankets; 2,500 tents; 55,000 mattresses; 30,000 clothing kits and 30,000 kitchen sets have been distributed to date, and it is safe to say - given the data of the Shelter sector - that NFIs needs are now covered, with the exception of emergency contingency stock replenishment. UNDP and UNRWA are providing cash assistance to all those whose houses have been destroyed or have suffered major damage to cover rental fees and other living expenses until reconstruction or repair can take place.[52]

Joint assessments of large organizations

· Another example is when WHO, with the support of health cluster partners, carried out an initial health needs assessment in Gaza shortly after the end of the operation. This was published in February 2009 and provided the baseline for planning interventions, monitoring risks and measuring progress. A subsequent Gaza health assessment undertaken by the health cluster was published in July 2009. Among other things, this identified the major continuing issues of concern in the health sector as well as those risks that had been highlighted in the earlier assessment that had not so far come to pass.[53]

Examples for increased coverage through clusters

58   While the overall coverage of humanitarian needs in the oPt is thus relatively high, it is often difficult to disentangle the effect of greater international attention and funding in reaction to Operation Cast Lead, improved humanitarian access

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49   See meeting minutes MHPSS (June – November 2009).
50   See WASH meeting minutes July/August 2009, where this led to a better distribution of water tanks among organizations.
51   Results show that 60,188 families, comprising an estimated 325,000 individuals, have had their shelters demolished or damaged. See Situation Overview – Shelter sector in Gaza (10 November 2009), p. 1.
52   See Situation Overview – Shelter sector in Gaza (10 November 2009).
53   Health Sector Contribution to NAF, internal document (2009) p. 4.

to Gaza in the immediate aftermath of the offensive and enhanced coordination through the clusters. There are, however, several examples where increased coverage can be linked directly to the work of the clusters:

- In some cases, clusters increased coverage of the activities of local organizations. For example, the Disability Sub-Cluster promoted the loan/rent approach to assistive devices implemented by the local organization Hajar. Through this approach, a greater number of people can benefit from the same number of available assistive devices and benefit from better services.

- Humanitarian organizations also reported that common advocacy through clusters led to a greater number of referrals of sick and wounded individuals to Israel.

- In some proposals to donors (most clearly in MHPSS and in the WASH Advocacy Campaign, both co-funded by DG ECHO) there is evidence that more coverage has been achieved through coordination in clusters.[54]

59 The activation of clusters has facilitated harmonization and promotion of standards, but credit has to be given to pre-2009 humanitarian "sectors" and the following examples have to be interpreted as such. In addition it has to be noted that in the beginning of 2009, the degree of mis-targeting was still found to be relatively high:[55]

- UNRWA and WFP harmonized their surveys and thereby abolished double data[56];

- Almost every cluster in the oPt has discussions and/or training about standards (for example the training on the International Network on Education in Emergencies (INEE) in the Education Cluster or a protection training) and several are developing or have developed standards and guidelines (including the WASH Cluster survey guidelines,[57] the Shelter Sector guidelines for reconstruction and psycho-social guidelines especially for the oPt,[58] which were developed with clear commitment and participation of donors (ECHO).

Good practice: Disability Sub-Cluster promotes effective approach to distributing wheelchairs of local organization

Enhanced quality of humanitarian assistance through harmonization

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54 Interviews with donors and analysis of (internal) proposals to DG ECHO.
55 FAO/WFP Survey, West Bank (first report 2009), p. 39
56 This harmonization effort already started before the activation of the clusters.
57 For example in August and September 2009 1250 Gaza households have been interviewed for a survey conducted by PHG in which global WASH Cluster survey guidelines were followed and applied.
58 These guidelines are currently under development by a research team from Columbia University, commissioned by the MHPSS and funded by ECHO. They were not in a final version by the time of this evaluation.

Main problems and areas for improvement

60 It is impossible to compare the situation before and after the introduction of the clusters in terms of "gaps filled" for several reasons. One is the absence of baseline data. Another is that the introduction of the clusters was embedded in a much bigger process of humanitarian reform in the oPt and therefore cannot be analyzed in isolation.

61 Although identification of gaps was pretty well done in many cases, most clusters lack a systematic and commonly agreed action strategy on how to actually respond. Most interviewees explained that, especially in Gaza, the issue is not about the agencies' capacity to fill gaps, but rather a lack of material (because of the Israeli blockade) to fill them. In many cases examples can be found where gaps are analyzed without follow-up (e.g. the Protection Cluster where disability was identified as a gap in protection during the CAP process, in Education, WASH and – most strikingly as already pointed out – Early Recovery).

Gaps are identified, but not filled

62 Common needs assessments, which often provided the basis for identifying and filling gaps, were usually not cluster products but the result of big organizations coordinating their response with others through their own databases. They were probably helped by the cluster/sector, but there is no data to prove a direct correlation.

63 Another important area for improvement is information management. The GRAD database, introduced by OCHA in lieu of the 3W in the course of 2009, proved to be ineffective and not adaptable to actual needs. Several clusters tried to put data into the new system, but eventually gave up.

GRAD database not effective for information management

4.6 Ownership and connectedness

64 A further aim of the cluster approach is to increase ownership and connectedness of humanitarian response by building on local capacities, ensuring appropriate links, coordination and information exchange with national and local authorities, state institutions and civil society organizations. The element of connectedness also refers to a link with other relevant actors in the country, for example development actors and peacekeeping forces.

65 For UN agencies, interaction with authorities in Gaza is currently restricted to lower technical levels because of the political decision not to cooperate with Hamas. While clusters often find pragmatic ways to deal with this situation, this policy not only makes ownership of the authorities impossible, but can also

No contact policy of donors undermines ownership

exacerbate local tensions when the international community deals predominantly with the "West Bank PA" in the Gaza Strip.[59] The no contact policy of donors has thus turned the cluster work in Gaza into a somewhat schizophrenic endeavor when it comes to "ownership".[60]

Main achievements and progress made

66 The cluster approach has increased the outreach of humanitarian actors in the oPt towards the PA and the responsiveness of the PA towards humanitarian actors. The PA and the majority of the Palestinian community do not want the political situation in the oPt to be framed as a humanitarian one, hence this change is noteworthy.[61]

Change in outreach to PA noticeable

67 In many clusters the PA is a vital partner (in Gaza on a technical level). Evidence for this claim includes:

· APIS, the agricultural project database for the oPt, is now linked very well with the PA system (PAMS) of the Ministry of Agriculture. In the words of the Minister of Agriculture: "APIS will be essential for formulating the new agricultural sector strategy that will feed into the next PRDP cycle 2011-2013".[62]

PA is a partner in many clusters / sectors

· The WASH cluster relies heavily on the leadership and expertise of the Coastal Municipalities Water Utility (CMWU) in Gaza, collaborates with the Palestinian Water Authority (PWA) and is embedded into the PA structure. In the words of a PWA official from the West Bank: "in Hebron there has definitely been better coordination with the PA than ever before."[63]

· The Ministry of Education collaborated very closely with the Education Cluster.[64]

· The Ministry of Health maintains a drugs list that the cluster uses as the basis for preparing its response. As of November 2009 the Ministry of Health in Gaza was actively involved in the Health Cluster.[65] The ministry is also active in the Health Response Strategy.

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59 The Early Recovery Cluster in Gaza experienced a situation like this in February/March 2009, when it planned through the PA but apparently did not make sure that Palestinian NGOs were aware that the authorities were being left out. This led to fears among NGOs regarding their safety towards the authorities.

60 One example of many is the work of the Education cluster in Gaza, where donors withdrew because of attempts to involve parts of the authorities.

61 Whether this is a positive or negative development is not judged at this point in the evaluation. It simply describes a fact that can be observed through meeting minutes, interviews and increased joint action plans in comparison to the years before.

62 PA letter to FAO (September 3, 2009).

63 Statement during drought response workshop in Hebron.

64 See meeting minutes and workshop documentation Education Cluster Gaza.

65 See meeting minutes.

- There is evidence that, for goods from the West Bank through Karni (in comparison to Rafah at the Egyptian border), the MoH in Ramallah was better consulted and hence guidelines and MoH's own protocol for the donation of medical equipment were much better taken into account.[66]

68 Many clusters built on pre-existing structures, mostly on sector coordination, but in some cases also on Palestinian ones (WASH, where the eWASH platform conducted by the Palestinian Hydrology Group (PHG) still serves as the dominant coordination mechanism). These structures originated in the Palestinian professional NGO sector.

69 In many cases, considerable efforts were being made to include NGOs (e.g. Education) and conversely, many NGOs reached out to clusters (e.g. Protection, where even Israeli NGOs take part).

70 The involvement of international NGOs in the clusters can be judged a success and the participation of local NGOs is also increasing. It must be noted, however, that this development started long before the activation of the cluster approach, which can be seen from analyzing NGO participation (and funding) in the CAPs between 2003 – 2010: [67]

Table 1
Involvement of NGOs in the CAP

CAP	Palestinian NGO appealing	International NGO appealing
2003	No	No
2004	No	Care (32.90%)
2005	PRCS (0%)	Care (0%), Save, ACH (73.60%), Oxfam GB (100%), Oxfam/GB Care (0%), CISP (0%), CRIC (0%), CRS (0%)
2006	JUHOUD (0%), PARC (0%), PHG (0%), PMRS (0%), PRCS (0%)	ACH (61.40%), Anera (0%), CHF International (0%), MAP (0%), MdM (64.60%), Oxfam GB (100%)
2007	AAA (0%), ACAD (0%), ARIJ (0%), HWC (0%), MA´AN (0%), PHG (11 projects! 0%), PMRS (0%)	ACF-E (60.90%), ACCP (72.30%), ACS (0%), CHF (1.80%), CISP (0%), Diakonia (100%), HEDS (0%), MAP (0%), Mercy Corps (67.60%), Movimondo (0%), Oxfam GB (10.40%), SC Sweden (30%). SC UK (100%), Secadev (100%), TT (100%)

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66 Internal WHO evaluation (2009) p. 9.
67 Data all taken from CAPs (2003-2010).

2007[68]	AAA (0%), ACAD (0%), ARIJ (0%), HWC (0%), MA´AN (0%), PHG (11 projects! 0%), PMRS (0%)	ACF-E (60.90%), ACCP (72.30%), ACS (0%), CHF (1.80%), CISP (0%), Diakonia (100%), HEDS (0%), MAP (0%), Mercy Corps (67.60%), Movimondo (0%), Oxfam GB (10.40%), SC Sweden (30%). SC UK (100%), Secadev (100%), TT (100%)
2008	ADA (PARC) (33.80), ARIJ (0.70%), BADIL (0%), PHG (0%), PMRS (34.90%), Shams (100%), KAPCA (0%)	27 international NGOs
2009	Addameer (0%), Al´Haq (0%), Almawassi (0%), ARIJ (0%), BADIL (0%), B´tselem (Israeli) (0%), Hamoked (Israeli) (0%), ICHAD (Israeli) (0%), MA´AN (0%), PARC (58.10%), PHG (17.30%), PRCS (0%), Welfare Association (0%)	Over 60 international NGOs
2010	10 NGOs (3 of them Israeli)	Over 65 international NGOs

Main problems and areas for improvement

71 Although cluster coordination focuses on "humanitarian" and the local aid coordination structure on "developmental" issues, clusters fail to connect to or integrate into a more comprehensive aid coordination approach because they still lack an efficient and day-to-day working link with the LACS structure. The Humanitarian Taskforce of the Social Development Strategy Group (see also §16) was set up to achieve this, but apparently has not been used much. In the LACS – as can be proved by data[69] – Palestinian leadership slowly was/is on the rise (for example co-chairing arrangements etc.), while the same is not true for the clusters. Some stakeholders judge this as a backward development for the overall aid coordination structure and particularly for Palestinian ownership. The priorities of PA developmental work are not an issue in the clusters, and neither are their planning cycles.

Day-to-day coordination with LACS missing

72 The introduction of the cluster approach was decided between international agencies in the oPt and the global level. Among the national interview partners of the evaluation team – including the aid coordination system, the PA Ministry of Planning, the Aid Coordination team at the office of the Palestinian President, line ministries, big NGOs like PARC, MA`AN or PHG – nobody was seriously consulted or even informed ahead of the decision.

Activation of clusters was not decided with stakeholders in country

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68 For the first time (H)ERF is funded through CAP.
69 LACS database, all available meeting minutes for sector working groups, where this phenomenon can be witnessed over time (by means of attendance, participation and responsibility).

73 Inclusion of the PA started after the activation (if at all!), but was, and often remains, hindered by dysfunctional communication across hierarchies especially in Palestinian ministries. Discussions have been initiated while preparing the PNERRP at least between UNDP and the Ministry of Planning to better lead and coordinate early recovery planning and response and to support the establishment of a National Management Committee for Gaza Early Recovery.[70] Yet months later, leadership and a majority of advisory staff have changed in the Ministry and seem not to be aware of any of these.[71]

<div style="color:gray; float:right; width:25%">Dysfunctional communication in and with Palestinian ministries

Good Practice: TOR of Shelter/NFI sector coordinator can be used as good practice for promotion of participatory approaches</div>

74 Promotion of participatory approaches in the clusters towards beneficiaries is rarely seen. Most of the terms of reference of cluster coordinators do not explicitly refer to it. One very good practice though is the TOR of the Shelter/NFI sector coordinator, who is explicitly expected to conduct participatory procedures.

75 The participation of local NGOs in the clusters is – with the exception of two or three big organizations - still poor. This has a number of reasons:

- The technical language of the UN is the lingo of international development and humanitarian affairs. Big Palestinian NGOs have long gotten used to that language, smaller ones however do not have the same capacity. The scope and mandate of the different humanitarian instruments (CAP, Clusters etc.) is not clear to even the bigger participating Palestinian NGOs.

<div style="color:gray; float:right; width:25%">Participation of local NGOs in clusters still poor</div>

- The overwhelming majority of Palestinian NGOs work in development and disapprove of short-term humanitarian aid.

- The CAP table above shows very clearly that – despite increased local NGO participation - only a very marginal amount of funding goes to these local NGOs. The CAP is very much associated with the clusters and hence it is difficult for a local NGO to see much benefit or relevance in committing huge efforts towards assessments and strategic plans that follow complicated and time-consuming rules but gain little benefit for their own organization.[72] An example for this is the effort of Handicap International, who as coordinator and lead of the disability sub-cluster translated the HERF documents into Arabic and engaged in capacity building for local NGOs to raise funds, which led to

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70 Many sources document that there have been discussions between ER Cluster and MoP during the PNERRP, see for example PNERRP Foreword by Salam Fayyad, MoP Briefing Note about a meeting with H. E. Ali Al-Jerbani in Ramallah.

71 The current plan of the ER cluster is to support the establishment in MoP of a Gaza Early Recovery and Reconstruction Support Unit. The Unit could be initially composed of a Gaza Portfolio Manager and of an Information Management Officer. In addition the ER Cluster might provide means for MoP to prepare strategies and reports and commission studies, including evaluations. The initiative will probably start January 2010, for two years, because funding is already secured.

72 For local NGO perception of CAP see also NDC survey 2009.

the application of 24 NGOs, of which 22 were then dismissed because of their "developmental direction".[73]

- Coordination and planning among Palestinian NGOs (forming of consortia etc.) is very weak. The WASH and Education Clusters in particular have tried to better collaborate with the Palestinian Non Governmental Organizations Network (PNGO), which was not very successful. The Shelter Sector still recommends operating entirely through PNGO.[74] Other networks and possibilities do not seem to be on the clusters' radar screens.

- Invitations and explanations about the cluster approach towards the NGO sector have not been systematic. But is has to be acknowledged that experience with this unique sector and its particular history and challenges in the region is impossible to obtain for a short-term international cluster coordinator.

76 Cluster coordinators are always brought in from the outside, although there would be plenty of qualified and motivated staff in Palestinian institutions to conduct or at least help with the tasks at hand. Especially the Palestinian NGO sector has witnessed a professionalization over the past decade, and while many institutional problems remain that often keep it from achieving better results, staff is mostly qualified and/or eager to be trained if only given the opportunity.

Qualified local staff not used for coordination

4.7 Interaction with the other pillars of humanitarian reform

77 The cluster approach was introduced as one of several pillars of humanitarian reform and was intended to complement and strengthen the other elements, particularly the Humanitarian Coordinator system, reformed funding mechanisms like the Central Emergency Response Fund (CERF), pooled funding mechanisms and innovations to the CAP.

78 The clusters assert themselves clearly around CAP planning cycles and therefore reinforce the CAP system.

79 An independent CAP assessment in August 2009 commissioned by OCHA in coordination with the PA has already shown that the introduction of the cluster approach has strengthened the CAP as a strategic framework for humanitarian action. But the assessment has also highlighted that the political boycott towards Hamas has led to "mission creep", "with many development projects being placed under the humanitarian banner."[75] The author of the assessment concluded among other things – and in line with the findings of this evaluation – the lack of

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73 Personal interview with cluster members.
74 Shelter Contingency Plan, p. 10.
75 See Assessment report, p. 2.

independent baseline analysis, mandate-driven and fragmented response plans as well as "the sheer absence of prioritization".[76]

80   The Humanitarian Emergency Response Fund (HERF) has been activated in the oPt and designed to fund initial responses to acute emergencies. It has been open to UN agencies, international and national NGOs since July 9, 2007.[77] HERF funds are raised through the CAP mechanism.

81   While the RC/HC has limited interactions with the clusters, the clusters nevertheless seem integrated into the HC's work. The clusters are seen as instruments through which the HCT plans and implements its work. While cluster input to HCT meetings so far has remained limited, this set-up means that the clusters at least have a clear potential to support the operational role of the RC/HC.

Clusters have potential to support operational role of RC/HC

4.8 Effects

82   A direct effect on the affected population cannot be reasonably traced back to the introduction of the cluster approach in the oPt. But the findings of this evaluation show there is evidence that the introduction of the cluster approach – as one pillar of the overall humanitarian reform process in the oPt – has enhanced the promotion of standards, the collaboration among agencies and other humanitarian actors, provided a more reliable platform to disseminate information during the crisis and thus technically improved the humanitarian response. Several effects of this development towards a more coherent humanitarian response can be observed:

Positive effects

83   The most direct positive effect of the cluster approach in the oPt is improved coordination and information dissemination compared to earlier years. The clusters clearly served as a platform and an entry-point in particular for smaller organizations and the authorities during Operation Cast Lead. They functioned very well for information sharing in a crisis situation, which should not be underestimated as an achievement.

Clusters were entry-points for smaller organizations during Cast Lead

84   Another set of positive and direct effects of the cluster approach is related to the CAP process, which is definitely strengthened through the introduction of clusters. Improved relationships to international and national NGOs however have not necessarily something to do with the introduction of the clusters but can be traced back to 2003/2004, when the CAP process started to become more inclusive. The clusters are very likely to have played into that, which means they directly helped strengthen the humanitarian reform process in the oPt.

CAP process strengthened through clusters

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76 See Assessment report, p. 2.
77 See UN letter of approval by the then UN Humanitarian Coordinator for the oPt Kevin M. Kennedy.

85 The clusters are effective in identifying gaps and avoiding duplications. This holds not only true after the war in Gaza, but also for neglected issues like East Jerusalem, Area C and the Seam Zone in the West Bank. These issues were not on the (humanitarian) agenda before mid-2009 and this has to be considered a positive effect.

86 There is some evidence that the cluster approach has helped smaller organizations gain better and more coordinated entry into Gaza during the war.

87 Joint advocacy work is more concerted now.

88 Contingency Planning and Needs Assessment Frameworks (NAF) are of improved quality, although still very OCHA-driven.

89 The clusters have strengthened a humanitarian perspective and identity in the oPt, which was not the case before 2008.

Clusters have strengthened the identity of humanitarian organizations in oPt

Negative effects / continuing challenges

90 The cluster system and the enhanced coordination of humanitarian assistance in the oPt has had no relevance or leverage towards the Israeli occupation. This has also – until now – been true for common advocacy strategies towards the improvement of humanitarian access. Effects of common advocacy, stemming from the introduction of the cluster approach, cannot be proven yet. This effect however cannot be attributed to the cluster system alone and therefore has to be seen in its broader political context.

Clusters have no leverage on Israeli occupation

91 The cluster system complicates the already cumbersome aid coordination structures in the oPt and may deflect attention away from the main coordination body, the LACS system.

Clusters complicate overall aid coordination

92 International humanitarian experts on short-term contracts without relevant regional expertise are sometimes counterproductive because it takes a long time to adjust to the situation. As a result, the application of approaches irrelevant to the context in the oPt has been observed ("Darfur mindset").

93 The introduction of the cluster approach has intensified the humanitarian approach to the situation in the oPt, which is neither in line with the Palestinian political agenda (e.g. building a state), nor does it empower relevant stakeholders in country. On the contrary, the definition of the situation as a humanitarian one undermines national ownership, disempowers and weakens national approaches and organizations, distracts attention away from many of the central political problems, creates dependency and may even help perpetuate the current crisis.

Humanitarian approach distracts attention away from central political problems

5 Conclusions

94   *Have these outcomes justified the investments made thus far?*

This report has summarized and analyzed the main outcomes of the introduction of the cluster approach in the oPt. The single most important input into the cluster approach is staff time, including that of the cluster coordinator and of cluster members. All participants consistently described this investment as very high.

Time input very high

As demonstrated in the findings, not much of the global training opportunities were known or even used in the oPt. Other global resources such as standards are often not relevant to the special local circumstances and therefore have to be adjusted or sometimes even developed anew. Nonetheless, most resources dedicated to the cluster approach are currently invested at global level. In the oPt the majority of the financial input (raised through the CAP) to local cluster coordination are the salaries of international experts.

Financial resources for coordination go mainly to international experts

The cluster approach helped organize the humanitarian response and covered most immediate humanitarian needs. But it could not help (either in terms of joint advocacy or unified action) to significantly increase humanitarian access to the Gaza Strip. Vital recovery projects remain on hold because of the lack of construction materials and unwillingness of the Israeli authorities to let into Gaza what is needed for a fast recovery.

Clusters are definitely appreciated during the peak of crisis and they could also play a useful role afterwards, but would need to be much more pragmatic and action oriented. This holds especially true for the current cluster activities in the West Bank.

Clusters are significant and appreciated during times of immediate crisis

The overall question whether the outcomes have justified the investments so far is impossible to answer for the oPt because of the underlying political controversy surrounding the question of whether or not effective short term humanitarian assistance is at all desirable in this context. The introduction of the clusters has definitely contributed to define the situation in the oPt as a "humanitarian crisis", which remains highly controversial and may even perpetuate the situation.

The evaluation team has briefly outlined these questions in the appropriate places in this report (§9, §10, §38, §66, §71, §93).

However, the evaluation team also concluded that resources could be employed more effectively and efficiently in the context of a protracted crisis such as the oPt if they were shifted from the global to the local level. If additional resources for coordination like the ones mobilized through the cluster approach (cf. Annex 5) were used to train local cluster coordinators, local preparedness would be strengthened and progress in coordination would be more sustainable.

More effects and sustainability through shifting resources to the local level

6 Recommendations

95 The first central recommendation of this report is to *considerably shift resources from the global to the local cluster level in the oPt*, thereby using the current cluster system as a contingency planning and local preparedness tool and building the capacity of future (local) cluster coordinators, which should be – for the most part - based in country.

96 The second central recommendation of this report is *to (internally) clarify the future, scope and mandate of clusters/sectors* to the humanitarian and developmental community in the oPt (both international and local), including concerning accountability of cluster coordinators to their heads of agencies, heads of agencies towards RC/HC and clusters towards affected population.

The evaluation team therefore suggests implementing the following concrete measures:

Illustration 4
Shifting focus from global to local cluster level
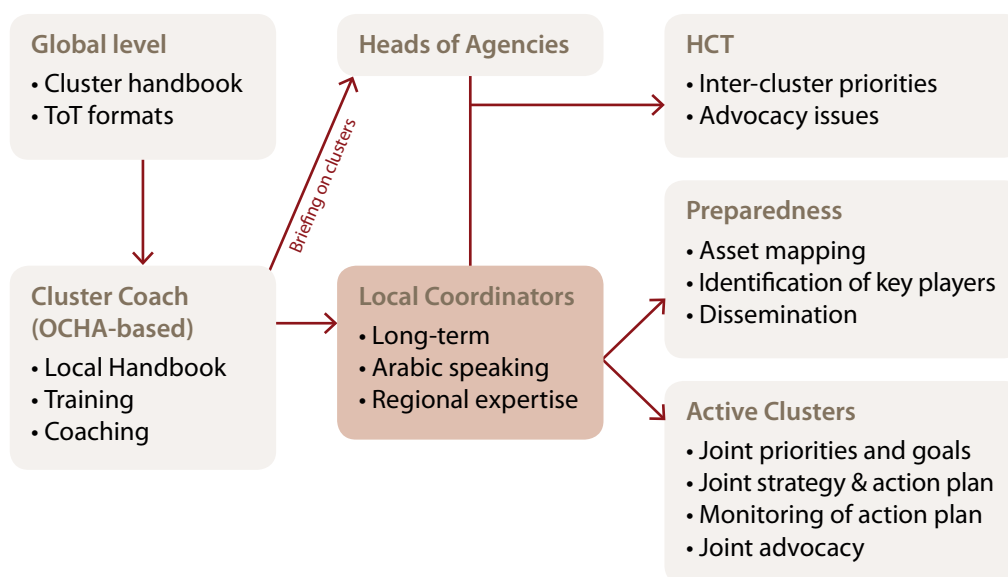
Source GPPi and Groupe URD

To UN OCHA office in the oPt

97 Hold a staff workshop where the role and mandate of clusters are discussed and clarified, the future of the cluster system is openly debated and where the idea of a local coaching/mentoring system is introduced. Clarify what is meant by cluster, sector, working groups etc. Align OCHA materials accordingly.

98 Install a cluster mentoring system in the OCHA office (one designated staff member for mentoring and coaching), where all cluster coordinators get guidance, individual coaching and special training in facilitation and leadership skills.

99 Develop with the help of the cluster coach an action oriented curriculum what a cluster coordinator in the oPt really needs and what can be offered to him or her both tapping into global resources (leadership training by OCHA Geneva, the global Humanitarian Reform team and individual global cluster support) as well as local ones (local training institutes, curriculum development specialists, UN special staff). Produce one-page hand-outs of possibilities of global cluster support for every cluster.

100 Identify in the overall preparedness plan where it makes sense to recruit internationally and where locally. This includes asset mapping of who in country does what best (in terms of people and agencies, international and local). Contact and recruit local staff to become longer term cluster coordinators.

101 Use inter-cluster meetings to identify inter-cluster gaps and interdisciplinary problems in the response and to monitor concrete cluster workplans and check on their benchmarks and indicators. Establish baseline data for each cluster to be able to monitor against them.

102 Simplify information management procedures: by reverting to 3W and closing GRAD, by using simple tools in clusters such as visual mapping and focusing more on individual cluster needs.

To Cluster Coordinators

103 Develop and maintain concrete cluster workplans, focusing on jointly defined priorities, outlining coordinated responses and, where appropriate, jointly raise funds for the response.

104 Enhance the involvement of the PA (where politically possible) by following the good examples in the Health, WASH and Education Clusters, where meetings are increasingly held in the ministries. Build cluster meetings around issues, so the PA can give thematic input. Go to municipalities and get cluster activities officially endorsed.

105 Create individual cluster websites where it deems useful. And/or <u>regularly</u> update the ones on the OCHA official website.

106 Install regular internal feedback rounds with members (following the good practice of the Logistics Cluster), use internet-based anonymous survey methods and publish the results on the website.

107 Hold West Bank meetings occasionally in Hebron, Nablus and Jenin as well.

108 For short- and medium-term international cluster coordinators well trained in coordination and facilitation skills: Volunteer to act as cluster coach during the remainder of the deployment.

To the RC/HC

109 Formalize cluster coordinators' presence in HCT meetings and encourage in the agenda that they present cluster progress in the meetings together with the head of the respective lead agency.

110 Alternate HCT meetings between Jerusalem and Gaza while linking in the other side via video conference. A more balanced (physical) presence of the leadership in both Jerusalem and Gaza will help to even the split between West Bank and Gaza operations. It will also help to counterbalance the perception that it is "Jerusalem", in which decisions are made for Gaza.

111 Invite donors to discuss the future of the cluster approach in the oPt.

112 Enhance the involvement of Palestinian civil society and clarify the difference between clusters and the CAP process. Start an awareness raising campaign with concrete training modules through a capable local network, such as – for example - the NGO Development Center (NDC) both in the West Bank and Gaza. Build upon initiatives and programs that are already in place in the Palestinian NGO sector (e.g. thematic networks, NGO Code of Conduct etc.) and clarify: what is the incentive for local organizations to participate in a cluster?

113 Retain the Early Recovery Cluster as a network / advisory role only. Officially clarify its duties, TOR, mandate, scope etc.

114 Contribute to the streamlining of aid coordination in the oPt: Have the same (UN) focal agencies in LACS, the clusters and the UNCT structure (see Annex 7 for the current focal point structure). Invest in an assessment – in close coordination with LACS – that provides all relevant aid players with clear options on how to streamline the aid coordination structure and better integrate the clusters.

Revitalize the Humanitarian Task Force in LACS as a start. Improve cooperation between humanitarian, developmental and human rights actors.[78]

To UN lead agencies

115 Ensure the inclusion of duties and responsibilities of being a cluster lead in the TORs of the head of agency.

116 Designate local or long-term international staff members as future cluster coordinators and begin their training through the cluster coach based at OCHA.

To the global level

117 Develop and disseminate to the country levels a cluster handbook with very concrete examples and recommendations for the day-to-day cluster management (how to run a meeting, how to develop better listening and leadership skills, how to strengthen participatory approaches, how to develop and maintain simple visual mapping tools, monitoring and common indicator systems). Take into account what has already been developed.[79]

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78 See also the recommendations of the CAP Review (2009) and Final Report of the ProCap Advisor, Deck (2009), p.19.

79   see for example the valuable material at http://www.clustercoordination.org and http://www. humanitarianreform.org

Annex 1

Overview of performance of individual clusters

The evaluation team sought to assess the performance of the Cluster Approach in the oPt with a set of indicators (see Annex 2)[80]. 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.

Early Recovery Cluster

Indicator scales

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

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80 You can access the full text of each indicator and the respective scales by clicking on the short description of the indicator in the graphs below.
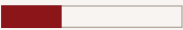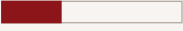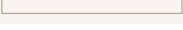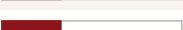
- Set up early January 2009 by the HCT.
- Four sub-clusters were established under the umbrella of the GLUE Cluster (Governance, Livelihoods, Utilities and Environment)

Basic achievements/activities:

- Gaza Early Recovery Mapping Workshop Report capitalized on the findings of the PNERRP and provided a snapshot of the planned interventions against the needs identified in the PNERRP.
- The CWGER - the oPt ER C/N Lessons Learned on the Gaza Early Recovery Needs Assessment (GERRNA) led to the preparation of the PNERRP.
- Conducted Survey of Surveys in support of OCHA.
- Early Recovery Analysis of the projects included in the Gaza Flash Appeal.
- Brief notes prepared for various audiences (Ministry of Planning, UNSCO, website).
- Fact sheets prepared to familiarize partners on ER coordination and processes.
- Clear TORs of cluster and the four ER Sub-Clusters

Education Cluster

Indicator scales

№	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	

- Emerged from the sector, activated in the early stages of the response, initially operating from a support unit in Ramallah because of limited access to Gaza.
- Several cluster coordinators with gaps in between, in Gaza dedicated lead for 5 months (funded and recruited by Save the Children) but due to unclear resources no dedicated successor, cluster coordinator for West Bank since June 2009 (funded by UNICEF on short term contract). Around March 2009 members decided to expand humanitarian task of cluster into "Jerusalem, Area C etc."
- Attendance of members varied and sometimes inconsistent.
- TOR for cluster coordinator from Save the Children.
- Strategic plan.
- No common workplans, implementation strategies etc. but many individual assessments.
- Much discussion of "what the cluster should be": unclear mandate.
- Very regular and structured meetings, well conducted.

Basic achievements/activities

- Rapid assessments were undertaken which led to response strategy.
- Held regular meetings to share information, coordinate and plan projects.
- Organized a one-day education cluster workshop in July 2009 to discuss needs, gaps and plans for the school year 2009-2010.
- Conducted trainings on the INEE standards in October 2009.
- Participated in CAP Appeal.
- Standards and IASC guidelines disseminated and promoted.

Health Cluster

Indicator scales

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

- Emerged from Health Emergency Committee.
- Dedicated coordinator from WHO between January and December 2009.
- Clearly focused on Gaza, in West-Bank it has only slowly started in autumn/winter 2009.
- TOR since May 2009.
- Contingency plan is the pro forma OCHA contingency plan, but no common planning exercise etc.
- First cluster coordination meeting already January 11 and chaired by MoH, very good participation and strong leadership by MoH since.
- Cluster formed an internal vetting committee for the projects, which selected CAP projects and informed OCHA. The vetting procedure referred to the agreed upon ToRs for the health cluster.

Basic achievements/activities:

- Central Drug Store Gaza, Medical Disposals - Out of Stock Items, Excel Sheets updated almost bi-weekly.

- Epidemiological Bulletin for Gaza Strip (UNRWA) is used for cluster analysis.
- Implementation of initial-HeRAMS (initial Health Resources Analysis and Mapping System) with a preliminary Who-Where-When-What (4W) resource inventory.
- Launched the Initial Rapid Health Assessment (IRA).
- Prepared proposals of health component of the UN-OCHA Flash Appeal, CAP, NAF, CERF, contingency plan etc.
- Joint arrangements between the health and protection clusters were established to coordinate mental health and psychosocial support activities.
- Assigned representatives of the health cluster to attend the other cluster meetings and report back to the health cluster.
- Established joint plans with relevant other cluster (notably WASH) for addressing issues relating to specific priority public health problems of common concern (water quality and monitoring, preparing for possible waterborne disease outbreak).
- Organized joint trainings (WASH cluster, OCHA).
- WHO in collaboration with the Ministry of Health and the health cluster members, updated the "Health Facilities Database".

Sub-Cluster Disability (Handicap International)

- Very active in advocacy.
- Between March and June dedicated lead, after that dual responsibilities.
- Until February 2009 it was a network operating solely from Jerusalem, now (Nov 2009) it operates only in Gaza, operation is mainly conducted as a network, with strong inputs to the work of other clusters.
- Very inclusive of local NGOs (despite challenges).
- Common assessments with gender focus (focus groups and mappings).

Sub-Cluster Nutrition

- First a sub-cluster under Health, now included in Food Sector.
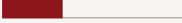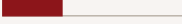
(Sub)-Sector MHPSS (WHO/UNICEF)

- In March 09 trainings on IASC standards/pyramid were conducted, well received but decided that it was not particularly relevant to the the oPt, hence development of own standards (until December 2009).
- Only group that is jointly led by two UN agencies.
- Good inclusion of PA.
- Strong leadership by donors (DG ECHO, which is co-funder).

Logistics Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
2	Extent of additional thematic coverage	NOT ENOUGH DATA
3	Attention to differentiated needs	N/A
4	Involvement of appropriate national actors	▰
5	Hand over and exit strategies	▰▰
6	Interaction of cluster with HC system	▰▰
7	Interaction of cluster with financial pillar	▰
8	Implementation of leadership responsibilities	▰▰▰
9	Implementation of provider of last resort	N/A
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	N/A
16	Accountability to HC & among members	▰▰
17	Meeting needs of humanitarian actors	▰▰
18	Quality and level of global cluster support	▰▰▰
19	Coverage of ETC and logistics services	▰▰
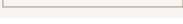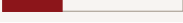
- Authorized for Gaza already on December 30, 2008 by the Humanitarian Country Team. The Special Operation was enacted on 16 January with the following goals: 1. Providing the humanitarian community with a logistics set up and platform for an effective coordination of the humanitarian relief assistance destined to Gaza 2. Ensure timely and valuable dissemination of relevant logistics information to the humanitarian community.
- Own very well structured and rich website with procedures for humanitarian community how to deal with COGAT, etc.
- January – March 2009 very many participants and regular meetings, from April/May it slowly decreases.
- Evaluation exists with cargo numbers etc. achieved.
- Inputs: 12 people from global level.
- Exit strategy discussed very early on but not decided upon.

Basic achievements, activities:

- Provision of information on structure of COGAT and explanation of processes for cluster members and broader humanitarian community to engage with Israeli Authorities for access of humanitarian cargo.
- As far as possible, processes are in place for coordination with Israeli Authorities, including advance coordination for upstream pipeline information / import procedures.
- Development of technical capacity of NGOs for import procedures. Relevant guidelines and information made available to cluster members.
- Monitoring system in place for access of cargo and advocacy strategy accepted by HCT and taken over by OCHA / AST.
- Contingency planning (recommendation by Civil-Military Liaison staff): Logistics Cluster and partners to create a committee to draft a contingency plan for the humanitarian response to resumed Israeli military operations in Gaza.
- Apparently cluster is/was well organized and functioning, but problems were political
- Major UN agencies followed their own channels with DCO and/or Israel
- Israel's policy deliberate: divide and rule
- Israeli Authorities delayed clearance for humanitarian aid and have rejected cargo associated with reconstruction programming in the Flash Appeal, as well as shipments of food and non-food items on an ad hoc basis. This has resulted in a steady decrease in volume of humanitarian cargo being transported to Gaza and a failure to meet the needs of affected communities for the recovery phase.

Protection Cluster

Indicator scales

№	Indicator	Scale
1	Extent of additional geographic coverage	NOT ENOUGH DATA
2	Extent of additional thematic coverage	
3	Attention to differentiated needs	NOT ENOUGH DATA
4	Involvement of appropriate national actors	
5	Hand over and exit strategies	
6	Interaction of cluster with HC system	
7	Interaction of cluster with financial pillar	
8	Implementation of leadership responsibilities	
9	Implementation of provider of last resort	
10	Relationships among cluster (non-)members	
11	Relationships between clusters	
12	Quality of information sharing	
13	Cohesiveness of policies and activities	
14	Compliance with relevant standards	
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	
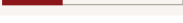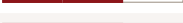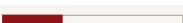
- Set up early in January under the leadership of the OHCHR.
- Coordination of information sharing among concerned partners at country and international level as we as inter-agency efforts.

Basic achievements, activities:

- Development of a common protection and advocacy strategy.
- Consolidation of protection inputs into NAF and CAP.
- Provided information and update to HC and other groups.
- Followed generic IASC Terms of Reference for Protection Cluster Coordination, agreed on rights-based approach.
- In comparison to other clusters: not many participants (around 15 average), intensifying around issues of immediate importance to members (Goldstone report, Sheik Jarrah evictions).
- Innovative vetting procedure: 1 International NGO, 1 Palestinian and 1 Israeli NGO on the panel.
- Sub-Clusters on Child Protection (UNICEF), Resolution 1612 and Displacement (OCHA).

WASH Cluster

Indicator scales

№	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	

- Set up early in January 2008 and closely linked to pre-existing (UNICEF funded) eWASH platform.
- Very close links to the main technical water authority in Gaza.
- Oxfam gave considerable resources, dedicated cluster lead to Gaza, UNICEF gave dedicated cluster lead to overall West Bank and Gaza.
- Many changing cluster coordinators until autumn 2009.

Basic achievements, activities:
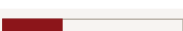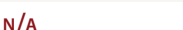
- An inter-cluster working group was established for developing drought (water scarcity) response plans in the West-Bank.
- Access to and coverage of safe water provision was improved through rehabilitation of ground water wells, installation of pumps, networks and filling points both West Bank and Gaza.
- Public awareness and hygiene promotion activities were conducted.
- Water tanks were distributed at community and household level to ensure adequate storage facilities.
- Damaged waste water systems were repaired and patched up to provide basic

level (minimum) services.

- Health sessions were conducted, awareness material was distributed.
- Family water kits, Family Hygiene Kits, Baby Hygiene Kits, Fuel & Chlorine were distributed.
- A WASH cluster household level survey has been initiated by UNICEF, which may be used to find gaps in coverage and, if continued, could help to monitor the effects of projects under the 2010 CAP.

Agriculture Sector

Indicator scales

№	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	N/A
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	N/A
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

- Sector existed before (as one of the traditional sectors).
- During and after Cast Lead, the sector responded to the crisis by doing a multi-agency rapid needs assessment and co-developing the Early Recovery Strategy together with UNDP and the PA.
- Prioritized interventions.
- Advocated for the sector.
- Monitored agricultural goods availability in Gaza.
- Development of data bases together with WFP (Socio Economic Reviews).
- The Agricultural Projects Information System (APIS) website provides a focal point for information related to the agricultural sector.

Food Sector

Indicator scales

№	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	N/A
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	N/A
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

- Sector always existed but was reactivated February/March 2009.
- As early as March 31st 2009 the sector decided that the Gaza-based FS & Nutrition and Agricultural meetings co-chaired by WFP and UNRWA would be held in Gaza on a monthly basis with no video link with Jerusalem unless on an exceptional basis.
- In parallel, FS& Nutrition sector meetings in Jerusalem continued to be held, but on a monthly basis and without video link to Gaza. These meetings were more focused on strategy-related issues for the sector.
- Meetings mostly operational with sub-sectors (food distribution, nutrition, agriculture).
- Socio Economic and Food Security survey reports are being conducted and published; initiative is supported by the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations (FAO) in collaboration with the Palestinian Central Bureau for Statistics (PCBS).

Shelter/NFI Sector

Indicator scales

№	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	N/A
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	N/A
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

- Sector has been existing since 2007 led by UNRWA.
- It was proposed not to create a Emergency Shelter Cluster for the West Bank, but rather to set-up a Task Force with clear objectives and expected outputs for a limited duration (6 months).
- Dedicated NRC sector lead until July, from there 50% of a program management position.
- Main activities/achievements: Databank on reconstruction and repair, guidelines for reconstruction.
- NRC launched the Unified Shelter Cluster Database (USCD).
- Clear TORs for lead and co-lead, UNRWA supposed to act as provider of last resort.
- Shelter situation reports with concrete data.
- The Reconstruction Guidelines for Gaza were elaborated by the Shelter Cluster Reconstruction Working Group (ReWG).
- UN-HABITAT, with support of NRC, leading the Task Force, pending mobilization of required resources.
- Very clear and good TOR, special MoU with UNRWA.

Other working groups/focal points

Cash for Work Sector (UNRWA)
Advocacy Working Group (OCHA)
Mine Action Working Group/Mines Awareness (UNMAS)
Gender Task Force (UNIFEM)

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

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

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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'

INDICATOR

8. IMPLEMENTATION OF LEADERSHIP RESPONSIBILITIES

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

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

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

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

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

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

INDICATOR

9. IMPLEMENTATION OF PROVIDER OF LAST RESORT

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

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Outcome

SCALE

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

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

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

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

INDICATOR

10. RELATIONSHIPS AMONG CLUSTER (NON-)MEMBERS

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

EVALUATION CRITERION

Effectiveness

LEVEL OF LOGIC MODEL

Output

SCALE

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

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

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

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

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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

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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 consulted and/or interviewed

UN organizations

Philippe Lazzarini, Head of Office, OCHA
Reena Gheloni, Deputy Head Office, OCHA
Rosemary Willey, Head of West Bank Field Coordination, OCHA
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Alicia Burke, Humanitarian Affairs Officer, OCHA
Inger Brodal, Humanitarian Affairs Officer, OCHA
Allegra Pacheco, Head of the Advocacy Unit, OCHA
Christina Blunt, Head of Office Gaza, OCHA
Khulood Badawi, FCU Central Unit
Tareq Talahma, HAA South FCU
Adeeb Salman, HAA Central FCU
Stephanie Julmy, Head of Sub-Office, Northern West Bank
Iyad Shwaikeh, HAA North
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Hamada Al Bayari, Gaza, OCHA
Christian Visner, OCHA
Erminio Sacco, Chief Technical Advisor, FAO
David Jackson, International Researcher, FAO
Masoud Keshta, FAO
Mohammed elShatali, FAO
Anthony Laurance, Head of Office, WHO
Jorge Martinez, Health Cluster Coordinator, WHO
Yousef Muhaisen, Coordination Officer, WHO
Rajiha Abu Swai, WHO
Abdelnaser Soboh, WHO
Letitia Lemaistre, Education Cluster Co-Lead, UNICEF
Prasad Sevekari, WASH Cluster Coordinator, UNICEF
Oscar Butragueno, Emergency Manager, UNICEF
James W. King´ori, UNICEF
Ibtisam Abu-Shammala, Project Officer Education Gaza, UNICEF
Eman Aqueel, WASH Officer, UNICEF
Frosse Dabit, Acting Programme Specialist in Education, UNESCO
Jo Kelcey, Monitoring and Reporting Officer, UNESCO
Oyvino Wistrom, Education Specialist, UNESCO
Feda´a El Araje, UNIFEM
Bekim Mahmuti, Head of WFP Logistics, WFP
Kirstie Campbell, Logistics Cluster Information Management Specialist, WFP

Olivia Hantz, Programme Advisor, WFP
Ancel Kats, Reports Officer, WFP
Anne Valand, WFP
Peter Deck, Senior Protection Officer, OHCHR
Saul Takahashi, Deputy Head of Office, OHCHR
Curt Goering, Head of Gaza Suboffice, OHCHR
Yoonie Kim, Human Rights Officer Gaza, UNHR
Nirmeen Elsarraj, Human Rights Officer Gaza, UNHR
Laurent Marion, Early Recovery Advisor, UNDP
Balma Yahaya, Head of UNDP/PAPP Gaza Office, UNDP
Ashraf A. Shamala, Project Manager, UNDP
Najila Shawa, UNDP
Marion Tupiac, Emergency Officer, UNRWA
Sam Rose, Emergency Officer, UNRWA
Blake Dawgert, UNRWA
Najwa Abu Heilem, UNRWA
Celine Francois, UNMAS Programme Officer, UNOPS
Osama Abuteira, UNFPA
Natalie Abushahla, UNFPA
Zeyad Elshakya, UN-Habitat
Mark Russell, Technical Operations Manager, Mines Advisory Group Gaza projects, MAG
Maxwell Gaylard, RC/HC

International NGOs

Mark Buttle, Gaza WASH Cluster Focal Point, OXFAM
Thierry Foubert, Information Manager, OXFAM
John Prideaux-Brune, Country Director, OXFAM
Zain Abu Qasem, Wash Cluster, OXFAM
Jennifer Moorehead, Policy and Advocacy Officer, Save the Children UK
Mona Zakout, Senior Education Program Coordinator, Safe the Children US
Davide Giani, Emergency Coordinator, ACF Spain
Juan Francisco Garcia, Water and Sanitation Coordinator, ACF Spain
Abdel Abu-Ikmeil, WATSAN Program Manager, ACF Spain
Neil Jebb, Head of Office – Gaza – Shelter/NFI Cluster Co-lead, Norwegian Refugee Council
Arturo Avendano, Researcher/Project Manager, Comitato Internazionale per lo (CISP)
Luisa Rueda, CISP
Haroun Atallah, Finance Director, Islamic Relief Worldwide
Jamal Atamneh, Country Representative Jerusalem, Islamic Relief
Adele Perry, Handicap International

Reem El Wihaidi, Project Officer, Norwegians People Aid
Maryan Koehler, former Gaza Education Cluster Coordinator, Save the Children

National NGOs

Rula Nasnas, P.R. Advisor, PARC
Khalil Shiha, Director General, PARC
Subha Ghannam, Project Coordinator, PHG
Mahmoud Slyman, Field Monitor Gaza, PHG
Amjad Shawwa, Director Gaza, PNGO
Risa Zoll, Director of International Relations, B´tselem
Mohsen abu Ramadan, Gaza Branch Manager, Arab Center for Agricultural Development
Emad M. El Khaldi, Gaza office, Mideast Media Group
Dr. Sameer Z. Abu-Jayyab, Executive Chairman, Society of Physically Handicapped People, The Gaza Strip
Alaa Ghalayini, Gaza Program Manager, NGO Development Center
Ghassan Kassabreh, Director, NGO Development Center
Jamileh Sahlieh, Grants Program Manager, NGO Development Center
Rasha Salah Eddin, Capacity Building Coordinator, NGO Development Center
Basema Bashir, Research Coordinator, NGO Development Center
Mahmoud Abu Rahma, Al Mezan Center for Human Rights Gaza
Marwan Diab, Gaza Community Mental Health Program
Ahmad Ashour, Project Coordinator, Tamer Institute

Non-cluster members

Graziela Lopez, Protection Coordinator, ICRC
Javier Cordoba, Water and Habitat Coordinator, ICRC
Marina Skuric Prodanovic, Head of Office, Local Aid Coordination Secretariat (LACS)
Iman Shawwa, Aid Coordination Officer, Local Aid Coordination Secretariat (LACS)

Donors

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Maher Daoudi, Deputy Head of Development Cooperation, Programme
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Colum Wilson, Humanitarian Advisor, DFID
Hazem Mashharawi, Project Advisor Gaza, GTZ
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Palestinian Authority

Ahmed Alyaqubi, Director General Gaza, Palestinian Water Authority
Majeda A. Alawneh, Water Quality Laboratory Director, Palestinian Water
Authority
Hazim A. Shawwa, Director, Artificial Limbs and Polio Centre, Municipality of
Gaza
Monther I. Shoblak, General Director, Gaza Emergency Water Project,
Palestinian National Authority
Yasmine Bashir, Project Coordinator, CMWU
Taghreed Hithnawi, Director General of Infrastructure Planning Directorate,
Ministry of Planning, Palestinian National Authority
Estephan Salameh, Special Advisor to the Minister, Ministry of Planning, PNA
Eissa M. Al-Azbat, Project Department Gaza, Ministry of Education

Meetings attended

Humanitarian Country Team Meeting Jerusalem
Cluster Lead/Coordinator Meeting Jerusalem
Donor Briefing (Friday Meeting), Jerusalem
Lessons Learned Workshop on 2009 Drought Response, OCHA Hebron
Gaza Sector / Cluster Leads Meeting, Gaza
Special Meeting with Protection Cluster members, Gaza
Education Cluster Meeting, Gaza
WASH Cluster Meeting, Gaza

Annex 4

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Annex 5

Financial input to cluster coordination in the oPt through CAP[81]

Year Sector/Cluster	2008 Appeal	2009 Appeal[82]	2010 Appeal (requested)
Agriculture	684,000 for FAO (Agriculture sector coordination) remained unmet	213,750 for FAO (Agriculture sector coordination and food security monitoring) 213,750 for FAO (emergency in-field coordination for the sector)	--
Logistics	--	2,850,205 for WFP (Logistics Coordination)	--
Education	--	120,000 for UNICEF (Education Cluster coordination for the Gaza emergency education response) 36,700 for UNICEF (Child Protection Sector Coordination) 200,000 for SC Gaza coordination remained unmet	453,391 for UNICEF (Education cluster coordination)
Health and Nutrition[83]	--	--	368,826 for HI (Coordination of disability sub-cluster and implementation of disability sub-cluster contingency plan) 655,700 for WHO (Strengthening emergency health-cluster coordination at central and district levels in the oPt)

81 There are even more funds given bilaterally to clusters (through projects with a designated coordination allotment). This includes f. e. DFID and ECHO in oPt, but also global funds for capacity building in humanitarian response administered by DG ECHO, formerly known under the title "thematic funding". To obtain a detailed financial break-down of these global funds especially for oPt turned out to be impossible with the time and resources the evaluation team had at hand.

82 Numbers reflect the funded status (not the requested appeal) as of December 22nd, 2009

Protection	--	220,000 for OHCHR unmet	553,900 for OHCHR (Protection Cluster Lead and Response) 531,115 for UNICEF (Coordination of the Child Protection Cluster including MHPSS)
Shelter and Non Food Items	--	--	220,040 for NRC (Shelter/NFI Cluster Co-Lead Coordinator)
WASH	--	515,105 for UNICEF (Emergency WASH response / sector coordination and information management)	522,046 for UNICEF (WASH cluster coordination and information management)
Health	134,550 for WHO (Strengthening emergency coordination in Health)	361,908 for WHO (Strengthen Humanitarian Health Cluster Coordination)	--
Early Recovery	--	340,000 for UNDP (Early Recovery Coordination)	--
Year	2008	2009	2010
Total Sum	782,550	4,651,418 (+ 420,000 unmet)	3,305018

Additional overall coordination and support services in CAPs 2008 – 2010 (not designated to cluster/sector coordination support):

For 2008: US$ 26,228,228[84] (UNRWA, OCHA, WFP, FAO)
For 2009: US$ 38,420,706[85] (UNRWA, OCHA)
For 2010: US$ 23,486,031 (UNRWA, FAO, OCHA, UNOPS)

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83 In this sector in CAP 2010 a number of hidden items are placed under program support, but actually are pure coordination, such as "Ensure Emergency Preparedness and Response (ER)" for WHO for US$ 294,250 or "Emergency Nutrition response coordination in oPt" for UNICEF, for US$160,500 in collaboration with MoH.

84 Derived by subtracting WHO sector coordination contribution from overall coordination budget CAP 2008.

85 Derived by subtracting all cluster related coordination efforts from overall coordination budget CAP 2009.

Annex 6

Overall aid coordination system in the oPt (LACS)
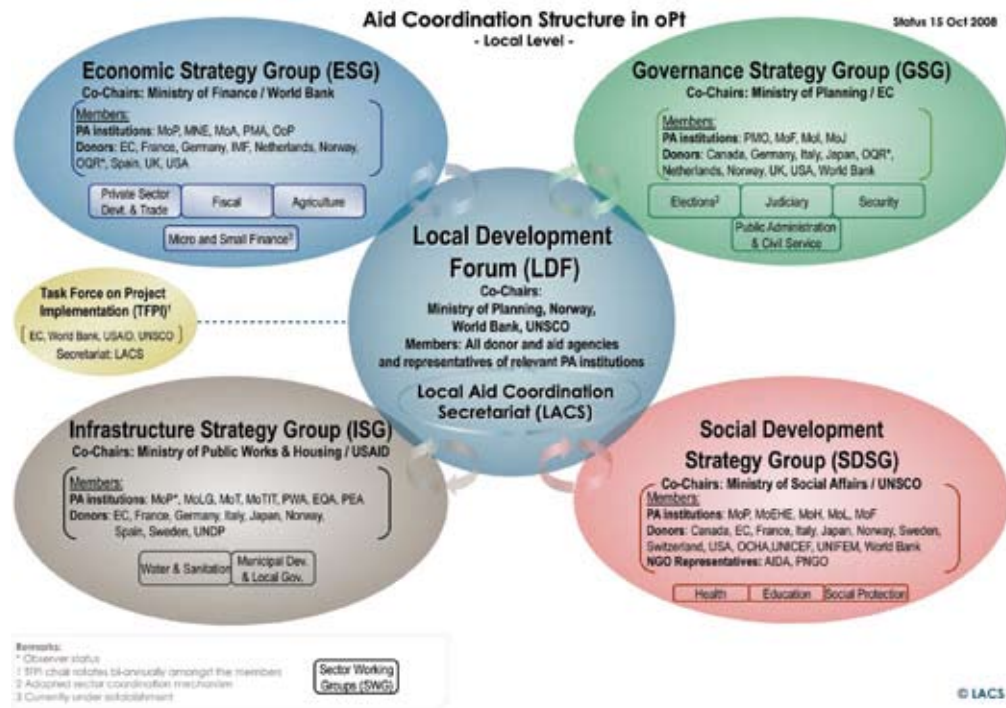
Source: LACS secretariat 2008

Annex 7

UNCT´s focal points in the local aid coordination structure in the oPt

The groups listed below have been agreed and established by the PA and donors and are co-chaired in most cases.

Type of Forum	UN agency represented
Local Development Forum (LDF)	SC (UNSCO), RC/HC, UNRWA,
Infrastructure Strategy Group	UNDP
Governance Strategy Group	World Bank
Economic Strategy Group	World Bank, IMF
Social Development Strategy Group	UNSCO, World Bank, UNICEF, UNIFEM, OCHA
Health Sector Working Group	WHO, UNRWA, UNFPA, UNICEF
Education Sector Working Group	UNESCO, UNICEF, UNRWA
Social Protection Working Group	FAO, UNRWA, World Bank, WFP, UNICEF
Agriculture Sector Working Group	FAO, UNRWA, World Bank
Private Sector Working Group	World Bank, UNDP, UNRWA
Fiscal Working Group	IMF, World Bank
Water Sector Working Group	UNICEF, World Bank
Public Administration and Civil Service Working Group	UNDP
Municipal and Local Government Working Group	UNDP, UN-HABITAT
Judiciary/Rule of Law	UNDP, OHCHR, UNSCO
Security	UNDP, UNSCO
Elections	UNSCO, UNDP

Source: LACS 2009

UNOPS, UNIFEM and ILO function as "technical and operational advisers" to the UNCT, and attend relevant meetings in that capacity, in coordination with UNSCO.

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