

Lost in translation Managing coordination and leadership reform in the humanitarian system

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Millions of people affected by conflict and disaster should be able to rely on assistance delivered in a timely, equitable and appropriate manner. Yet frequent failures to meet these needs constantly challenge the humanitarian community to do better. Leadership and coordination are integral to maximising the impact of multiple aid providers, but decades of effort in this area have produced mixed results at the field level.

Modern efforts to improve the leadership and coordination of humanitarian response at a systematic level date back to 1991 and UN General Assembly Resolution 46/182. Fourteen years later, a new phase commenced. This has seen existing financing mechanisms restructured (such as the expanded Central Emergency Response Fund (CERF)), or new ones trialled (in the case of Common Humanitarian Funds (CHF) in Sudan and the Democratic Republic of Congo (DRC)). Global and country cluster leads have been introduced, and efforts made to strengthen the Humanitarian Coordinator (HC) system. These are core elements of a broader project to enhance leadership and coordination.¹

The Humanitarian Policy Group (HPG) is undertaking a research project in 2006–2009 to analyse the operational consequences of humanitarian reform initiatives, and the interaction between them. This Policy Brief focuses on the cluster approach and efforts to strengthen the HC system. It draws on early findings from the longer research project, including extensive desk reviews of IASC and OCHA guidance documents, a desk review of previous relevant studies and interviews with representatives of NGOs, the ICRC, UN agencies and donors, at headquarters and in the field.²

The humanitarian community (including affected states) is but one part of the inter-

Key messages

- Reforms designed to improve humanitarian outcomes must be effectively implemented and managed. A strategic roadmap for reform is needed.
- Strengthening the capacity of the HC system is crucial to the success of other reform efforts. This element of the reform agenda needs to be given much higher priority than it has had since 2005.
- The cluster system has expanded too far too fast given the lack of clarity over roles and responsibilities at the field level. The humanitarian community as a whole needs time to catch up, reflect upon and debate the benefits of the cluster approach.
- Donors should work to develop common ground on the aims of reform and mechanisms for response, working closely with the IASC and NGO partners.

national effort that is needed to make a difference to the lives of the world's disaster-affected people. While capacities, competencies and mandates are diverse, a more systematic approach to coordination is required if humanitarian needs are to be effectively met. A systematic approach to coordination will also help to maximise complementarity, and enhance the collective potential of humanitarian actors. Without such an approach, we cannot even begin to know what our collective efforts amount to in support of the many millions of people who live in crisis. Resolving ambiguities and inconsistencies in new leadership responsibilities, and securing political support for enhanced leadership roles, will determine whether the reform agenda succeeds.

This Policy Brief is part of a programme of research running from 2006 to 2009 examining the operational consequences of humanitarian reform.

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¹ Initially, benchmarking – efforts to develop consensus on measures and indicators to inform prioritisation and resource allocation – was also seen by some to be a key element of reform. This now appears to have been super-

seded by financial and structural initiatives.

² Interviews were conducted in Uganda, DRC, the Central African Republic (CAR) and Nairobi in April and May 2007.

Leadership and the Humanitarian Coordinator system

Over recent years, significant efforts have been made to improve humanitarian response at global and field levels. These include IASC-endorsed initiatives, such as the cluster leadership approach; donor-led initiatives, such as pooled funding mechanisms like the CERF and common funds at the country level; and efforts across the board to strengthen the HC system.

Each of these reform initiatives envisages new roles and responsibilities for the HC. Cluster leads at the country level are now accountable to the HC for the performance of their cluster, and HCs have additional authority in many countries by virtue of their influence over where pooled funding from the CERF and common funds is directed.

With these additional responsibilities, accountability becomes even more important. Formally, HCs are accountable to the Emergency Relief Coordinator (ERC).³ However, when the HC role is combined with that of the Resident Coordinator ('double-hatting'), or in some instances also the Deputy Special Representative of the Secretary-General ('triple-hatting'), one individual can have up to three reporting and accountability lines, and hence three jobs. Whether it is feasible for one individual to have so many functions and responsibilities without strong policy advice and support is highly questionable. One interviewee for this project noted that: 'The RC/HC doesn't have the time to act as a "proper" HC and is hardly seen at coordination meetings'. This is not an isolated experience.

Strengthening the HC: falling by the wayside

The HC position is a key post, where different reforms interact and can be brought together in a coherent and mutually enforcing way. At field level, the HC is the linchpin of reform. The progress of other reforms will therefore depend on effective political and managerial support for the HC. However, efforts to strengthen the HC have been sidelined at headquarters at the expense of the implementation of the CERF, in particular, and also cluster reforms.

IASC Principals endorsed an 'Action Plan to Strengthen the Humanitarian Coordinator's System' (hereafter the HC Action Plan) in April 2006 (IASC, 2006a). This aims to improve the appointment process for HCs, strengthen their accountability to the humanitarian community, ensure that appropriate training and induction are given and provide adequate support. The HC Action Plan also seeks to strengthen the commitment to coordination among humanitarian partners at field level (IASC, 2006b).

By the end of 2006, a pool of qualified HCs had been developed, including NGOs. A learning and briefing system was also established to support appointees to the HC Pool, and a project to strengthen the Humanitarian Coordinator function was established by OCHA. But delays in deploying HCs from the Pool remain a matter of concern,⁴ few inductions or training sessions have taken place and the terms of reference for Humanitarian Coordinators date back to 2003, and so do not reflect the additional responsibilities created by cluster and pooled funding reforms.

The capacity of HCs to fulfil their increasingly demanding functions will be critical to the success of other reforms. Sequencing reforms according to an understanding of their interplay at field level will be important. In some instances, the authority given to HCs to determine how resources are allocated is seen as providing a financial incentive for improved coordination through the cluster system. This is particularly the case in contexts where cluster leads have been given a formal role in prioritisation, as in DRC in relation to CHF allocations and applications to the CERF. This authority also has the potential to strengthen the hand of the HC in demanding effective performance from cluster leads. Yet concerns persist regarding the HCs' ability to mediate between cluster leads, particularly where clusters are used to access or prioritise pooled funding. This is still perceived as being highly dependent on personal strengths rather than reliable systems and a capacity to support needs-based prioritisation. Interviews in DRC highlighted that, despite the positive impact cluster leads' formal role in prioritisation has had, a question

Figure 1: New HC responsibilities

Cluster approach	CERF	CHF
Secures agreement on establishment of sectors Designates cluster leads based on assessment of needs, gaps and response capacities Retains overall responsibility to the ERC for ensuring the effectiveness of the humanitarian response	Approves 'under-funded emergency' applications and establishes priority lists of life-saving projects with the UN Country Team Identifies the need for rapid response funds to the ERC, in consultation with the Country Team	Mobilises resources Defines the level of the Rapid Response Reserve Decides resource allocation on the basis of a common action plan involving humanitarian partners Reports to donors and monitors and evaluates the impact and effectiveness of the humanitarian response

³ They are also accountable to the SRSG in the case of integrated missions, while retaining a secondary reporting line to the ERC for humanitarian issues

⁴ For example, in the case of CAR the current RC/HC was in the HC Pool. Despite this, there was an eight-month gap before he was appointed.

remains as to who retains the overall strategy and vision for humanitarian action.

While some positive outputs have arisen from the HC Action Plan, substantive progress is needed urgently, not just in the establishment of systems but also in their transparent and consistent application. In addition, further consideration needs to be given to ways to better support HCs in-country. To assist HCs in effectively fulfilling their varied and growing roles, OCHA country offices will need to be properly staffed, at a sufficient level of seniority and with clear supportive functions and authority. Appointing a Deputy HC as a standard feature in complex emergencies should also be given close consideration in order to bolster policy support for humanitarian issues and support linkages to the OCHA country office where necessary. This would be particularly helpful where integrated missions are deployed, and it would strengthen the capacity of the DSRSG to consider and advocate for humanitarian issues within broader political strategies.

The cluster approach

The cluster approach has its origins in the Humanitarian Response Review (HRR) of 2005. The HRR was commissioned by the then ERC, Jan Egeland, in response to failures in Darfur and the ERC's own concerns about the unpredictability of the humanitarian response system.

Although the introduction of clusters was only one of several significant recommendations to come out of the HRR, the ERC identified the cluster approach as the priority for implementation. In late 2005, the IASC decided that a cluster approach would be used as an interagency planning framework for selected new

and ongoing emergencies.⁵ This decision is seen by some as having been *conveyed* to the IASC by the ERC, and made with little consultation – particularly with non-UN participants (ICVA, 2005; HPG, 2005). This, combined with the fact that most cluster leads are UN agencies, has led to persistent concerns among many NGOs that this element of reform is UN-centric.

Figure 2 sets out the primary responsibilities of global cluster leads and country cluster leads. Crucially, cluster leads at country level are also required to be 'providers of last resort': providing assistance and services where no better alternatives are forthcoming, and where security and capacity permit. Advocacy and resource mobilisation should be key parts of this role.

Perceptions of the cluster approach and emerging areas of ambiguity

Confusion and differing interpretations of the cluster approach persist. Recent field research by HPG reveals ambiguity and inconsistency in implementation, mirroring findings from other reviews.⁶ The lack of a consistent, clear conceptualisation of the cluster approach is not just a product of poor communication, but stems from deep-seated inconsistencies and lack of consensus between member states, UN agencies and non-UN humanitarian actors about the role of cluster leads, and the relationship between them, affected states and non-UN humanitarian actors.

Is a cluster the same as a sector?

One of the primary questions at the country level is how the cluster approach differs from sectoral coordination systems. Early documentation regard-

Figure 2: Cluster responsibilities

Global cluster lead role	Accountability
<ul style="list-style-type: none"> • Standards and policy setting • Building response capacity • Establishing and maintaining surge capacity • Operational support 	Accountable to the ERC at the global level*
Country cluster lead role	Accountability
<ul style="list-style-type: none"> • Inclusion of humanitarian partners • Establishment of coordination mechanisms • Ensuring predictable action for needs assessment and identification of gaps • Agreeing response strategies • Applying standards • Monitoring and reporting • Advocacy and resource mobilisation • Provider of last resort 	Accountable to the HC at the country level*

Note: * Apart from IFRC, which has not agreed to be accountable to the UN.

Source: IASC (2006b).

⁵ In 2005 the following cluster lead arrangements were agreed by the IASC: Water, Sanitation and Hygiene (WASH) – UNICEF; Shelter – IFRC (natural disasters) and UNHCR (conflict contexts); Health – WHO; Nutrition – UNICEF; Camp Coordination Management – UNHCR (conflict) and IOM (natural disasters); Early Recovery – UNDP; Protection – UNHCR (conflict contexts), UNICEF/OHCHR/UNHCR (natural disasters); Telecommunications – WFP/UNICEF/OCHA;

Logistics – WFP. In 2006 the IASC designated UNICEF as the cluster lead for Education. The FAO has also signed-up to the principles of the cluster approach in relation to agriculture⁷.

⁶ ICVA circulated mission reports from trips to Uganda in May and October 2006 and to DRC in July 2006. The IASC Self Assessment was carried out in September–October 2006. A number of NGOs have also undertaken internal reviews.

ing the cluster approach makes clear the distinction between this reform and the various existing sectoral coordination arrangements. The unique, and also most valuable, elements of the cluster approach relate to accountability and predictability. These two elements directly address the weaknesses which triggered the current reform effort, and are primarily encompassed in the concept ‘provider of last resort’. This in turn is complemented by global cluster lead responsibilities to improve preparedness, through standard-setting and improved surge capacity.

More recent documentation is less clear in describing how clusters differ from sectors at the field level. For instance, the *Guidance Note on Using the Cluster Approach* states that ‘a “cluster” is essentially a “sectoral group” and there should be no differentiation between the two ... the aims of filling gaps and ensuring adequate preparedness

and response should be the same’ (IASC, 2006c: 3). Humanitarian actors in Uganda reported that they saw no difference between the cluster and sector approach; in the Central African Republic (CAR), many actors do not know whether the cluster system is actually in place, despite the HC agreeing terms of reference with cluster leads in early 2007.

Clarity on the distinction between sectors and clusters is essential for a number of reasons. First, imprecise language may get around short-term resistance to reform, but weakens efforts to promote a distinctively new way of working. Allowing appropriate terminology to be ‘determined on a case-by-case basis’ (IASC, 2006c) will make it difficult to identify where the unique elements of the cluster approach at the country level – most importantly the provider of last resort – have been agreed, and by whom. The current

Timeline of reforms

Decisions/guidance		Clusters applied in
	2005	
HRR published	August	
IASC decides to trial clusters in 3 ongoing and 3 new emergencies in 2006 Global cluster leads identified	September	
	October	Pakistan
IASC Principals endorse roll-out in Uganda, DRC and Liberia IASC tasks IASC Working Group to develop HC strategy	December	
	2006	
Draft ‘Generic Terms of Reference for Cluster Leads at the Country Level’ circulated	January	Uganda, DRC, Liberia
First HC Pool agreed Global Cluster Capacity Building Appeal Common funds for DRC and Sudan piloted	March	Ethiopia
IASC endorses Somalia as roll-out country IASC endorses HC Action Plan	April	
Draft Operational Guidance Note on designating sector/cluster leads in emergencies Preliminary guidance note on ‘OCHA’s Role in Supporting the Implementation of the Cluster Approach’ issued Revised Global Cluster Capacity Building appeal – \$38.5m requested	May	Somalia and Indonesia
IASC ‘Preliminary Guidance Note on Implementation of the Cluster Approach’ issued	June	
IASC Working Group agrees to a second round of HC Pool nominations to improve geographical and gender balance Humanitarian Reform Support Unit established	July	Lebanon
	September	Colombia
Nominations for 2nd round HC Pool completed	October	
IASC finalises guidance note on cluster approach and TORs for cluster leads IASC Interim Self-Assessment issued IASC agrees to implement cluster approach in all major new emergencies and all countries with Humanitarian Coordinators Pilot Humanitarian Coordinator Briefing	November	
IASC Guidance Note on clusters endorsed by IASC	December	
	2007	
	January	Philippines
	February	Mozambique
Diagnostic Tool for HCs issued Draft Standard Operating Procedures on when and how to apply cluster approach 2nd Global Cluster Capacity Building Appeal – \$62.5m requested	March	Madagascar
	June	Chad

flexibility of interpretation undermines the core objective of the cluster approach, namely strengthening predictability and accountability, or the predictability of accountability.

Second, the lack of clarity around how clusters should relate to sectoral groups has led to diverse interpretations of agency roles and responsibilities, the goals and aims of cluster leadership and the extent to which cluster leads represent the interests of others within a cluster. The relationship between clusters and previously established co-ordination mechanisms is to a certain extent determined by the context. However, guidance needs to be sufficiently prescriptive to ensure a degree of predictability, and to allow for assessment of performance. Without sufficient standardisation in the interpretation of cluster leadership roles, personality or individual agency interests will become the primary determinant of what cluster leadership means at the country level. This was a finding repeatedly expressed by interviewees at country level.

Are clusters a gap-filler or a new system?

There has been little consensus on whether the cluster approach was meant to fill perceived gaps (particularly concerning internally displaced persons (IDPs)), or whether it is intended to revolutionise the system. The former was certainly the case originally: the decision not to establish clusters for food security, education and agriculture (initially) and refugees is indicative of this, given that WFP, UNICEF, FAO and UNHCR were seen as having clear leadership responsibilities or mandates in these areas. However, the profile of the cluster system, the significant investment in clusters at the global level and their expansion to include new areas of response (education and agriculture) is creating confusion as to whether the cluster approach has become accepted as the new system for coordination and leadership, and should be applied universally.

The issue of accountability is again important here. Why should WFP's accountability for the food sector differ from UNICEF's accountability as cluster lead for water, sanitation and hygiene? Does taking a leadership role in sectoral coordination at field level involve the same level of institutional commitment and planning as signing up to be a provider of last resort? If clusters are eventually to be implemented in all contexts that have a Humanitarian Coordinator, how can parallel cluster and sectoral systems be avoided if clusters do not exist for all sectors?

The fact that the cluster system was 'designed' as a gap-filler and is being used as a system in itself creates inconsistencies and limits potential utility. The cluster approach includes opportunities for inter-agency dialogue at the policy level on issues of standards, good practice, new technical approaches and training needs. At the operational level, it

Box 1: The provider of last resort

The provider of last resort concept remains poorly understood. The guidance provided on this critical issue was in draft form until November 2006,⁷ has at times been unclear and has not appeared consistently in the range of documentation produced. For example, the latest Standard Operating Procedures (still only publicly available in draft) on 'Designating Sector/Cluster Leads', 'When to Use the Cluster Approach', 'Accountability' and 'The Relationship between Clusters at Country and Global Levels' make no specific mention of the provider of last resort role. It is also unclear how far the provider of last resort concept extends to advocacy and resource mobilisation at the global level, although logically it should do so. Despite this inconsistency, a few positive examples of how this role can work are emerging, but they are not widely known or communicated. In DRC, some cluster leads have begun to take more responsibility for ensuring that gaps in assistance are addressed (through working with other agencies), and acknowledge that they will be held to account by the HC. Ensuring that this element of the cluster approach is not eroded will be critical to maximising the potential for improved humanitarian outcomes.

represents an opportunity to promote joint analysis and the joint prioritisation of needs, for instance to inform resource allocation. This would then ideally feed into inter-cluster coordination. However, this would result in non-cluster areas being under-represented. In Uganda, for example, WFP is concerned about the priority given to clusters and the potential for the clusters to be perceived as superior to sectors (Schenkenberg van Mierop, 2006). Similarly, NGOs have expressed concern about the comparative visibility of the clusters as against sectors. A key part of the rationale behind Save the Children and UNICEF's advocacy in favour of an education cluster was the fear that education needs would not be given sufficient priority (and funding) if they were not represented through the cluster system. The IASC endorsed a cluster approach for education for similar reasons, claiming that it would enhance the 'structure, predictability and coordination of support' (IASC, 2006d).

The DRC, where ten clusters have been established in-country, including food security and education,⁸ represents a useful example of a context-driven response. However, it also raises questions about the link between the global clusters and in-country clusters – questions that are applicable to all

⁷ The provider of last resort concept was outlined in the Draft Generic Terms of Reference for Cluster Leads at the Country Level in January 2006. However, this was not formalised until it was attached as an Annex to the IASC Guidance Note approved in November 2006 (IASC, 2006d).

⁸ No camp coordination and management cluster was established.

country contexts employing the cluster approach. In situations where clusters are established in the field, but have no corresponding global cluster, the in-country cluster lead may not be able to take on the responsibilities associated with provider of last resort. It is likely that there will be less progress in building (inter-agency) response capacity, operational support, and procedures at the global level, and headquarters may not have committed to the role in the formal way that has been required for cluster leads with a corresponding cluster at the global level. Equally, resources for strengthening global cluster lead capacity are provided through the Global Cluster Appeal, direct access to which is limited to formal global cluster leads.

Are clusters pilots or policy?

Lack of certainty among humanitarian actors over whether the cluster system is an experiment or *the* new way of working risks confusion and could lead to opportunities for assessment and modification being missed. More importantly, it risks missing opportunities to test new ways of working by setting standard benchmarks for cluster leadership performance, and evaluating performance against these. HPG has been repeatedly advised by OCHA Headquarters that ‘there are no pilots’ for the cluster approach. Initially the cluster approach was to be rolled out in DRC, Uganda and Liberia, with Somalia later added as a fourth ‘trial’ country. It has now been implemented (to differing extents and in different forms) in 12 emergencies – six rapid-onset emergencies and six protracted crises. Although this could be perceived (and is perceived by some) as a phased roll-out, much IASC and OCHA documentation refers to the four initial countries as ‘pilots’, and uncertainty reigns at field level. Perhaps the best example of ambiguity is the question-and-answer sheet developed by OCHA, which states both that ‘if current arrangements are working well, then there is no need to change’, and that ‘eventually the approach should be rolled out across all existing emergencies’ (OCHA, 2006).

There is a critical difference between a phased roll-out of an agreed policy and experimental pilots, particularly in relation to the effective management of the reform process. One key distinction is the timing of consultation and debate on the substance of the approach. For experimental pilots, it is to be expected that the initiative is not yet fully formed, though there would be an expectation of a comprehensive stock-take and review at the end of the pilot phase and prior to further implementation. This would require benchmarks to be set against which the approach can be assessed.⁹ If the chosen

⁹ The IASC has commissioned an independent evaluation of the performance of the cluster approach, the first phase of which will be conducted from June to October 2007. As part of this evaluation, it is proposed that a framework of performance indicators be developed to allow more detailed assessment of impact in the second phase.

strategy for reform is phased roll-out, however, affected actors would rightly expect significant consultation, training and guidance prior to the commencement of the process. The (seemingly unplanned) ‘hybrid’ approach represents the worst of both worlds. Field representatives responsible for implementing the cluster approach in the initial four countries were provided with limited clear guidance on their roles and responsibilities, the objectives of the cluster approach were not clearly communicated and those expected to play a leadership role received little, if any, training or support. In many instances even OCHA staff were struggling to determine what their new role was meant to be within the cluster approach. The IASC assessment conducted in September–October 2006 (IASC, 2006e) theoretically provided a substantial opportunity for stock-taking, review and modification, but was not used to signal the end of the pilot phase, clearly communicate what lessons had emerged and how the model would be modified, or mark the start of a broader roll-out. At the country level, there is reportedly limited opportunity to feed back experiences and influence the further formulation of the model. This represents a missed opportunity by the IASC and suggests grave limitations within OCHA in terms of driving reform management.

Managing reform: towards a roadmap

Poor reform management raises the risk that the humanitarian community will lose faith in the reform process. It also undermines the potential to assess humanitarian outcomes for beneficiaries, or achieve improved outcomes. Analysing the strengths and weaknesses of the initiation, design and implementation of the reforms is therefore an important part of ensuring a comprehensive understanding of the prospects for change. However, managing reform within the humanitarian system is not solely the responsibility of OCHA or the IASC. Donors, UN member states and operational agencies also have responsibilities.

The environment

While there continues to be some debate about whether this phase of reform solely concerns the UN, or whether it applies to the entire humanitarian system, its objectives can only be realised if the change process extends beyond the UN. However, this requires supporters of reform to navigate a highly complex ‘system’ that is both diverse and decentralised. The UN itself is a complex combination of centralising and decentralising forces. Other key actors, such as donors, member states and operational agencies, have their own organisational cultures, political contexts and governance arrangements. Power, authority and influence – often critical components of effective change – are not clearly located, or even commonly perceived. In short, while leaders may be able to initiate change, they cannot ensure its implementation or integration.

Historically, efforts to reform the UN more broadly have put a premium on consultation, with process at times seeming more important than results (Luck, 2003). The bulk of the current humanitarian reform agenda, in particular the cluster approach, was spearheaded by the then ERC, whose leadership, purpose and energy succeeded in generating a significant degree of momentum behind reforms, and secured the agreement of a range of UN agencies and the IFRC to substantive new roles and obligations. However, this approach also privileged individual leadership over consensus-building and consultation. This successfully avoided the drawn-out political debates within the UN that often characterise efforts to bring about structural change. While many would argue that these benefits are sufficient justification, the ‘spearhead’ approach has also made subsequent reform management and implementation more difficult.

Coalitions, consultation and consensus

Lessons from experience and studies of institutional change demonstrate the importance of broad and influential coalitions in pushing reform in decentralised systems. Reformers in the humanitarian system have failed to secure such coalitions, at several levels:

- *Operational agencies.* The early lack of consultation and engagement of NGOs around the cluster system led to resistance to reform.¹⁰ Donors and NGOs remain concerned that cluster leads will succumb to conflicts of interest when accessing pooled funding or advocating for increased sectoral funding from donors. Concerns also exist regarding the competence of some cluster leads.
- *UN member states.* In November 2006 the IASC Interim Self-Assessment acknowledged that the IASC had failed to build broader coalitions with UN member states (IASC, 2006e). While current guidance seeks to address this in a formal sense by urging cluster leads to agree roles and forge effective relationships with member states, buy-in remains limited in some quarters, and several member states have opposed cluster implementation, in particular with respect to UNHCR’s expanding role in the protection of IDPs.
- *Donors.* Broader coalitions amongst donors may have been facilitated by a more inclusive con-

¹⁰ In July 2006, 40 leaders of UN humanitarian organisations, NGOs, the Red Cross/Red Crescent Movement, the IOM and the World Bank met in Geneva to explore ways of enhancing the effectiveness of humanitarian response. The meeting agreed to convene a Global Humanitarian Platform (GHP). The first formal meeting of the GHP was set for July 2007. The GHP is in part a reaction to the perceived UN-centricity of many of the reforms, and an attempt to redress imbalances in setting common objectives and goals for humanitarian performance improvement between UN agencies and the major operational actors in the international system.

sultation process early on (including with non-UN humanitarian agencies). However, donors as a group have disagreed over the role of the HC and the benefits of pooled financing, diminishing incentives for the humanitarian community to coalesce around HC-led crisis response strategies. Similarly, greater clarity from OCHA and the IASC to donors in relation to the goals and processes of reform, including intended outcomes, may have strengthened buy-in for the reform process. This may also have helped smooth the sequencing of donor-led financing reforms in relation to cluster reforms.

The possibility of prescription

Fomerand (2003) argues that the lack of an organisational roadmap for change can make UN reform processes vulnerable to political influences. While a visionary blueprint for the humanitarian system is unrealistic, a management-level sequencing strategy – a ‘roadmap for reform’ – would be beneficial. While recognising that a more prescriptive approach may well have met with greater resistance, the value of structure cannot be underestimated, particularly when a key objective of reform is greater predictability and accountability. Opportunities for broader consensus-building around the detailed design of reforms should be actively sought in order to enable a prescriptive approach to future roll-out.

More effective leadership is also needed at the country level. Reforms have been sequenced in such a way that they require substantive HC leadership. However, the reforms were rolled out before the capacity of the HCs was strengthened, limiting the prospects for systemic change.

Where now?

Despite the impediments outlined here, there are examples of positive improvements in coordination and predictability in particular clusters in certain countries. But this is not a sufficiently strong basis for system-wide change. Disagreement as to the value of the cluster approach, when it should be rolled out, how cluster leads should access and use pooled funds, and whether it should only be seen as relevant where gaps are obvious has led a number of agencies to ask why and when it should be implemented, and what the benefits of such a seemingly UN-centric approach might be. Ultimately, confidence in the reforms will determine whether changes to formal arrangements will translate into fundamental behavioural change, an improved system and better humanitarian outcomes.

While consensus and consultation are essential ingredients for effecting change in the humanitarian system, there is a time and place for clarity, structure and prescription. An iterative approach, characterised by high degrees of flexibility, interpretation and uncertainty, is antithetical to predictability and accountability. In a system with

such a complex mix of centralising and decentralising forces, where power is exercised through formal (official) and informal means (information, networks and alliances, personal charisma, financing), a clear distinction must be made between what is mandatory, and what is not. If, for example, cluster leadership is promoted as the key to improved predictability and accountability, cluster leads must take on that role in all contexts of significant humanitarian need, without exception.

Greater clarity, structure and prescription does not mean less investment in consultation and consensus-building. Greater distinction is needed between periods where change initiatives are clearly open to debate and revision, and phases where the reforms have been locked in (at least for a set period), and should be implemented in line with stated policies. If substantive review and debate does not occur before broader implementation, the opportunity for substantive discussion of the details of the reforms may again be missed.

Recommendations

- A reform management roadmap is needed which explicitly considers issues of sequencing and the interaction of different reform initiatives, particularly in relation to the HC, any proposed further establishment of CHFs and the cluster approach.
- Greater priority needs to be given to strengthening the HC system.
- The HC needs to be supported in-country by an OCHA team that can advise the HC in the fulfilment of his or her new functions. Consideration should be given to more regular deployment of Deputy HCs in complex emergencies.
- Universal roll-out of the cluster approach should not occur until the cluster evaluation has been conducted. In the meantime, the cluster approach should continue in countries where it has been implemented, and significant effort should be made to ensure that the distinctiveness of the cluster approach is not eroded. The cluster evaluation should be followed by an intensive period of debate to feed into further guidance.
- Any future roll-out of the cluster approach should be preceded by the finalisation and improvement of guidance, and efforts to ensure that cluster leads actively articulate and fulfil their function as provider of last resort.
- Measures need to be agreed to assess the performance of the cluster approach and other reform initiatives. Agencies will need to invest in the cluster evaluation process to ensure that the performance indicators developed are appropriate.
- The IASC should engage donors more actively in deliberations regarding improvements to the humanitarian response system. A specific session should be held to allow discussion of the

findings of the cluster evaluation, and to enable donors to comment on the proposed formal guidance. NGO networks will need to actively engage their members prior to such a session.

- Donors should use their role as board members and funders to promote more cohesive implementation of reforms. While donors may choose to interact with the reforms differently, they should collectively agree on issues relating to the quality of the reform management process. The OCHA Donor Support Group provides a useful forum for discussion of reform management.
- There is a continued need for a specific unit within OCHA with clear responsibility for managing reforms (such as the Humanitarian Reform Support Unit). OCHA could benefit from additional technical expertise in complex change management processes.

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