

62nd IASC WORKING GROUP

RETREAT on “Better Humanitarian Response”

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Venue: Harrison Centre, Glen Cove, New York

Benchmarks and Indicators: *COLLECTIVE STANDARDS AND INDICATORS*

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Background:

Much has been accomplished in recent years to improve the timeliness, effectiveness and professionalism of humanitarian action in the context of threats to life and suffering associated with cataclysmic events and conflict-driven crises. Notable developments include the formulation of a Humanitarian Charter and the Minimum Sphere Standards that, together, contribute to an operational framework for good practices and accountability particularly in terms of the five critical sectors of water supply and sanitation, nutrition, food aid, shelter and health services.¹ Other initiatives include SMART (Standardized Monitoring and Assessment, Relief and Transition) to calculate Crude and Under-5 death rates, nutritional status, and food security, and the GHD (Good Humanitarian Donorship) exercise, to name but two.

However, while much progress has been achieved it is also apparent that significant work remains to be done to further strengthen operational and strategic focus, as well as overall accountability, at the global and national level. There is a need for standards and indicators to assist humanitarian and other actors to recognize, for example, the difference between chronic and acute levels of vulnerability and risk, to prioritize within and between the different sets of sectoral activities, monitor progress and outcomes, and to secure timely and appropriate coverage of all those in need of humanitarian action.

The Humanitarian Response Review (HRR) identified various weaknesses particularly in terms of ability to measure overall performance and outcomes. It identified the need for benchmarks, also, in relation to preparedness and planning as well as process benchmarks for the early months of a sudden-onset crisis or disaster. In terms of the latter, the HRR recommended that the IASC, ERC and donors identify and pilot indicators over a three-year period on (a) access and coverage of populations in need, (b) identification of responsibilities in delivery of assistance and in coordination, (c) resource mobilization (human, financial and assets), (d) identification of relevant lifesaving activities, and (e) protection.

¹ The Sphere Standards also identifies a number of crosscutting concerns that are relevant to all sectors. There include (1) children, (2) older people, (3) disabled people, (4) gender, (5) protection, (6) HIV/AIDs and (7) the environment.

DFID-supported Initiative on Collective Benchmarks

Inspired, in part, by the anticipated findings of the HRR, as well as the larger debate surrounding “humanitarian reform”, DFID has initiated a process of consultation around “benchmarking” to assess and measure the collective impact of humanitarian endeavour. The overall purpose is twofold, namely to identify and agree (a) a set of goals, standards and indicators that could be applied to the humanitarian enterprise as a whole and (b) an operational framework in which goals and standards inform humanitarian policy and planning at the national and global level.

It is anticipated that this process will result in standards, tools, and guidance to help ensure a stronger capacity, both in and outside the humanitarian arena – including within the donor community - to determine, for example, the nature, scope and severity of a crisis² as well as the measures needed to secure an effective humanitarian response. It is anticipated that the end product, or package of products, will include a draft set of standards and indicators, advice on their implications, and measures needed for the effective use of the tools in data collection and humanitarian planning.

It is understood that this initiative can provide Sphere, SMART, GHD and, other related processes such as the Early Warning-Early Action system, and the CHAP/CAP Needs Assessment Framework, with a wider and stronger frame of reference. It is worth noting, for instance, that the Sphere Minimum Standards (2004) includes a chapter on Common Standards that are concerned with (a) the participation of those who are disaster-affected, (b) initial assessments, (c) response, (d) targeting, (e) monitoring, (f) evaluation, (g) aid worker competencies and responsibilities, and (h) supervision, management and support of personnel.

The DFID-led initiative is new and an overall process is still being defined but currently includes an Advisory Group³ that involves a number of IASC members. The current timeframe for completion of a final draft set of products is January/February 2006.

Between September and early 2006, a workshop has been tentatively planned for November, 2005 that WHO has agreed to convene to review work-in-progress from a technical perspective and focused, primarily, on mortality and survival outcomes and the health aspects of humanitarian programming. It is anticipated that the Advisory Group will be engaged throughout including reviewing the findings of the Workshop. A penultimate draft set of products is scheduled to be available by December 2005.

Given the role and responsibilities of the IASC in the humanitarian reform agenda, the DFID-led exercise is anxious to secure IASC engagement throughout the process including subsequent monitoring and evaluation, as appropriate, of the finalized products.⁴ The nature of this collaboration can vary bearing in mind that a number of

² Thus, the focus will, for example, be on trend analysis in terms of mortality and morbidity rates, rather than ascertaining snap-shot or “absolutes” in relation to a particular situation.

³ The purpose of the Advisory Group is to provide support and oversight. It includes Red Cross, NGO and UN members.

⁴ The DFID Benchmarks Group is also planning to consult closely with the GHD initiative. In this connection, it plans to review final draft products at a scheduled meeting in Montreux, early 2006. It is

IASC members are also members of the Advisory Group that has been established to supervise and support this initiative.

Proposed Action Point by the IASC Working Group

1. The IASC Working Group to decide if it wishes to engage in the Benchmarking project taking into account related work in other settings.
2. The IASC Working Group to decide level of, and timeframe for, engagement including, for example, (a) support for the consultative process and (b) participation in the scheduled WHO-convened Workshop in November, 2005.
3. The IASC Working Group to decide whether the penultimate draft, and any other relevant work on Benchmarks, should be on the agenda of the November Working Group meeting both for review and determination of an IASC position on the Benchmarking package.

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also planning to present the Benchmark products to a DAC meeting in May 2006 with a view to securing endorsement and a commitment to pilot the draft products within the context of GHD activities.