

INTER-AGENCY STANDING COMMITTEE
63RD WORKING GROUP MEETING

**IASC Sub-Working Group on
Preparedness and Contingency Planning:
Guidance Note on Inter-linking the Work of
the Sub-Working Group and the Clusters**

21-22 November 2005
Hosted by ICVA, International Council of Voluntary Agencies
ECOGIA, Versoix (Geneva)

Circulated 18 November 2005

The IASC WG requested the IASC SWG on Preparedness and Contingency Planning to offer a discussion paper on considerations of cross-cutting issues between cluster groups. In response, this paper considers preparedness functions common to various clusters, and how such functions might be operationalized in ways that ensure effectiveness, maximize collaboration and avoids independent parallel functions where common services can effectively meet the needs .

I General

1. The considerations herein are based on current IASC efforts to enhance the effectiveness and dependability of international humanitarian assistance in emergency situations (particularly for large scale mobilization) through formalization of “cluster-lead” arrangements for critical emergency functions. This paper considers cross-cutting issues relating specifically to the health cluster; nutrition cluster; water/sanitation cluster; shelter cluster; camp management cluster; protection cluster; logistics cluster; IT cluster; transition and recovery lead and cluster; and (education cluster).
2. With internal cluster arrangements still in development, cross-cluster issues are only beginning to be considered by cluster groups.
3. For effective preparedness and response, as reflected in proposed cluster action plans, each cluster-lead group will necessarily need to:
 - a) Monitor situations, receive early warning, take early action
 - b) Ensure appropriate preparedness and contingency planning
 - c) Assess situations for determining needs and actions

- d) Mobilize staffing and partnerships
- e) Put in place contingency stocks and supply mechanisms
- f) Mobilize finances for securing needed funds
- g) Share information and report
- h) Develop guidance materials
- i) Train staff

4. Independent development of each of these functions by all clusters could result in multiple, independent and parallel systems – independent monitoring and early warning systems, independent and potentially competing preparedness and contingency planning, independent staffing and partnership arrangements (with all sectors having MOUs, for example, with the same partners), independent and uncoordinated contingency supply mechanisms, and independent actions to mobilize funds, report, share information, train staff--and so forth.

5. From a practical perspective, clearly within each of the above functions, some activities of may be of a general nature which could benefit from being undertaken collectively, while other activities within each function are specific enough to warrant independent action. (For example, a common early warning system may be of service to all, while at the same time a specialized Health Surveillance system may be required for specialized health early warning.) In rationalizing the international system, the aim obviously must be to maximize those functions which would merit being developed collectively, while encouraging development of those functions which should be independently maintained and carried out.

6. While the emphasis herein is on common cross-cluster issues, consideration might also be given to linking agencies and other entities not represented in the cluster process in any preparedness platform or common initiative servicing clusters.

7. Questions for consideration:

- a) Monitoring - early warning: While each cluster must monitor global humanitarian needs and will benefit from receiving “warnings” of potential emergencies, what cluster specific and what common monitoring and early warning systems would be helpful?
- b) Preparedness and contingency planning – each cluster will need to prepare and may do contingency planning for sectoral functions, but what mechanism should be in place to ensure common contingency planning with country teams and partners, and harmonize inter-agency preparedness and contingency planning cross-clusters?

- c) Assessment – what inter-cluster assessment mechanism would be helpful? For certain types of rapid onset emergencies, several clusters envisage being part of UNDAC teams; should all clusters do similarly and would such be feasible?
- d) Staff and partnership mobilization – all clusters envisage mobilization of staffing and programme expansion through partnership arrangements (eg surge capacity MOUs), drawing on some of the same resource pools/organizations. By what mechanism might cross-cluster surge capacities be harmonized?
- e) Contingency stocks and supply mechanisms – each cluster is considering contingency stocks, procurement, supply management and related logistics issues toward the goal of being in full readiness for 3 concurrent large scale emergencies,. How might the minimum common contingency stocks, supply and logistics issues be harmonized?
- f) Funds – whether funds are raised through some enhanced CERF, CAPs or other appeals, a minimal inter-cluster coordination of funds mobilization will be required. What minimum coordination mechanism might be required?
- g) Information sharing and reporting. Regarding post-incident reporting, there are increasing expectations that humanitarian actions will be reported by cluster leads. How might necessary agency specific reporting be balanced with inter-cluster reporting, and by what inter-cluster mechanism should reporting be harmonized to ensure comprehensive reporting?
- h) Training. Every cluster will necessarily support specific training for the specialized functions it holds accountabilities for. How might more general trainings for NGO partners, country teams, national partners be harmonized?

8. Reflections on each of the above list of functions are offered below:

Function	Possible collective Services?	Likely independent actions needed
Monitoring – early warning	<ul style="list-style-type: none"> ▪ IASC SWG EW-EA reports, ▪ HEWSweb ▪ Enhanced sharing of agency early warning info 	<ul style="list-style-type: none"> ▪ Specialized sectoral EW (eg crop EW; disease surveillance; nutrition EW)
Preparedness and contingency planning	<ul style="list-style-type: none"> ▪ SWG coordination of preparedness and contingency planning 	<ul style="list-style-type: none"> ▪ Preparedness and contingency planning within clusters
Assessment	<ul style="list-style-type: none"> ▪ Inter-cluster working group to agree on common modalities/methodologies? 	<ul style="list-style-type: none"> ▪ Each cluster to have specialized assessment systems and tools

Function	Possible collective Services?	Likely independent actions needed
Staff and partnership mobilization	<ul style="list-style-type: none"> ▪ Inter-cluster working group to define minimal essential inter-cluster modalities? 	<ul style="list-style-type: none"> ▪ Each cluster with staff and partnership mobilization mechanisms
Contingency stocks and supply mechanisms	<ul style="list-style-type: none"> ▪ Contingency supply management group, with logistics cluster? 	<ul style="list-style-type: none"> ▪ Each cluster with appropriate stocks and supply mechanism
Funding	<ul style="list-style-type: none"> ▪ Funding coordination mechanism? 	<ul style="list-style-type: none"> ▪ Each cluster/agency must seek funds needed.
Information and reporting	<ul style="list-style-type: none"> ▪ Common information sharing and reporting? 	<ul style="list-style-type: none"> ▪ Each cluster and agency must report internally and externally.
Train staff	<ul style="list-style-type: none"> ▪ Coordination of training of use to all? (IASC training TF?) 	<ul style="list-style-type: none"> ▪ Each cluster and agency must do its own training.

9. Recommendation. If harmonization between clusters is to be maximized for the essential functions considered above, it seems necessary either to clarify accountabilities of existing mechanisms (e.g. existing SWGs and TFs) or establish specific inter-cluster working groups for each function for which further cross-cluster clarity of function is needed.

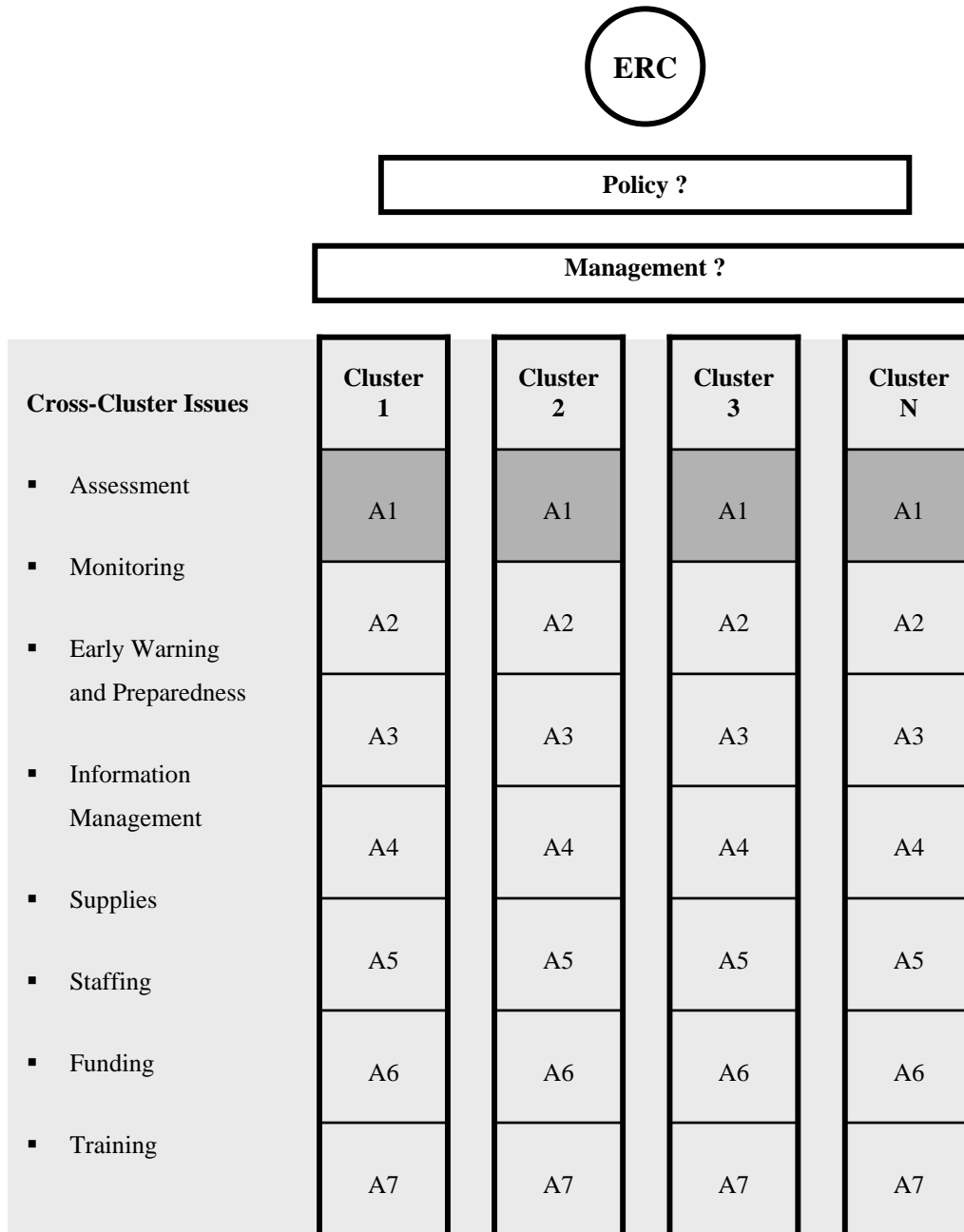
10. Special note re the capacity of the IASC SWG on Preparedness and Capacity Building.

Recognizing that the SWG is composed of persons holding responsibilities for early warning and preparedness within their respective agencies, the SWG raises to the attention of the IASC WG the need to find ways to expand capacities of SWG so as to be able to enhance efforts on matters related to inter-agency early warning developments, inter-agency preparedness and contingency planning, and the other related activities agreed by the IASC WG.

Prepared by SWG on Preparedness and Contingency Planning – November 2005

Annex

Clusters and Cross-Cutting Issues



Legend:

A n=Agency N

A1 = Lead Agency

INTER-AGENCY STANDING COMMITTEE
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**IASC Sub-Working Group (SWG) on the CAP
Guidance Note on Inter-linking the Work of
the CAP SWG and the Clusters**

21-22 November 2005

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ECOGIA, Versoix (Geneva)

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I Background

This note is to respond to the following question raised by the Cluster Working Groups (CWGs) at the Inter-Cluster Working Groups meeting held 14 October 2005.

How to deal with cross-cutting issues such as contingency planning, stockpiling, training, gender, HIV/AIDS, age and diversity, human rights, psycho-social support etc, that could be addressed by IASC Subsidiary Bodies?

These issues have been addressed very concretely in the CAP SWG, which:

- a) Includes reference to them in CAP guidelines;
- b) Makes cross-cutting issues part of CAP training;
- c) Calls on agencies to mainstream such issues in their work;
- d) Provides opportunities for individuals and groups which are experts in cross-cutting issues to brief Country teams and headquarters staff during workshops in the field and at headquarters;
- e) Invites individuals and groups which are experts in cross-cutting issues to participate in each CAP SWG meeting;
- f) Stands ready to participate actively in task forces or SWGs addressing cross-cutting issues.
- g) Provides advice and support to clusters, as needed, to develop cluster-specific strategies/procedures/guidelines to improve the effectiveness of the cluster's use of the CAP (including consolidated appeals and flash appeals).

Prepared by IASC SWG on the CAP – November 2005

INTER-AGENCY STANDING COMMITTEE
63RD WORKING GROUP MEETING

**Task Force on Gender and Humanitarian Assistance
Guidance Note on Inter-linking the Work of
the Task Force and the Clusters**

21-22 November 2005
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In response to the question “*How to deal with cross-cutting issues such as contingency planning, stockpiling, training, gender, HIV/AIDS, age and diversity, human rights, psycho-social support etc, that could be addressed by IASC subsidiary bodies?*” – the Gender Taskforce first and foremost believes it is imperative that technical sectors should develop clear guidance to the field on HOW TO mainstream gender issues as well as indicators for measuring the degree to which the sector has achieved gender mainstreaming. The Gender Taskforce is committed to working with the Clusters to support them in this endeavour.

The Gender Taskforce has initiated the development of a “handbook” on gender mainstreaming in humanitarian action. It is very important that the cluster working groups take ownership of this field-focused tool so that all sectors have clear guidance on HOW TO mainstream gender issues into the sectors as well as defining indicators to measure the achievement of gender mainstreaming.

I Overview of the Gender Mainstreaming Handbook (this is a working title)

The handbook aims to provide actors in the field with guidelines on gender analysis, key actions to ensure that the needs, roles and responsibilities of men, women, girls and boys are considered in all aspects of response, and indicators of success in easy-to-use checklist formats. The guidelines will focus on the main sectors and issues in the early response phase of emergencies. A CD rom will accompany the handbook providing field actors with more detailed resources on how to ensure gender mainstreaming in humanitarian action.

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II Areas under consideration for inclusion include:

2.1 *Cross-cutting issues include:*

- Advocacy
- Assessment and Monitoring
- Coordination
- Gender Analysis
- Participation/Representation
- Protection/Human Rights

2.2 *Sectors*

- Camp Coordination and Management
- Education
- Food Security, Nutrition and Food Aid
- Livelihoods (or Recovery and Rehabilitation)
- Shelter, Site Planning and Non-Food Items
- Water & Sanitation

Prepared by IASC TF on Gender – November 2005

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Prepared by IASC TF on Gender – November 2005

INTER-AGENCY STANDING COMMITTEE
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**IASC Task Force on Mental Health and
Psychosocial Support in Emergency Settings:
Guidance Note on Inter-linking the Work of
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The pre-final matrix (of minimum actions) developed by the Task Force (see Progress Report) suggests that humanitarian action in the area of mental health and psychosocial support should be organized through a range of sectors, including the sectors covered by the following IASC Clusters:

- IASC Cluster on Camp Coordination and Management
- IASC Cluster on Early Recovery
- IASC Cluster on Emergency Shelter
- IASC Cluster on Health
- IASC Cluster on Nutrition
- IASC Cluster on Protection
- IASC Cluster on Water & Sanitation

In addition to the sectors that correspond to already existing IASC Clusters, it is noted that additional sectors, such as Community/Social Services and Education, also play an important role in the Task Force's framework for mental health and psychosocial support.

The Task Force recommends that minimum actions identified by the Task Force should be incorporated in the Terms of Reference of relevant clusters. For example, this means that the Health Cluster's ToR would include responsibilities towards implementing the actions that are listed under health services in the pre-final matrix (see above). The same would be true for all IASC Clusters.

In addition, an approach will be needed to overcome possible gaps that may be created if the humanitarian response were be coordinated solely through Clusters. Gaps may exist in three ways.

1. Many important interventions (in the domain of mental health and psychosocial support) occur in the sector Community/Social Services and in the sector Education, which are presently not covered in the Cluster Approach. Moreover, it is not uncommon for 'protection' actors or 'health' actors of some agencies to have responsibility within their agency for establishing community/social services. Consequently, there is a risk of lack of coordination in the planning of community/social services. To subsume community/social services under one single cluster (such as Health or Protection) gives the services a “home” but risks approaches that are narrower than the broad services that are needed.
2. Some of the suggested minimum psychosocial actions for different clusters may require specialized psychosocial expertise that may not be available within that cluster. This situation could lead to gaps in response.
3. Cross-cutting tasks (e.g., coordinating mental health and psychosocial support; assessments; human resource-related psychosocial support tasks) may not be initiated unless a specific inter-cluster mechanism is set-up to make this happen. This situation can lead to gaps, duplication and opportunities for harmful practices.

To address these gaps, the Task Force recommends that in each major emergency the IASC will establish or activate an inclusive (inter-sectoral, inter-cluster) mental health and psychosocial support coordination mechanism.

I Summary of recommendations to the IASC Working Group

1. **Normative recommendation.** Minimum actions (in the domain of mental health and psychosocial support) identified by the Task Force should be incorporated in the Terms of Reference of relevant IASC Clusters. This should occur systematically for all minimum actions related to those sectors for which the IASC has established a Cluster.
2. **Operational recommendation.** The IASC should establish or activate inclusive (inter-sectoral, inter-cluster) mental health and psychosocial support coordination mechanisms in major emergencies to reduce potential gaps and enhance inter-cluster collaboration in the area of mental health and psychosocial support.