

Report on meeting

Accountability to Affected Populations within the Clusters:

Where we are and what next?

Hosted by: CARE International Secretariat
Rhône Room, International Environment House, Geneva

Wednesday 17th March, 2:00 – 5:00 pm

Background/Aim of meeting:

A small group of participants from across the humanitarian spectrum of UN agencies and NGOs were invited to the meeting to exchange information and experience on what accountability mechanisms and tools exist and how they are used within different clusters. The meeting also discussed ways to promote and enhance accountability to crisis affected populations and to identify the roles of the different actors. Ideas and suggestions arising from the meeting will provide inputs for the upcoming IASC Working Group meeting in April 2010 (NY) as well as feed into the work of the *NGOs and Humanitarian Reform Project*.

Anne Street, Manager of the NGOs and Humanitarian Reform Project opened the meeting by providing some background to the work of the project and where a focus on accountability would fit. She identified 3 broad approaches in relation to accountability: focus on affected populations and ensuring their close engagement and participation; developing codes, standards and principles and thirdly a focus on performance and results. The focus of this meeting is on the first aspect. She noted the different stages different clusters are at on this work with some like, WASH having already piloted materials aimed at providing better information and enhancing greater participation of affected communities, whilst many others have not yet started to produce materials. The situation is also variable across countries, so in places like Afghanistan where clusters were formed relatively recently there is little discussion on this topic within the clusters, whereas in Ethiopia a HAP group has been formed and NGO stakeholders are beginning to address the issue of how they can promote accountability to crisis affected populations within the clusters.

- See Annex for a list of participants and contact emails.
- 3 Presentations are attached.

Session 1 – Clusters and Accountability

Jock Baker, Programme Quality and Accountability Coordinator, CARE International Geneva

The presentation reviewed the general understanding of cluster accountability, main challenges and drew on examples based on the speaker's involvement with various interagency initiatives,

including the Real Time Evaluation for the Cyclone Nargis response and an independent review of Humanitarian Country Team in Madagascar.

It is actually more helpful in understanding the bottlenecks to accountability within clusters if we look at power relations, rather than only focus on so-called “downward accountability” to disaster-affected communities. Within the spectrum of humanitarian stakeholders, donors, UN agencies, INGOs, individuals such as Humanitarian Coordinators, international NGOs and Cluster Lead Agencies tend to have much more power than communities or national NGOs. This has been highlighted clearly in the Cluster Evaluation Phase 2 draft report which finds that local actors are consistently being blocked out from cluster coordination.



There are often a multitude of actors involved to a greater or lesser extent in clusters which results in an accountability “cloud” where there may be plenty of information sharing about technical issues but virtually no agreement on roles, responsibilities to clarify who is accountable for what. While complaints received from regions or the field may be passed on to the concerned agency by cluster leads, institutionalised complaints system in place to ensure follow up are largely absent.

Management systems tend to be agency specific and are often easy adaptable to interagency needs, even if the agency is willing to share information. During a recent review looking at CERF funds channelled to NGOs by cluster lead agencies, the amount of funds received by the cluster lead could be downloaded from the FTS¹ website on ReliefWeb in a matter of seconds, but it took 2-3 weeks of additional effort for cluster leads to provide a coherent picture of funds which had been passed through to NGOs.

Some donors are now stipulating that access to funds is contingent on agencies being physically represented in cluster meetings. But this sort of encouragement in isolation cannot solve the problem. Cluster members frequently complain that meetings are not effective or efficient; and discussions tend to more information-sharing than strategic. There are a number of reasons cited by participants, including lack of the “right” people in the room, frequent turnover of cluster coordinators, inadequate links with staff outside the capital, lack of coordination between different clusters and poor meeting management. Information management systems often pose obstacles for certain cluster members either because of language issues (meetings are usually in English), or are based on UN/donor systems unfamiliar to local organizations, or rely on good internet connectivity. INGO staff often claim they lack the necessary staff or time to attend all the meetings that are related to their activities, but the strain on national NGOs is even more, including constraints due to language issues. Most decision-making takes place in the capital and, as the cyclone Nargis IA-RTE example showed, cluster coordinators rarely go to the field. At the same time, good practice examples exist which demonstrate that clusters can indeed add significant value to humanitarian operations. Such an example was the Health Cluster for cyclone Nargis that was co-led by WHO and Merlin. Cluster coordinators regularly visited the field and, with the help of the NGO Resource Centre, were relatively successful in outreach for local NGOs and in promoting their participation in cluster mechanisms. Questions that need to be asked are:

¹ Financial Tracking System

- What kind of information management and communication systems exist and which stakeholder groups are they aimed at? Are there systems in place to track and follow up on feedback and complaints?
- Who is involved in decision-making within clusters and how inclusive is the process?
- What sort of communication exists with the field level and to what extent are field inputs being taken into account? Are there outreach systems for local NGOs?
- Do cluster coordinators and cluster members have a common understanding of their respective roles and responsibilities?

Challenges also include the high turnover of cluster coordinators and lack of consistency of approaches between successive cluster coordinators.

Key implications of the Cluster Evaluation Phase 2:

- Incentives are a driving factor and should be in place in such a way so as to ultimately encourage greater focus on accountability to populations
- There is a need to better understand how local actors prefer to coordinate and develop systems that are better suited to them
- By demystifying the accountability “cloud”, roles and responsibilities can be clearer (by taking time to include discussions about rolls, responsibilities and accountability in discussions).

Session 2 – Downward accountability in the cluster

Nevio Zagaria, WHO/HAC Global Health Cluster

This presentation focused on the Global Health Cluster’s experiences on accountability. The following 2 topics were covered:

1. Accountability addressed by the Global Health Cluster:

- The Global Health Cluster (GHC) has prepared a Health Cluster guide (http://www.who.int/hac/network/global_health_cluster/guide/en/index.html) which was shared with the meeting participants, as well as the definitions of the standard list of health services that should be available during humanitarian responses.
- Chapter 1 of the Health Cluster Guide presents a matrix with the specific ToRs of the Cluster Lead Agency Representative, the Health Cluster Coordinator and the Health Cluster Partners, for each of the 10 main functions of the health cluster in the field, as defined by OCHA for all the clusters.
- The work of the GHC to clarify, discuss and agree on the respective roles and responsibilities of each of the main constituencies of the Health Cluster, has been the primary means of addressing accountability in the implementation of the health cluster at field level.
- A complementary effort to this action has been to adopt the RASCI-based accountability framework to the ToRs matrix (page 35 of the Health Cluster Guide), and identify for each function and for each main actor who is Responsible, Accountable, with Support role, to be Consulted and to be Informed. This level of detail is essential for ensuring accountability and should be decided within a meeting of all health cluster partners at country level

2. An example of initial efforts in addressing accountability at field level:

- The power point presentation presents data collected in South Sudan and North Kivu on the availability of health services using the standards defined by the Global Health Cluster

(HeRAMS: Health Resources Availability Mapping System). The data have been presented and shared with the partners during meetings in the two countries and also with the Global Health Cluster partners to stimulate a dialogue on the problems linked to the very limited availability of critical health services and how to address these gaps in the near future. These discussions are on going, and they should provide concrete examples of how monitoring the delivery of services as per agreed standards can be used to make partners accountable and stimulate joint discussion on how to address constraints.

Session 3 – The cluster approach and accountability to disaster-affected populations

Monica Blagescu (Juba) and Barb Wigley – HAP International

Gaps in accountability to affected communities need to be addressed by humanitarian agencies and the cluster system offers a venue for doing so. By improving accountability between, within and across clusters, the cluster system can set an example and promote accountability of individual agencies that are within or outside the cluster system.

It is important to explore existing tools and these may help to enhance accountability. Therefore it is useful to go through the HAP 2007 Standard in Humanitarian Accountability and Quality Management and its six benchmarks.

1. **Accountability framework:** HAP is involved in assisting agencies to pull together a means to review and plan for implementation of their quality and accountability commitments in accountability frameworks. There is currently limited common understanding of functions, roles and responsibilities of the global and country cluster leads, high expectations of the accountability of cluster leads, misunderstandings of accountability of non-UN actors to the UN and conflicting pressures. Each individual organisation brings in its own understanding and framework but a shared understanding of cross-cutting commitments (be they principles or technical standards) is lacking. These could be synthesised into a collection of the best. Scope, roles and responsibilities need to be clarified, a common accountability framework developed and accountability relationships mapped out.
2. **Information sharing:** There is a need to address the issues of limited accessibility of information on clusters (who they are and what they do) and the language and media through which information is shared. Affected populations and local CSOs, for example, have little or no information about the work of the clusters, who to contact in relation to specific cluster work or how to participate in the work of the clusters, where appropriate. In the case of Haiti, the operational language moved from French to English therefore excluding essential actors and players.
3. **Participatory approaches:** HAP is encouraging agencies to move beyond extractive questioning. This is an area where agencies can be supported to improve the depth and breadth of their participation. There is limited participation of local stakeholders in clusters and when views of affected populations are actively sought, it is often not clear how they are used. There is a need for better understanding of how different clusters are engaging with affected populations when assessing needs and project planning, implementation and M&E.

4. **Staff competencies:** This is linked to the issue of leadership which emerged from the Cluster Evaluation Phase 2. Cluster leads are often taking on two jobs and there is a lack of clarity on both development opportunities available to, and performance assessment of, cluster leadership (by the HC). Ways forward should consider regular training and capacity building for cluster leads and local actors as well as mechanisms to appraise and measure improvements against competencies related to accountability to affected communities.
5. **Complaints handling:** Effective complaint-handling systems that follow a consistent approach are still new in the humanitarian sector. This issue is part of HAP capacity building and advocacy efforts. There needs to be an analysis of what might prevent people making complaints, what are the risks (eg. loss of access to aid) and what are the most locally-appropriate means through which people would raise complaints. HAP is pushing very strongly for this in Haiti, including the need for systems being available to address serious allegations and also systems to handle day-to-day issues. Complaints need to be handled right through to cluster level so that they can be addressed by individual agencies or collectively, by the cluster.
6. **Learning and evaluation:** Some learning has been achieved in Myanmar on the integrated monitoring matrix, where the integration of accountability indicators was well received, although not fully explored. There is a need to verify the accuracy of information provided by stakeholders, making sure that learning is being put into effect and being applied to avoid repetition of mistakes. Currently, there is limited evidence on how lessons learned from evaluations are used to improve future responses.

Summary of discussions and suggestions of ways forward:

Discussion

- ✚ There is a need for a simplified guide within each cluster targeted to all users with as much input as possible from the field/country level. It is more beneficial if all agencies are using a common language and understanding in the form of a common framework and common definitions. However, keeping tools simple is key. There is also a need to agree on what clusters need to have in place as starting points.
- ✚ Information accessibility and transparency is essential and there is a need to ensure what is being done is shared with all down to grass-roots levels. It is important to solicit engagement with communities on the ground and to explain to them what it is that agencies can be held accountable for and what are agencies committing themselves to deliver.
- ✚ While standards exist and strides are made for capacity building and awareness raising, there is no way of tracking whether these are applied. Efforts are needed to embed the wealth of reference documents into the system.
- ✚ There is a need to move away from the current dichotomy in the UN/non-UN approach and to bring these together in terms of accountability frameworks and facilities. NGOs and UN should be collectively accountable. Should clusters not be operating well, NGOs and the UN are equally responsible. However, there is insufficient knowledge of the available tools.

- ✚ The accountability of the cluster system is complex. However, accountability to the population is different. Discussions should be clear about which dimension is being referred to, one or the other, i.e. mutual accountability within the cluster or accountability to the population, or indeed both. There is complete agreement that all agencies have to ultimately be accountable to the communities. However, each agency/cluster is applying this differently and in their own way. There is no clarity or common understanding of how these can be brought together. We need to ensure an enabling system is in place within clusters to be able to deliver. The agenda in IASC addressed accountability at different levels. This has been spelled out clearly in the Cluster Evaluation Phase 2. We are now at a stage where we need to have this discussion.
- ✚ There is a need to look into how better to integrate Sphere standards for feedback mechanisms into the cluster approach. The need to ensure sufficient basic understanding of accountability should be brought into IASC discussions.
- ✚ Processes and mechanisms such as reporting and the complaints mechanism need to be simplified. Cluster leadership is accountable and should be approached in case of complaints. There is a disconnect between this dimension and community level. However, it should be addressed and worked out within the clusters as all agencies are accountable. Cluster coordinators should seek available technical experts such as HAP and Sphere.
- ✚ Consideration and use of experiences of good practices such as the NGO Resource Centre in Myanmar can potentially be a way to engage with clusters.
- ✚ Practical approaches such as use of beneficiary surveys (by involving local institutions) are ways to give voice to beneficiaries and to understand their perceptions. Objective and overall outcome measures (such as the health of the population) that cannot be attributed to just one sector would be a feasible approach.
- ✚ Involvement of local institutions is important as evaluations have found that low level of their engagement affects the quality of the analysis.
- ✚ Individual NGOs that are more experienced in accountability mechanisms can transfer their knowledge and what they are already practicing, into clusters.

Suggestions of ways forward:

- ✚ Share the findings from the SCHR Peer review with affected communities.
- ✚ HAP is deploying teams to Haiti and proposed setting up one pilot study to focus on HAP's suggestions based on the 6 benchmarks (see full presentation by Monica Blagescu attached to this report) at in-country cluster level rather than at global level. Findings from this pilot study should be used to inform initiatives in other places
- ✚ It will be important to monitor Haiti's real time evaluation for lessons learnt.
- ✚ In the case of global clusters which have already developed frameworks for accountability to affected populations (eg Health and WASH), the Humanitarian Reform Officers (HROs) of the NGO and Humanitarian Reform Project can promote discussions on identifying key indicators that are linked to beneficiary accountability. Existing indicators need to be

reviewed and those more targeted to accountability of beneficiaries be extracted and reviewed.

The NGOs and Humanitarian Reform Project

A chance to influence the humanitarian system



Annex – List of Participants

Participant names and email addresses

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