AFGHANISTAN

COORDINATION **ARCHITECTURE REVIEW**

Final Report: Findings & Recommendations

DECEMBER 2015

COORDINATION **ARCHITECTURE REVIEW**

Contents

REPORT:

1. Background

2. Purpose

3. Methodology

4. Context

5. National Coordination Capacity

6. Key Findings

7. Conclusion

8. Recommendations

9. For further consideration

10. Future Architecture Review Plans

KEY ARCHITECTURE REVIEW COMPONENTS:

11. NGO Survey Results

12. Cluster Lead Agency survey summary results

13. OCHA Field Coordination Case Studies Summary & UNHCR comments

14. Summary key points arising from PDMC interviews

15. Summary Donor Survey Findings

16. Summary Matrix of Cluster Recommendations Papers

17. Complete Cluster Review & Recommendations Papers & HCT Presentations

18. Summary Cluster Self-Assessment Matrix

19. Cluster self-assessments

20. Agency Submissions: UNHCR, ARCS/IFRC, IOM

21. CCPM summaries

22. Humanitarian Architecture Review TOR

PROPOSED MONITORING TOOLS TO BE PRODUCED IN JANUARY 2016:

i. Checklist to monitor progress against proposed key Architecture Review actions

ii. HCT Cluster Performance Monitoring framework

1. Background

A review of the humanitarian coordination architecture in Afghanistan, as well as an assessment of cluster coordination performance, was carried out between April and September of 2015. Cluster coordinators, cluster lead agencies, cluster members, donors, Government representatives and OCHA field coordination staff were invited to respond to a series of surveys on the fitness and appropriateness of the current coordination set up. The review sought to inform the Humanitarian Country Team (HCT) regarding the current levels and effectiveness of coordination at the national and sub-national level and between the two, the scope for alternative coordination mechanisms, and the level of engagement with, and capacity of, national authorities to assume greater humanitarian coordination functions.

Cluster Coordination Architecture Reviews were introduced under the IASC Transformative Agenda (TA). A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

Periodic reviews of the cluster architecture ensure that clusters adapt to changing circumstances and remain light, efficient, effective and fit for purpose. They also ensure that clusters make timely plans to transfer leadership and accountabilities to national or other structures, design transition processes and, where necessary, activities to build capacity in relevant areas. The IASC have made it a requirement to undertake the Coordination Architecture Review annually in protracted crises.

In Afghanistan, a sub-national level of multi-sector coordination architecture has been established. Sub-national Humanitarian Regional Teams (HRT), often with cluster representation and Operational Coordination Teams (OCT), bring together active operational agencies in each province to discuss key humanitarian, as opposed to sector specific, issues. The humanitarian coordination mechanisms in place at the sub national level are largely determined by the existing capacities and coordination needs. While the TA protocols on the Architecture Review only mention the cluster configuration, the Afghanistan review considers this broader coordination architecture in country.

The cluster system was adopted in Afghanistan in 2008 under the Humanitarian Affairs Unit of UNAMA, with the initial activation of eight clusters: Education, Emergency Shelter and Non Food Items (ESNFI), Emergency Telecoms Network (ETN), Food Security and Agriculture (FSAC), Health, Nutrition, Protection and Water, Sanitation and Hygiene (WASH). Two Protection sub-clusters were also establish (Child Protection in Emergencies and Gender Based Violence) as well as a Logistics working group and an Early Recovery Network at the national level.

In October 2012, as part of a process to review the number of clusters in Afghanistan, improve efficiency and reduce transaction costs, the HCT decided in principle to streamline the eight clusters to three. After extensive consultations and discussions with the lead agencies, clusters and NGOs, recommendations for deactivating and merging the clusters were put to the HC for endorsement in January 2013. The proposal included: deactivation of the ETN, Early Recovery, Education and ES/NFI clusters; the transition of WASH cluster responsibilities to a sectoral working group under the leadership of MRRD during 2013/14 and a merging of the Health and Nutrition Clusters. Consultations, involving missions from the Global Clusters, continued throughout 2013 concluding with the following decisions:

i. Emergency telecoms network (ETN), Early Recovery and Education deactivated;
ii. ES/NFI Cluster to continue into 2014;
iii. Merging of Health & Nutrition clusters not recommended at this stage;
iv. 2013 Plan of Action developed for transition of WASH Cluster to a WASH Sector Group.

2. Purpose

The Coordination Architecture Review is an assessment of whether the current coordination mechanisms in place are fit for purpose. It provides an opportunity for the Humanitarian Coordinator (HC) and HCT to strengthen the coordination set- up. The review is intended to consider issues in relation to the expansion, transition, de-activation and merging of clusters, or sectoral and other humanitarian coordination arrangements. The aim of the review is to

inform decision making by the HC and HCT in regards to ensuring flexible and relevant coordination mechanisms are in place, tailored to operational requirements, and supportive of national coordination efforts.

- Reflect on the review of the current coordination set-up and solicit recommendations on adapting the architecture to fit the current context.
- Explore opportunities for cluster transition and the capacity of national counterparts to fulfil a coordination role while maintaining the readiness of international actors in case of new emergencies.

3. Methodology

All key humanitarian stakeholders were engaged through various means to establish broad perceptions regarding the functioning and efficiency of existing coordination mechanisms, as experienced by partners participating in response operations, donors, Government counterparts and agencies leading coordination. The methodology of the Architecture Review included (i) NGO Survey; (ii) Cluster Lead Agency Field Focal Point survey; (iii) Humanitarian Donor Survey; (iv) Key Informant Interviews with Government Counterparts; (v) cluster gap analysis and self-assessment to summarise resources and capacity; (vi) cluster position papers outlining primary functions; (vii) Cluster led reviews of National Coordination Capacity; (viii) IOM review of ANDMA capacity; (ix) Field Coordination Case Studies; (x) Submissions from key stakeholders including UNHCR in their function of leading IDP coordination, the Red Cross Movement and ECHO Emergency Response Mechanism partners and (xi) review of Cluster Coordination Performance Monitoring (CCPM) findings and Cluster gap analysis. Several discussions also took place during the process at both the Inter-Cluster Coordination Team (ICCT) and HCT forums. A joint OCHA retreat session between OCHA sub-office staff and ICCT was also held. The findings of each stage of the review were shared with the HCT for comment and to inform discussion.

4. Context

In order to be effective, humanitarian coordination structures need to be adapted to the context and be informed by the humanitarian response strategy of the HCT. Changes in coordination architecture, including the activation or de-activation of clusters, should be based on changes in the humanitarian situation and/or the ability of national actors to lead on coordination functions.

The overall humanitarian situation has remained largely unchanged following the peak period of crisis from 2002-2008, with conflict and insecurity continuing to be the largest determinant of humanitarian need and civilian casualties, along with natural hazards and disasters endemic to the country.

The widespread number of provinces simultaneously affected by conflict is a distinguishing characteristic of 2015, prompting a large-scale protection crisis affecting 6.3 million people. With the large scale withdrawal of international military forces, fighting is now characterised by intensified armed clashes and a substantial increase in Non-State Armed Groups (NSAG) attacks on district centres. In 2015, 23 district administrative centres had at one time or another been captured by NSAGs, compared to only three centres in 2014. Growing violence has accentuated acute deficiencies in emergency health services and trauma management. Conflict further disrupts already inadequate access to basic health care, with 40% of the population living in areas where there is no public health service coverage, thus requiring increased attention to preparedness and response to epidemic outbreaks. Intensified fighting and growing fear caused by insecurity and intimidation displaced thousands of people throughout Afghanistan in 2015. Projections for 2016 estimate as many as 250,000 people will require assistance as they flee their homes to escape this violence and become internally displaced.

This year once again revealed Afghanistan's substantial exposure to natural disasters. While the first six months of the year recorded below average numbers of people affected by the usual flooding and extreme weather events, the country was rocked in October by a 7.5 magnitude earthquake which left more than 127,000 people in need of humanitarian assistance. Data from the past decade suggests that on average, the country will continue to see

approximately 250,000 people affected by natural disasters every year, including floods, earthquakes, landslides and droughts.

Afghanistan remains one of the poorest countries in the world and despite sustained aid flows, continues to suffer from a general development deficit sustaining an underlying chronic state of the population which only exacerbates the humanitarian crisis. Despite the past decade of international assistance, poverty, inequality and instability remain entrenched. Millions of Afghans live in severe poverty and struggle to meet their basic requirements resulting in chronic malnutrition, severe food insecurity and one of the highest infant and maternal mortality rates globally. More than 70 per cent of the population live on less than two dollars a day. Basic services such as access to health care are uneven in capacity and quality throughout the country. Coverage of the Basic Package of Health Services (BPHS) continues to fall reaching a maximum of 64 per cent of the population. Levels of acute malnutrition have surpassed emergency thresholds in 17 of 34 provinces. One million children need treatment for acute malnutrition and one in ten pregnant and lactating women are malnourished, increasing the susceptibility of their children to malnutrition.

Returnee rates have also been steadily increasing since 2011-12, with 5.7 million refugees having returned in the last decade, placing immense pressure on communities and national resources to support reintegration. Deportations of undocumented Afghans from Iran and Pakistan have remained high since 2012, with a total of over 233,000 in 2013 and at least 387,000 in 2014; the rate of return in the first quarter of 2015 alone exceeded total returns for 2014 by 240 per cent. For the first time Afghanistan also became host to a significant influx of refugees in 2014. Military operations by the Government of Pakistan in June prompted over a million people to flee their homes in Pakistan's North Waziristan Agency and seek refuge inside Afghanistan's borders.

The number of active humanitarian organisations responding to the identified needs has fluctuated over the years since the clusters were established. In 2009, a total of 39 NGOs and eight UN agencies participated in the Humanitarian Action Plan (HAP) although the number of active organizations nationwide was not specified. In 2013, 210 organizations were active on the ground with 62 appealing for funding in the Common Humanitarian Action Plan (CHAP). In 2014, 134 organizations were identified as active including eight UN agencies/funds, 70 INGOs, 50 national NGOs and the Red Crescent/ Red Cross Societies, a reduction from 2013 after identifying partners actively implementing humanitarian action in the field.

The current Who Does What Where (3Ws) of the last quarter of 2015 identifies a total of 197 operational actors, of which 95 reported results aligned to the 2015 Humanitarian Response Plan (HRP). The Q4 3Ws shows more than half of the districts in the country have five actors or more. 90 per cent of partners are focused in the highest conflict affected districts. Between Q3 and Q4 there has also been a significant shift in partner presence in response to the Kunduz displacement and earthquake responses. This mobility and quick response of humanitarian partners was largely enabled through the flexible funding released through the in country Common Humanitarian Fund (CHF) pooled funding mechanism.

5. National Coordination Capacity

Despite the formal existence of disaster management and risk reduction mechanisms, Afghanistan's progress towards the goals set in the Hyogo Framework for Action (HFA) to reduce vulnerability and exposure to disasters has been independently assessed as "quite fragile". Where progress has been made, "it has not been supported by systematic policy or institutional commitment which means that achievements are neither comprehensive nor substantial".

Increasingly since 2009, there has been steady improvement in national response to humanitarian needs from several Ministries, the Afghan Red Crescent Society and private foundations, partly owning to active engagement of parliament and vocal domestic media. The Provincial Disaster Management Committees (PDMC) in the north and northeast have proven particularly effective in managing responses to natural disasters through joint planning, assessments and distributions; this has been evidenced by successful OCT and PDMC preparedness planning, and response to large scale floods in 2014 which affected 120,000 people. In February 2015, the government, supported by the humanitarian community was also quick to respond to the needs of 8,827 families affected by floods, rain, heavy snow and avalanches in 24 provinces.

The performance and effectiveness of provincial/municipal authorities and the Afghanistan Disaster Management Authority (ANDMA) remains largely dependent on the incumbent however, and varies significantly from province to province. The National Disaster Management High Commission (NDMC), comprised of line ministries, provincial/municipal authorities and ANDMA, continues to face significant challenges in its central coordinating role in preparedness, response and risk reduction. ANDMA as an institution remains overall weak in capacity. It lacks Information Management (IM) and database technical skill and capacity and is generally unable to consolidate a national overview of response requirements or assistance provided. This partly stems from poor communication flows and limited influence over provincial and municipal authorities, but also due to vague positioning vis a vis the relevant line ministries which ultimately have the responsibility to provide assistance on behalf of the Government.

Within the line ministries themselves, designated departments for coordinating assistance face significant capacity limitations. Coordinated response to health emergencies, for example, remains dependent upon the Health Cluster as the Emergency Preparedness and Response (EPR) Department within the Ministry of Public Health (MoPH) is extremely weak and without a budget. The role of the EPR is further complicated by the Grants and Service Contracts Management Unit (GCMU) which finances all MoPH health partners under BPHS/EPHS, and to which partners therefore feel beholden. The relationship between EPR and GCMU thus complicates a Government response. While GCMU claim all support to emergency needs should be covered by contracted partners within existing budgets, MoPH through the EPR continue to request additional supplies and human resources support from the international humanitarian community.

The Nutrition Cluster is a further example of limited Ministerial capacity to take over coordination functions. Presently the Public Nutrition Department (PND) lean heavily on the cluster to lead on overall coordination of all BPHS contracted service providers. The Cluster provides the only forum for coordination of nutrition actors and has therefore also led on sector coordination and backstopping of PND well beyond the remit of humanitarian coordination. The level of participation and commitment to share cluster responsibilities by the PND has however grown steadily over the past year; this has followed efforts by UNICEF to build capacity towards eventual transition of cluster coordination to sector coordination led by the PND and the national nutrition programme coordination committee (NPCC) development partner forum. It is envisaged that once the NPCC has been strengthened with membership increased, most of the Cluster activities will be transferred and allow for a focus strictly on emergency response. The cluster work would then more appropriately deal with ways to enhance nutrition services in areas of limited BPHS coverage, respond to additional caseloads during emergencies, support rapid assessments and surveys in emergencies, and lead on advocacy and resource mobilisation to ensure funding for emergency response.

The major response requirements in 2016 are likely to be for conflict affected Internally Displaced People (IDPs). While on paper the framework and principles of the IDP Policy recognise the lead role of the Ministry of Refugees and Repatriation (MoRR) in responding to the protection and assistance needs of IDPs, the detail relating to emergency response procedures is more complex; 'relevant coordination mechanisms, line ministries, agencies and the humanitarian community' are identified as playing a role to provide support to MoRR to carry out assessments, register displaced families and organize the appropriate response. With no budget to actually procure and distribute assistance and no capacity to undertake the necessary assessments, the humanitarian community's role, previously embodied by the IDP Task Forces, will remain critical. Furthermore, as the conflict continues to draw in greater swathes of the country, forcing communities to align with one side or another, the role of a Government institution in determining who is eligible for assistance will become increasingly untenable.

To summarize, humanitarian needs in Afghanistan have not reduced, nor has the situation improved, since the activation of the cluster coordination mechanism. Associated response and coordination gaps remain, while national structures have not acquired sufficient capacity or cannot be considered as sufficiently impartial to coordinate identification and response to humanitarian needs in line with humanitarian principles. The deactivation criteria of the IASC Principals have therefore not been met. However, the Architecture Review has identified clear opportunities for the HCT to strengthen and streamline the existing coordination structures and appropriately tailor them to operational requirements.

6. Key Findings

1. There is overall agreement that humanitarian coordination is still required in Afghanistan.

2. The scope and scale of humanitarian needs have remained consistent with the context that first led to the activation and requirement for the cluster structure to be established. Humanitarian needs remain, which cannot be adequately addressed by the Government. Furthermore, their position as a party to the conflict driving humanitarian need requires that third party actors which deliver assistance remain in order to ensure impartiality of humanitarian response.

3. Some improvements seen in the national response to emergencies at the PDMC level particularly, and more recently through the NSC are piecemeal and not representative of a national system wide approach to managing disaster planning and response. Serious gaps remain in terms of establishing a centralised body to coordinate preparedness, response and risk reduction. Furthermore, other than MRRD, the relevant line ministries have not demonstrated the sufficient capacity or the willingness to mobilise dedicated resources to take over cluster responsibilities.

4. In the context of shrinking humanitarian financing and unrelenting need, the humanitarian community has progressively sharpened the focus of humanitarian action towards emergency response, prioritising the most acute humanitarian needs arising from the conflict and those resulting from natural disasters. In 2016 the conflict and displacement trends seen in 2015 are likely to remain consistent, if not increase. The humanitarian community needs to be able to deliver a flexible, responsive and agile multisector response to address emergency needs on multiple fronts. At the field level this means existing coordination architecture needs to be rationalized and unified to support an efficient multi-sectoral response.

5. At the same time, access for humanitarian organisations to operate independently and where the needs are greatest is increasingly restricted. Securing access is becoming much more complex and an increasing burden in terms of time required to develop acceptance and the resources expended to do so. The increasing complexity and potential security implications for organisations when attempting to deliver assistance in new areas is also becoming an increasing impediment to providing assistance where it is most greatly needed.

6. In 2016 UNHCR plans to relinquish their coordination and operational role in relation to conflict-induced internal displacement which has so far taken place through dedicated inter-agency and multi-sector coordination fora (IDP Task Forces co-chaired by UNHCR and MoRR). The existence of multiple different coordination mechanisms at one time in one place reportedly led to some ambiguity and duplication of roles and responsibilities; the handing over of this coordination role to OCHA presents an opportunity to streamline humanitarian operational structures in line with the humanitarian reform / Transformative Agenda.

7. The operational coordination mechanisms of the HRTs and OCTs, working alongside PDMCs and ANDMA, have been the routine forum for coordination of emergency response and are best placed to provide this coordinated approach to multi sector assessment and response. While working within this existing structure to strengthen it, a clear need has been identified to streamline processes and standards across provinces, to further review and expand upon the current SOPs. This may also help to mitigate any influence of political or individual agendas which have at times been detrimental to actors working to deliver assistance in accordance with the principles of humanitarian action.

8. The availability of recent, comparable national assessment data in Afghanistan remains a fundamental weakness to accurately identify priority needs and inform gap analysis, strategic planning and decision making, including for use of humanitarian pooled funds. The dearth of data in part results from the absence of common or standard tools for needs assessment and the incomplete and erroneous use of those that do exist. The lack of harmonised countrywide assessment and beneficiary identification processes also leads to tensions and disagreement regarding targeting and assistance standards. At various stages of the Architecture Review, actors and donors identified the need to harmonize standards and for modus operandi for response to emergencies to be systematically implemented.

9. An absence of sector/cluster standards and disagreement on technical approaches or agreed assistance packages has caused significant delays in delivery of humanitarian assistance. Contextualised technical standards or response strategies are not consistently developed and made available by all clusters.

10. There is an obvious disconnect between national and sub-national level coordination. Cluster coordination is sporadic at the sub-national level and the majority of clusters lack dedicated regional cluster focal point capacity. Focal points when identified, have largely received no specific cluster or coordination training and have little idea what their role or function should be beyond participating in meetings as a representative of their respective agency. For the most part, designating cluster focal points falls to Cluster Lead Agencies as NGOs demonstrate little enthusiasm to share leadership responsibilities or support the subnational coordination mechanisms without incentive.

11. Where clusters do exist at the sub national level there is no clear justification as to why or on what criteria the activation was agreed and the links between sub-national and national clusters not always apparent. The distinction between cluster and sector meetings has been blurred; often participants of a sub-national cluster meeting predominantly discuss longer-term developmental concerns and general information-sharing rather than real-time implementation of the Humanitarian Response Plan.

12. The lack of subnational cluster capacity has fuelled confusion between clusters and OCHA sub-office staff as to roles and responsibilities through all stages of the Humanitarian Programme Cycle (HPC). Clusters increasingly rely on OCHA field staff for information on sector specific situation analysis and reporting on the adequacy of the response, however OCHA staff see a requirement for specific technical and sector expertise to provide such functions.

13. Multiple coordination mechanisms and confusion over roles and responsibilities has been detrimental to the quality and timeliness of both horizontal and vertical information flows during rapid onset crises, thus impacting on timely and appropriate decision making.

14. Insufficient cluster IM capacity has impacted the collection and analysis of data on the progress and impact of cluster activities. The HCT has thus lost some level of transparency and accountability in terms of tracking the levels of humanitarian response and funding that aligns to the HRP. There is significant discrepancy between the number of partners listed as active humanitarian organisations in the cluster 3Ws and those actually reporting activities against the HRP. Furthermore cluster partner reporting of humanitarian financing received differs markedly to that recorded on Financial Tracking System (FTS). The uncertainty in actual financing received against the HRP, and to which sectors, undermines the efficient and strategic allocation of in country pooled funds and diminishes advocacy and resource mobilisation opportunities.

15. Strategic and efficient use of resources would be considerably enhanced by improving transparency in reporting of funds already committed. The HCT and clusters have struggled to acquire timely information on donor priorities and commitments to support planning and resource mobilisation. The Humanitarian Donor Group (HDG) participation in the HCT has not been effective in providing information on donor priorities and allocation of funds, and donors surveyed reported no systematic coordination on donor strategies or willingness to do so.

16. While the HRP provides a strong framework for some donors, there is a broad spectrum of those whose humanitarian support is entirely aligned with the HCT-developed HNO and HRP and who evaluate all project proposals against the HRP. Some donors encourage but do not require alignment, do not align funding or request partners to adhere to cluster strategy or standards at all, and do not consult coordination mechanisms (OCHA or clusters) in identifying priorities for funding.

17. There is room for the ICCT to get more involved in dynamic thematic issues and to increase its focus on coordination and decision-making on operational issues, and to reduce the time spent on the planning and process orientated side of the work. Cluster Coordinators should be encouraged to provide more input into the ICCT agenda to assist in this shift in emphasis.

18. Broad findings from the CCPM process identified the following common themes across clusters: The need to strengthen government engagement and involvement in the cluster system to support transition; Requirement to strengthen contingency planning and preparedness work and to be undertaken more regularly particularly for recurring emergencies; Needs assessment tools, gap analysis and prioritization of needs require improvement, and; Linkages between national and sub-national coordination bodies need strengthening, including clarification of roles and responsibilities and capacity building of focal points for needs/response analysis and improved field coordination.

19. Resourcing across clusters varies substantially, from the relatively well-staffed and funded Protection and FSAC clusters to the WASH cluster whose coordinator is the double hatting UNICEF Chief of WASH and which, along with the Shelter Cluster, has no designated IM capacity. For the most part, cluster roles are not integrated as standard in Cluster Lead Agency human resource structures, with funding for the positions dependent upon securing additional in country funding from humanitarian donors. This has frequently resulted in ad-hoc and irregular contracting of coordination staff. Disruptive high turnover of coordinators has been experienced across clusters with the Shelter Cluster now awaiting the arrival of its fifth coordinator in the space of two years. The line management of Cluster Coordinators within Cluster Lead Agencies has impacted their ability to fully focus on cluster rather than agency functions. The ability of Cluster Coordinators to impartially represent cluster over Cluster Lead Agency (CLA) interests has been questioned by survey respondents. As emphasised during the previous Architecture Review of 2013, the mandate of the Cluster stretches beyond the that of the CLA and it is strongly recommended that the Cluster Coordinator is lined managed by the Country Representative, or if this is not viable, then by the Deputy Country Representative. Removing them from direct management of the CLA section heads is required to ensure a clear demarcation in roles and responsibilities of the section vis a vis the cluster coordination function.

20. For most clusters, line ministries have not demonstrated the willingness to mobilize dedicated resources to take over cluster lead responsibilities and duties. At the national level, certain aspects of the cluster functions for some clusters are being co-led by the relevant line ministries but most clusters have neglected the responsibility to ensure that clusters continue to operate only while they are strictly needed. While it is clear that, as a party to the conflict, some cluster functions such as monitoring of protection violations and advocacy cannot be transferred to the Government, all clusters have a responsibility to ensure plans to deactivate and transition clusters are prepared as soon as possible after activation, with building the capacity of local partners and Government an objective from the outset. To date only the WASH Cluster has made any substantial progress in this regard. At present, the Health and Nutrition Clusters are clearly undertaking functions beyond their remit of humanitarian coordination and should now be working towards capacity-building activities and setting benchmarks for transition or deactivation.

7. Conclusion

Given the Afghanistan context there remains a continued need for humanitarian coordination structures, however these must have clear purpose and a well-defined remit, be fit for purpose and tailored to support operational requirements. While the clusters have improvements to make in terms of developing common standards and guidelines, and preparing needs assessments and analysis of gaps to inform the setting of priorities, all cluster partners have a shared mutual responsibility to engage in and facilitate the cluster's collective work. Without the constant commitment of cluster participants, predictable coordination will not be achieved.

Expectations of what coordination can achieve must also remain pragmatic. The majority of partners continue to view coordination as information sharing. In reality, successfully bringing together nearly 200 disparate organisations to work on a single common plan, using the same approaches, and ideally under a single leadership structure will be challenging. The majority of partners wish to maintain a fairly high degree of organisational distinctiveness and autonomy but are willing to accept common guidance, or change the nature or location of activities to reduce gaps and duplication[1]. Access, security and funding availability significantly influence this level of willingness. Partners will continue to work under the guidance and direction of their own mandates and donor requirements. A modest goal of the humanitarian community is to ensure coordination delivers complementarity between these separate programmes, that they address sectoral and geographical gaps to avoid duplication and, do not compromise humanitarian values and principles.

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[1] ALNAP Study: Exploring Coordination in Humanitarian Clusters – March 2015

8. Recommendations:

The following recommendations build on results of the Architecture Review surveys, interviews, agency and cluster submissions, as well as discussions held at ICCT and HCT meetings over the past six months.

1. <u>Streamline and Harmonize Coordinated Humanitarian Response</u>

Streamline coordination mechanisms into one structure for both natural disaster and conflict response. Strengthen multisector operational coordination to enhance cross-sector synergies and reduce demands on time. Harmonise multisector, and sector specific assessment and data collection tools with the goal of producing comparable data. ICCT to harmonise beneficiary eligibility criteria and assistance packages.

2. <u>Clarify Roles and Responsibilities</u>

Clarify cluster and OCHA functions at the field level and revise OCT / HRT TORs. Revise cluster Terms of Reference (TORs). Identify core normative functions that clusters must deliver at the national level. Cluster TOR to also specify how support will be provided to Provincial level focal points. Develop a TOR for cluster focal points and provide adequate training and resourcing so their participation in HRTs / OCTs adds value. Clusters should establish criteria and thresholds as a guide for when additional cluster specific coordination structures are required at the regional or provincial level. TORs for subnational clusters and criteria for activation and deactivation should be developed.

3. <u>Improve Information Flows</u>

OCHA should ensure efficient focus of resources to increase support to field level operational coordination to ensure effective communication flows. To limit delay in providing timely information during sudden onset disaster response, OCHA should communicate updates directly from the field level operational coordination teams to the ICCT and HCT. To ensure the HCT is kept appraised of slow onset and prolonged needs, the national clusters must provide timely and routine situation analysis of humanitarian needs in their sector. The HDG representative to the HCT should provide regular updates on donor priorities, available funding sources and funds committed.

4. <u>Cluster Performance and Accountability</u>

A well-run cluster is one of the formal deliverables of CLAs. The HCT forum should be updated by the relevant cluster UN agency Country Representative on progress against cluster key performance indicators on a quarterly basis. A checklist of key deliverables and steps required to strengthen the overall performance of the clusters will be prepared within the ICCT and published in January 2016. The checklist will be used to regularly monitor adequacy of the clusters in meeting their core normative functions. Functions to be regularly assessed will include: preparedness actions; availability of current assessment data; gap analysis to support strategic decision making and allocation of pooled funds; strategic planning and prioritisation; development of contextualised standards; information management and activity and financial reporting.

5. <u>Transition and Deactivation</u>

All clusters should put in place plans to deactivate and transition coordination functions to national counterparts. Criteria for transition should be identified and benchmarks for capacity within relevant national counterparts agreed to guide capacity building objectives. Ultimately the Cluster is not the vehicle for reform of Government disaster response and further clarity is required on the role and functions of ANDMA. To ensure Government led centralised coordination of humanitarian needs assessment and response, further institutional capacity building is required. Substantial capacity support has already been provided to ANDMA over the years with limited results. Renewed efforts to define and build ANDMA's role must be coordinated among all partners with a strong results framework.

Issues not addressed in the Architecture Review for further consideration:

- Consider how to strengthen the linkages between humanitarian and development actors, including reinforcing coherence between the Humanitarian Response Plan (HRP) and the United Nations Development Assistance Framework (UNDAF).
- Promote a more integrated and coherent approach to planning, implementation and monitoring between humanitarian and development actors.

Future Architecture Review Plans:

To examine the continued appropriateness and relevance of coordination structures, the IASC Principals have stipulated that a Cluster Coordination Architecture Review should be undertaken on an annual basis at a minimum. Given the in-depth approach to the 2015 Afghanistan Architecture Review, examination of coordination appropriateness in 2016 will be determined according to progress made against the 2015 identified recommendations and key actions. A checklist to monitor progress will be produced in January 2016.

Afghanistan Coordination Architecture Review 2015
Table of Annexes

Afghanistan Coordination Architecture Review
NGO Stakeholder Survey May 2015

🐦 OCHA

Coordination of information, planning and response is critical among humanitarian actors in order to ensure the most efficient and cost effective use of resources to meet humanitarian needs in a timely and predictable manner. The Coordination Architecture Review is an exercise undertaken to understand how current coordination mechanisms are working in the country. Changing circumstances, both in terms of need and response capacity impact the requirements for coordination at different levels. This review is intended to ensure coordination mechanisms adapt to changing circumstances and remain light, efficient, effective and fit for purpose. As an implementing NGO your experiences and requirements will form the basis of the Architecture Review. Please use the below to tell us in as much detail what works and what doesn't work along with any recommendations for how coordination could be improved.

Name	Date
Organisation	Location

1. NGO SURVEY QUESTIONS

1. What is your role within your organisation?	
2. In which provinces does your organisation implement activities?	
3. What type of activities does your organisation deliver (WASH, Health, Emergency Response etc,)?	
4. How many paid employees work for your organisation?	

COORDINATION MECHANISMS

5. Is your organisation a member of one of the six Afghanistan Clusters? (If yes please specify: ES&NFI, FSAC, Health, Multi Sector, Nutrition, Protection, WASH)	
6. Does your organisation attend cluster meetings in Kabul? (If yes please specify)	
7. If you are outside Kabul, do you know if there is a cluster focal point in your region / province?	
8. Do you know who this person is or which organisation they work for?	
9. Does your organisation report activities and results to the clusters?	
10. Do you know how your organisations activities contribute to the Humanitarian Response Plan?	

11. Was your organisation invited to participate in the cluster performance survey in April/May?	
12. What coordination meetings do you normally attend? (Please specify all meetings)	
13. What do you think is the main purpose of coordination meetings?	
14. Who from your organisation usually goes to coordination meetings?	
15. How often do you attend coordination meetings?	
16. What is your main motivation for attending coordination meetings?	
17. Do you regularly talk about your organisations activities in coordination meetings?	
18. Do you think there are too many meetings?	
19. If yes, do you have any thoughts on how they could be reduced or streamlined/combined?	
20. What are the main challenges faced by your organisation in your day to day work?	
21. Do you use coordination meetings to discuss these challenges?	
22. Have coordination meetings helped you to find solutions to these challenges? Can you explain how this has helped? (Please feel free to give examples)	
23. What other approaches does your organisation take to address problems and challenges?	
24. Do you think there is a requirement for better coordination in your area of activities? (Please explain)	
Emergency Coordination	
25. Has your organisation participated in an emergency response in the past 12 months?	

26. What was the nature of the emergency? (e.g. natural disaster, conflict displacement …)	
27. Did you attend a coordination meeting related to the emergency?	
28. Who organised and chaired the meeting?	
29. Was there local authority or ministry participation in the meeting? (please specify)	
30. Did your organisation participate in an assessment for the emergency?	
31. Was this a joint assessment with other organisations?	
32. Did the assessment include any provincial or district government staff?	
33. Did the assessment include any cluster coordinators or regional cluster focal points?	
34. Was a meeting held to discuss the assessment and decide who should respond where and with what?	
35. Who organised this meeting?	
36. What issues / gaps have you experienced in terms of coordination in emergencies that you think need to be improved?	

Please add any additional information, comments or recommendations which you think may be useful:

If you are completing the survey offline please submit the completed form by email to ocha.ccu.afg@gmail.com

If you would like to discuss the above directly with OCHA or have queries please also contact us at the same address.

COORDINATION **ARCHITECTURE REVIEW**

Preliminary results of the NGO survey

NGO SURVEY MONKEY

93 Respondents

62 Organisations

As part of the Coordination Architecture Review a Survey Monkey was conducted to understand from implementing NGO partners how current coordination mechanisms are meeting their needs in support of effective implementation. The intention of the survey was to try to paint an accurate picture of how NGOs interact and use current coordination structures, understand what they see is working well and their identification of potential gaps or challenges. The survey was developed in consultation with clusters and field colleagues. It was open for three weeks (May 14th to June 4th) with options to respond in English, Dari or Pashtu.

SITUATION OVERVIEW

Q3. What type of activities does your organisation deliver?
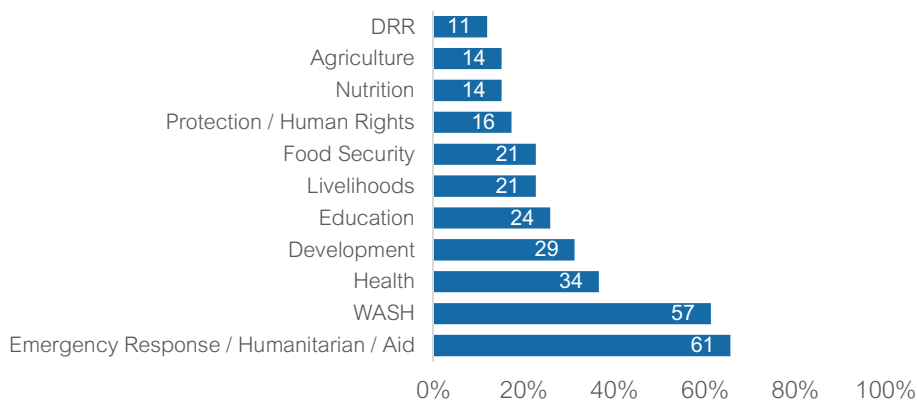
Comments:

61 of the 93 respondents, 67 per cent, reported humanitarian or emergency response as an activity of the organisation.

22 of the 29 organisations indicating development focussed activities also reported doing humanitarian or emergency response activities.

Q6. Is your organisation a member of the Afghanistan Clusters or the Refugee and Returnee Chapter?
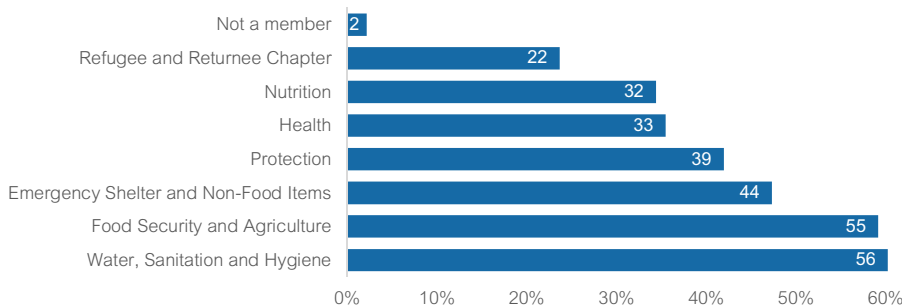
Comments

Respondents on average belong to 3 different clusters.

Q?. Does your organisation attend cluster meetings in Kabul?

Responses

Total: 90
Yes: 77
No: 13

Comments

Q14. What coordination meetings do you normally attend?

Responses

Total: 64
Humanitarian focused: 25
Other: 39

Comments

89 respondents identified 64 different coordination meetings of which 25 were assessed to be predominantly humanitarian focused

Q15/18. What is your main purpose and motivation for attending coordination meetings?

Q15 What do you think is the main purpose of coordination meetings?
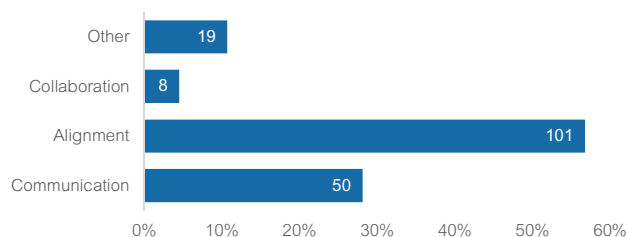
Q18 What is your main motivation for attending coordination meetings?
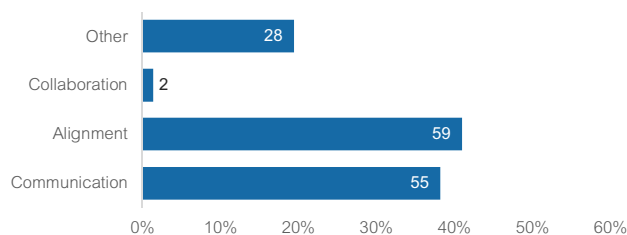
Responses

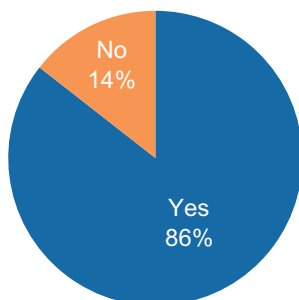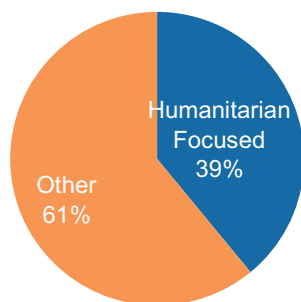|	Q15 What do you think is the main purpose of coordination meetings?	Q18 What is your main motivation for attending coordination meetings?
COMMUNICATION	**50**	**55**
Informal info. sharing	47	55
Formal info. Sharing (3ws)	3	0
ALIGNMENT	**101**	**59**
Guide Response Activities	19	22
Facilitate multi agency response	6	3
Share common guidance / standards / lessons	11	9
Reduce Gaps / Know needs	21	13
Reduce Duplication	44	12
COLLABORATION	**8**	**2**
Establish common priorities, strategy or programme	5	1
Share resources	3	1
OTHER	**19**	**28**
Resource mobilization	2	7
Networking	2	7
Support	4	5
Forum for cooperation with Gov.	4	2
Advocacy	3	1
N/A	4	6

Comments: The above results echo a recent report published by ALNAP whose research found that looking at coordination on a spectrum between complete independence and full merger, there are three levels of coordination; communication, alignment, collaboration. The research found that, overwhelmingly, Cluster activities fall at the 'alignment' level.

Alignment - Organisations retain a high degree of independence but may adjust their activities to create a more effective response on the basis of the activities of other organisations. Adjustments might include accepting common guidance, or changing the nature or location of activities to reduce gaps/ duplication. Organisations are working separately but influenced by one another. *(Exploring Coordination in Humanitarian Clusters – ALNAP March 2015)*

Q20 Do you think there are too many meetings?

Yes 30%
No 70%
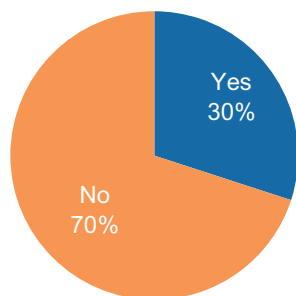
Responses

Total: 90
Yes: 27
No: 63

Comments

Q21 What are the main challenges faced by your organisation in your day to day work?

Most frequently reported challenges:

- Accessibility (security, scattered population, transportation)
- Bureaucratic impediments/ increasing gov't bureaucracy (Delays in legal procedures/ MoUs with ministries take a long time, 6-monthly reporting to MoEc in addition to various reports due to line ministries, discrepancies between provincial and national levels.)
- Coordination with government, local IDP-TF and PDMCs
- Corruption / local interference by politicians and community leaders
- Funding (including lack of resources for needs assessments)
- Insecurity (high indirect costs and staff turnover)
- Lack of coordination and low capacity of government officials
- Lack of coordination between line ministries, task forces and clusters in Khost.
- Lack of coordination/ poor at provincial level
- Lack of experienced staff (especially female staff)

Less frequent or one-off reported challenges:

- CHF funds not well coordinated; difference between soft and hard copies
- Coordination between organizations to avoid duplication
- Customs delays to bring in essential stock (e.g. pharmaceuticals and medicines for nutrition programming)
- Data accuracy/ Availability of data at district level
- Eviction of IDP communities
- Food supply shortage from WFP according to contracts
- Identification of new IDPs versus long-term IDPs
- Lack of cluster-led wider scale assessments and evaluations
- Lack of coordination with higher level social sectors like security
- Lack of participation from partners
- Lack of proper database in responding to emergencies
- Lack of trust of NGOs by masses
- Outcome/evidence based monitoring (not just counting numbers and activities)
- Policies/strategies not disseminated to provincial line departments, not translated
- Rapid sharing of information (e.g. needs, gaps, locations, # affected)
- Remote monitoring
- Seasonal Food Security Assessment lack of coordination, last minute trainings
- Sustainability / planning horizon
- Too many meetings

Q22 Do you use coordination meetings to discuss these challenges?

No 20%
Yes 80%
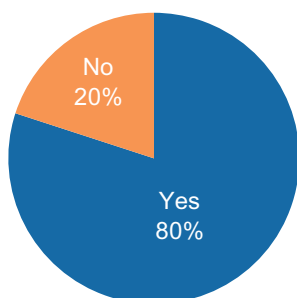
Responses

Total: 90
Yes: 72
No: 18

Q23 Have coordination meetings helped you to find solutions to these challenges?

No 42%
Yes 58%

Responses

Total: 88
Yes: 51
No: 37

Q25 Do you think there is a requirement for better coordination in your area of activities?

Responses

Total: 75
Yes: 57
No: 15

Comments

Q27 What issues/gaps have you experienced in terms of coordination in emergencies that need to be improved?

Most frequently reported gaps/requirements:
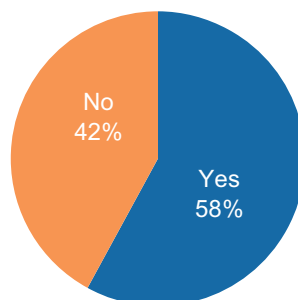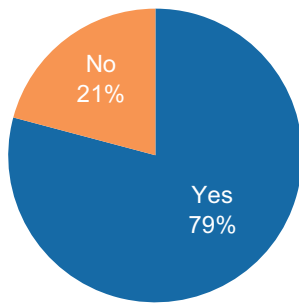
- More efficient, technical, focused meetings required including operational updates, with better sharing of effective approaches/ technology needed.
- Better understanding of government capacity needed, and improved coordination with authorities needed, government should participate more in coordination meetings (slow government response time noted)
- Better information sharing needed, including response/ operational updates, lists of villages and beneficiary numbers. Streamling of information required, more easily digestible.
- Responses are too slow, better reactivity of partners and clusters needed
- Not always clear who is leading on an emergency (particularly government counterparts), previously no meeting after assessment to decide on response and division of labour. Lack of systematic decisions post-assessment about who is intervening where
- Health and nutrition regional coordination should be strengthened, meetings should be monthly, poor functioning of regional health cluster in East (wouldn't hold ad hoc meeting re: unregistered refugees from PAK)
- Need for common tools (RAF should be used by all organization), including FSAC's need for common assessment tools to standardize data, ensure comparison.
- Cluster region/focal points should meet national offices more regularly to share challenges and issues / Field staff should be invited to national cluster meetings to share info/updates
- Regional level coordination good, provincial needs improvement
- Inter-agency and cluster coordination needs improvement, also allowing for NGO heads to engage with ICCT, would also help bridge emergency and longer-term needs.
- Lack of coordination between cluster, TF and line ministries in Khost (e.g. MRRD, MoRR, WASH cluster), such as reporting obligations, lack of strategic vision
- NGOs and government frequently disagree on type of response, beneficiary selection, and distribution process. Discrepancies in figures also prevalent between government and non-government (e.g. registered refugee figures)

One-off reported gaps/requirements:

- Cluster working groups and their focus needs to be improved; clusters have lost direction and are spreading themselves too thin, reducing quality of work. Increase discussion/ideas and reduce presentations
- ANDMA needs to be strengthened in all aspects: capacity building, funding and preparation for coping with disasters, coordination with government authorities and NGOs, and early warning mechanism.
- Higher level coordination needed to emphasize/integrate decision making and follow-up/trickle down
- HRTs (OCHA led) are best and sufficient, resolve challenges
- HRP process not fully participatory
- Need for more organizations to share data, challenges, needs assessments, etc
- Lack of supplies and funds available to respond immediately, including lack of stocks/preparedness and sharing of stocks. Support PDMC by storage of Food and NFI in the provinces especially in that provinces which less accessibility is there during the winter
- Limited coordination for development programs, except NSP. More meetings on development programs needed.
- Irregular participation from Afghan NGOs an issue / meetings dominated by INGOs
- Standardization needed (e.g., shelter response Jawzjan 2014 where more than one types of shelters (MRRD, OCHA, ECHO), and different packages – need for better consensus and use of available resources
- Expand cluster, ACBAR OCHA meetings at provincial levels, create joint government/NGO/UN coordination to discussed major/common issues needing government support
- The best placed agencies to respond to emergencies are almost always the local NSP Facilitating Partner, because they are known to the CDCs and the government structures and have vast local capacity available. This structure is too often overlooked or ignored in emergencies. Create an authority as client of PDMC to be in contact with CDC at districts level.
- Accountability and access to quality products by affected people
- FSAC needs improved coordination between partner and staff. Agenda items repeatedly tabled without action (e.g. protection mainstreaming). Involvement of local staff in agenda preparation will avoid duplication/ repetition
- Coordination has improved, such as IDP-TF and flood response in Jawzjan 2014

- Lack of understanding and clarity of how ERM and UN agencies can complement each other
- SWABAC and OCHA must be strengthened to support regional coordination
- UNICEF-WFP coordination should be improved
- WASH cluster doesn't meet often
- WASH, nutrition and health clusters could be combined

Q38 Please add any additional information, comments or recommendations which you think may be useful:
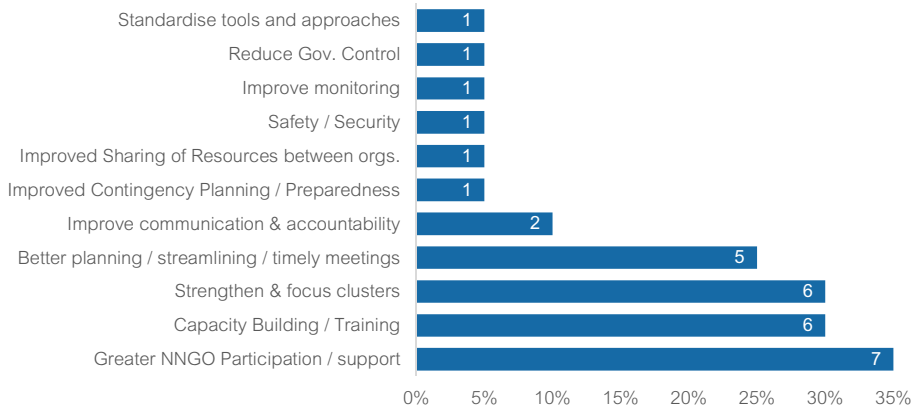
Comments:

20 respondents provided additional comments or recommendations that have been summarised in the adjacent categories.

In addition, several organisations used this section to express thanks for the opportunity to feedback and for the active engagement to improve current systems.

Has your organisation participated in an emergency response in the past 12 months?
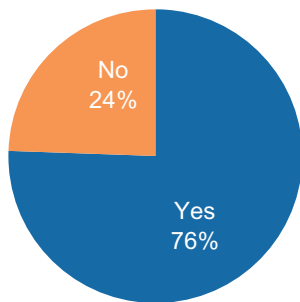
Responses

Total: 90
Yes: 68
No: 22

Comments

Cluster membership of organisations indicating participation in emergency response:
APC – 32   ES NFI - 25
FSAC – 23   HEALTH - 20
NUTRITION - 18
REFUGEE & RETURNS - 9
WASH - 24

What was the nature of the emergency?
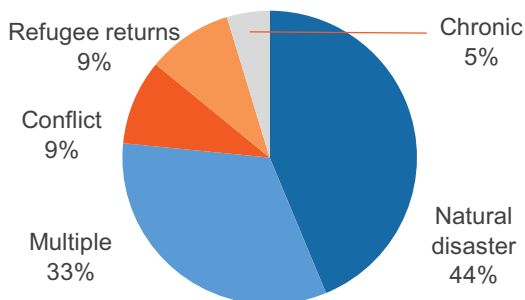
Responses

Total: 64
Natural disaster: 28
Multiple: 21
Conflict: 6
Refugee returns: 9
Chronic: 3

Comments

Did you attend a coordination meeting related to the emergency?
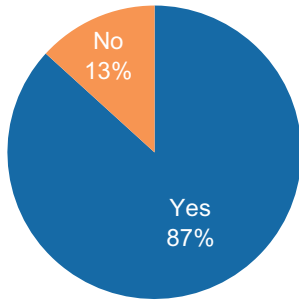
Responses

Total: 68
Yes: 59
No: 9

Who organised and chaired the meeting?

Cluster / TF 7%
NGO 2%
Gov. 14%
Gov. & UN 22%
UN 55%
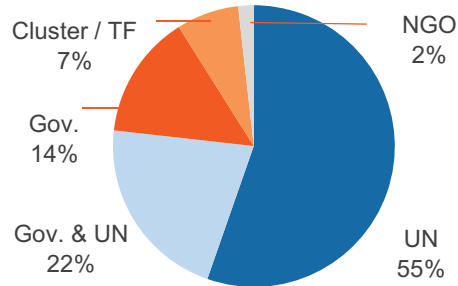
Responses

Total: 56
UN: 31
(OCHA: 11)
Gov. & UN: 12
Gov.: 8
Cluster/TF: 4
NGO: 1

Was there local authority or ministry participation in the meeting?

No 14%
Yes 86%
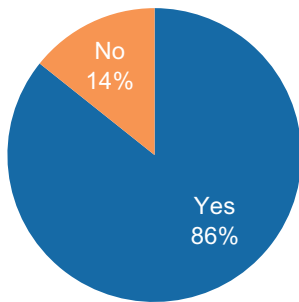
Responses

Total: 63
Yes: 54
No: 9

Did your organisation participate in an assessment for the emergency?

No 13%
Yes 87%
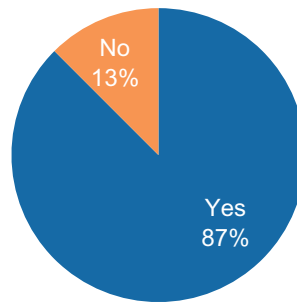
Responses

Total: 64
Yes: 56
No: 8

Did the assessment include any provincial or district government staff?

No 16%
Yes 84%
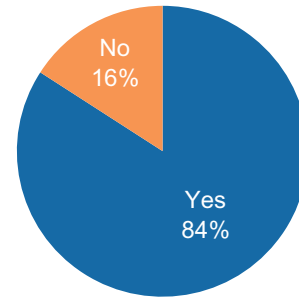
Responses

Total: 63
Yes: 53
No: 10

Did the assessment include any cluster coordinators or regional cluster focal points?

No 42%
Yes 58%
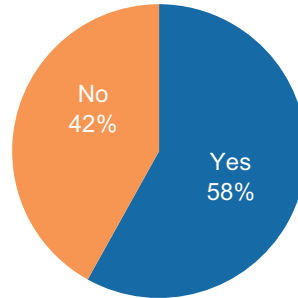
Responses

Total: 62
Yes: 36
No: 26

Was a meeting held to discuss the assessment and decide who should respond where and with what?

No 13%
Yes 87%
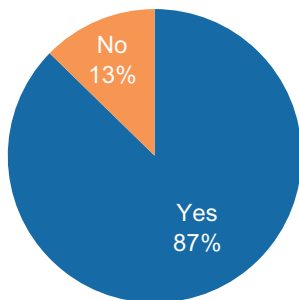
Responses

Total: 63
Yes: 55
No: 8

Who organised this meeting?

NGO 10%
Cluster / TF 6%
Gov. 14%
Gov. & UN 16%
UN 54%
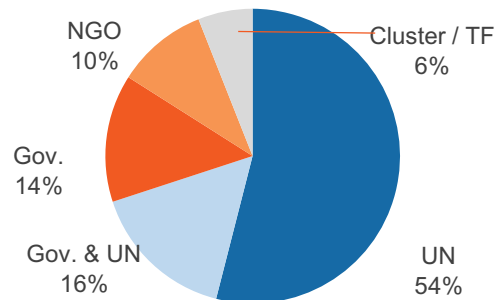
Responses

Total: 50
UN: 27
(OCHA: 10)
Gov. & UN: 8
Gov.: 7
NGO: 5
Cluster/TF: 3

Afghanistan Coordination Architecture Review
Cluster Lead Agency[1] Stakeholder Survey May 2015

OCHA

The Coordination Architecture Review is an exercise undertaken to understand how current coordination mechanisms are working in the country. Changing circumstances, both in terms of need and response capacity impact the requirements for coordination at different levels. This review is intended to ensure coordination mechanisms adapt to changing circumstances and remain light, efficient, effective and fit for purpose.

Cluster Lead Agency (CLA) is responsible for establishing broad partnership bases through establishment of clusters and effective coordination. The role of cluster leads at the country level is to facilitate a process aimed at ensuring well-coordinated and effective humanitarian responses in the sector or area of activity concerned. The cluster leads are also committed to being the 'provider of last resort' where this is necessary and where access, security and availability of resources make this possible.

This survey is intended for focal points for clusters at national, regional and provincial level that work for the Cluster Lead Agencies. Please use the below to tell us in as much detail what works and what doesn't work along with any recommendations for how coordination could be improved.

Name		Date	
Organisation		Location	

1. CLUSTER LEAD AGENCY SURVEY QUESTIONS

1. What is your role within your organisation? Are you a cluster focal point for your region or province?	
2. Your organisation is cluster lead agency for which cluster/s, sub-cluster and/or task force? (WASH, Nutrition, Health, Shelter, CPiE, GBV, etc.)	
3. Are you based in national office, regional office or provincial office? Please specify regional/provincial office.	
4. **Building response capacity:** As cluster lead, have you undertaken training and system development at the local, regional and national levels establishing and maintaining surge capacity and emergency material stockpiles?	
5. As cluster lead, what action do you take for emergency preparedness and for mobilising response from other agencies and government? Please provide examples.	

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[1] The Inter-Agency Standing Committee (IASC) agreed to designate global "cluster leads"- specifically for humanitarian emergencies – in nine sectors or areas of activity.

COORDINATION MECHANISMS (This is routine coordination. For emergency coordination, please refer to next section.)	
1. What coordination meetings do you/your agency conducts?	
2. What active clusters you have in your region? What is the frequency of meeting?	
3. Who develops the agenda? And what issues generally predominate meetings?	
4. What other coordination mechanism are present in your region/province (IDP task force, PDMC, HRT, OCT)? What is frequency of these meetings?	
5. How information sharing and coordination across various clusters/forums take place (e.g. through PDMC/HRT or other meetings?)	
6. Have you identified your government counterparts? Do govt. counterpart/s co-chair any of these meetings?	
7. How often do you consult your govt. counterparts? Have you worked with them to develop priorities and strategies for your sector?	
8. Approximately how many agencies attend cluster/sector meetings? How many of them are active humanitarian partners that you reply upon for response in emergency?	
9. How do you report activities, results and share information as sub-national cluster with national cluster?	
10. Was development of Humanitarian Response Plan (HRP) consulted among your members in these coordination meetings? Where you able to feed this through your national counterparts?	
11. Did regional and provincial members attending coordination meeting participate in cluster performance survey in April/May?	
12. Do you think there are too many meetings?	

13. If yes, do you have any thoughts on how they could be reduced or streamlined/combined?	
14. What are the main challenges faced by you or your Cluster Lead Agency in meeting coordination requirements?	
15. Have coordination meetings helped you to find solutions to these challenges? Can you explain how this has helped? (Please feel free to give examples)	
16. Do you think there is a requirement for better coordination in your area of activities? (Please explain)	
Emergency Coordination	
17. Have you/ your Cluster Lead Agency coordinated an emergency response in the past 12 months?	
18. What was the nature of the emergency? (e.g. natural disaster, conflict displacement …)	
19. Were coordination meetings called for these emergencies?	
20. Were you given any guidance by national cluster or cluster lead agency on calling and conducting this meeting?	
21. What was the frequency of these meetings? Who organised and chaired the meeting?	
22. Was there local authority or ministry participation in the meeting? (please mention specific agencies)	
23. Were any assessments conducted in the aftermath of this emergency?	
24. Was there any joint assessment planned post emergency? Who led this assessment?	
25. Did the assessment include any provincial or district government staff?	
26. Did the cluster coordinators or regional cluster focal points participate in the assessment?	

27. Was coordination meeting held to discuss the assessment and decide who should respond where and with what? Who organised this meeting?	
28. What issues / gaps have you experienced in terms of coordination in emergencies that you think need to be improved?	
29. What you think are the strengths of sub-national coordination mechanisms (you may consider all-clusters, sub-clusters, task forces, HRT, OCT, PDMC or specific forums) and their value add to achieving effective coordination?	

Please add any additional information, comments or recommendations which you think may be useful:

If you are completing the survey offline please submit the completed form by email to ocha.ccu.afg@gmail.com

If you would like to discuss the above directly with OCHA or have queries please also contact us at the same address.

COORDINATION **ARCHITECTURE REVIEW**

Key points arising from Cluster Lead Agency survey

Cluster Lead Survey Questions

A total of 48 respondents participated in the survey, the majority responding from Balkh (9 or 19%), Hirat (10 or 21%), Kandahar (6 or 13%) and Nangarhar (8 or 17%). Each cluster was represented, with Health having the fewest responses (6 or 13%) and ES-NFI and Protection with the highest number of responses (15 or 32% each). A total of 40 respondents (38%) are regional cluster focal points, three (6%) are provincial focal points, while five (10%) are not focal points.

The vast majority of respondents (39 or 81%) are not fully dedicated to undertaking their cluster responsibilities; only nine respondents (19%) reported having cluster coordination as their only role. Three quarters of respondents (75%) report not having received any training in cluster coordination.

The majority of respondents reported that clusters are leading on planning and coordination of response activities (83%) and needs assessments (81%), while just over half of respondents though they were supporting gap analysis and monitoring response activities (57% each). One respondent did not believe their cluster was supporting on any of these four processes.

Coordination Mechanisms

The majority of clusters report conducting meetings every month (55%), followed by every two months (24%), when there is a need (17%), and once or twice a year (5%). Government counterparts were reported as attending or co-chairing cluster meetings by 62% of respondents. Meetings were reported as being available (98%) and shared with the national cluster. The large majority of cluster meetings (83%) were specifically held to discuss humanitarian issues (as opposed to 17% reported where development partners also attend). On average, between 10 and 20 agencies attend cluster/sector meetings (62%).

Twenty four respondents (58%) reported working with Government counterparts to develop priorities and strategies for their sector.

Only 14 respondents (35%) reported discussing the Cluster Coordination Performance Monitoring (CCPM) survey conducted in April/May with members attending coordination meetings; 50% did not know about the CCPM.

The majority of respondents noted access, security, IDPs, coordination, assessments, natural disasters and health as being primary concerns or challenges raised by partners attending cluster meetings. Eighty five per cent (85%) believed the coordination meetings helped find solutions to the noted challenges, while 71% believed the same issues were discussed at other coordination meetings. The majority (76%) see a value in also having cluster-specific meetings, yet 67% also reported a requirement for better coordination in their area of activities.

Some of the main challenges reported by cluster leads in ensuring effective coordination include:

- Lack of support from government counterparts, poor coordination with government line departments, or government influence to assist specific communities;
- Limited number of agencies sending representatives, or not sending a dedicate focal point, with absence of NGO co-leads in many cases;
- Insecurity often postpones coordination meetings;
- Lack of proper follow-up mechanism for action points;

The most commonly reported other coordination mechanisms regularly taking place were IDP Task Force, PDMC, HRT and OCT meetings.

Nearly half of respondents (48%) believed that UNOCHA leads coordination efforts in their region; 25% reported a combination, followed by 14% reporting the cluster or task force as leading coordination. Government structures were noted in 7% of responses, other UN agencies in 2% of responses. When asked if local authorities take an active role in humanitarian coordination, half reported positively (51%) while half reported no active role (49%).

Just over half of respondents believe there are too many meetings. When asked for opinions on the need to reduce or streamline meetings, respondents made the following comments:

- Join ES-NFI with IDP TF;
- ES-NFI can be led from region/national level;
- IDP Task Force could be merged with PDMC or OCT/HRT;
- FSAC and Protection could be combined with HRT;
- In emergencies, number of cluster meetings can increase (ad hoc as needed);
- DoRR and ANDMA could better coordinate together;
- Coordination should go through existing government mechanisms (e.g. PDMC).

Emergency Preparedness and Coordination

Only half of respondents have undertaken training with local partners and authorities to develop disaster preparedness and response capacity.

59% believe there is clear understanding between the role and responsibility of the local authorities in emergency response and the role of the humanitarian community. Half of respondents believed joint response efforts with Government were effective in the past (51%), while the other half believed they were challenging (49%).

Nearly three quarterly (74%) have a good understanding of the prepositioned stocks and capacity of local partners in their region and of Government stocks. Information is collected through clusters and 3W/ contingency planning processes, while some reported lack of sharing of government stocks with humanitarian partners.

Eighty eight per cent (88%) reported their lead agency having been involved in coordinating an emergency response in the past 12 months; nature of emergencies were both natural disasters and conflict displacement. Coordination meetings were called in all cases (100%) to plan assessment and response to these emergencies; meetings were led by UNOCHA (29%), Government (22%), a combination (20%), Clusters (17%) and other UN agencies (10%). Local authorities or ministries participated in 81% of reported cases. Sector specific assessments were conducted in the aftermath of this emergency (54%), with 56% reporting cluster coordinators or regional focal points participating in the assessment. The vast majority (93%) reported a coordination meeting taking place to discuss the assessment and decide who should respond where and with what, led primarily by Government (28%), UNOCHA (23%), a combination of actors (23%), followed by clusters or task forces (20%). Less than half of respondents (46%) reported receiving any guidance from the national cluster on calling/conducting coordination meetings to facilitate response.

The majority of respondents (60%) believe that between 5-10 cluster partners have adequate capacity and resources to respond in an emergency, with 40% reporting less than five partners with adequate capacity.

When asked what issues or gaps in coordination in emergencies need improvement, respondents noted the following:

- Clarification of cluster core functions, requirements/obligations to be a cluster member;
- Improvement around information flow and roles/responsibilities of lead agency/cluster members;
- Government involvement should be more clear, with counterpart participation and joint response, as well as closer cluster-government interaction to support eventual handover;
- Timely assessments and collection of reliable data (including standardized use of RAF), sharing of resources to identify gaps and avoid duplication;
- Prepositioning of stocks and release of resources to respond faster.

Overall, 55% of respondents believe the humanitarian coordination mechanisms are working well in their region, with 38% believing that coordination is ad hoc, working only in some cases. Seven per cent (7%) report many challenges in coordinating partners and response.

Other comments included:

- The importance of receiving guidance from national cluster as a key to success, such as being able to reference and implement global/national strategies;
- Capacity building training to be provided for ANDMA and PDMC members, and greater involvement of government departments in clusters;
- RAF training to partners and local authorities;
- Training required for focal points, also to be provided with tools, standards, etc.
- Funding to support effective coordination meetings;
- Capacity building of partners on emergency preparedness and planning;
- Inter-cluster mechanism should be in place.

COORDINATION **ARCHITECTURE REVIEW**

Preliminary highlights of the field coordination case studies

TOTAL 17 CASE STUDIES

10 Natural Disaster

7 Conflict Displacement

METHODOLOGY

OCHA regional offices have undertaken brief analysis of current coordination mechanisms in use, identifying strengths and weaknesses and opportunities for streamlining or strengthening. The intention was to take a snapshot of how coordination is currently happening: How are HRT and OCT meetings used, and in emergencies who are the primary focal points for coordination? What role do PDMCs, IDP Task Forces, clusters, OCHA and others play? How is this working and how could it be improved? Each OCHA office identified 3-4 case studies per region of response operations within the last 12-24 months.

HIGHLIGHTS:

1. Coordination of response is ad-hoc involving multiple and varied stakeholders;
2. Numerous coordination structures and mechanisms often exist at one time in one place with ambiguity and duplication of roles and responsibilities;
3. Sub-national cluster engagement and leadership in response coordination is extremely limited;
4. National capacity and leadership in humanitarian response varies between regions and provinces. ANDMA and key line ministries require further capacity building for emergency coordination and response;
5. While strong leadership and cooperation with the humanitarian community is regularly highlighted by the case studies, significant efforts are required to improve accountability, transparency and adherence to humanitarian principles in Gov. led response;
6. Gaps and delays identified could be significantly improved through stronger contingency planning and preparedness efforts including clarified SOPs regarding roles, responsibilities, coordination with other actors, such as RCRC Movement, as well as standardization of tools (particularly absent in conflict response) and procedures for information sharing.

Northern Region

Coordination Mechanisms Utilised	Recognition of what works	Opportunities for strengthening	Observations /comments
May 2014 Badakshan, Argo Landslide			
OCT chaired by OCHA, PDMC organized by Provincial Governor, Deputy PG and MRRD (PDMC attended by all hum. partners). OCHA, ANDMA, MRRD as main coordination leads. Strong ANDMA coordination lead. Assessment by PG, IOM, ANDMA and District Governor.	Extensive number of partners supporting response. Strong ANDMA and MRRD involvement. Later assessment included Health, FSAC, Protection coordination / focal points.	There was no gap "but the challenges was intervention from irresponsible governmental institution".	Case study requires more details on best practices and lessons learned.
April 2014 Flood in Khwajasabzposh district of Faryab Province			
PDMC chaired by Provincial Governor and assigned assessment/ response teams; attended by WFP, UNICEF, IOM, NRC, ACTED, DACAR, NCA, OCHA and government line departments. ANDMA primary coordination agency, conducted follow-up meetings, shared reports to provincial, national authorities and PDMC members. OCHA/ANDMA facilitated technical and response planning.	Good ANDMA response and relationships with humanitarian team at provincial level. Various stakeholders engaged, including DRRD, Agriculture, DoRR, ARCS, district representatives and ANDMA departments.	Insecurity prevented access to all affected communities; more security personnel could have been deployed to sites. Government had small amounts of food/NFIs and insufficient warehouse, while WFP didn't have a warehouse in Maymana and had to bring food in from Mazar; pre-positioning at province and district would improve future responses.	Case study says "whole province was divided in 5 local clusters and each cluster was led by one governmental director to better organize the event" - to be clarified

April 2014 Flash flood in Khawja Du Koh district of Jawzjan Province

OCT led by OCHA, PDMC led by governor and deputy governor. OCHA and IOM noted as primary coordination leads. OCT included: ANDMA, SCI, ZAO, TF, WHH, PIN, ARCS, Action Aid, IOM and Care, NRC, WFP, UNHCR and OCHA. PDMC: ANDMA, SCI, ZAO, TF, WHH, PIN, ARCS, Action Aid, IOM and Care International, NRC, WFP and OCHA.

ANDMA, DoRRD, DoPH, DM advisor of Governors' office supported response. Strong partner engagement for rapid and comprehensive assessments, ANDMA, DoRRD, SCI, ZAO, TF, WHH, PIN, ARCS, Action Aid, IOM, Care International, WFP, NRC, and district authorities (who facilitated with CDCs and local elders). ES-NFI, FSAC clusters participated. Inaccessible areas handed over to ARCS (but late response).

Limited engagement of due to low capacity in terms of human resources and response. ARCS responded to inaccessible areas two months later. WASH noted as urgent gap. UNICEF signed MoU with two NGOs for future urgent response. No security provided at distribution sites.

Reportedly governmental authorities exaggerated figures misled assessment and political influence is noted. ANDMA Director was arrested for misuse of Kazakhstan wheat donation. PDMC and OCT agreed to have joint approaches of assessment and response to streamline.

April 2015 Kunduz Conflict Displacement

OCHA and UNHCR primarily led. Provincial Governor office held first coordination meeting (1 week after onset). IDP-TF meeting weekly (OCHA, UNHCR, WFP/ASR, NRC, NPO, SCI, ACTED, DoRR). OCT chaired by OCHA (DoRR, UNHCR, ARCS, SCA, SCI, IOM, Mediothek, UNAMA, DACAAR, WFP/ ASR, ACTED, CFA, FAO, UNMACCA, AKF, NRC, ARCS and once UNICEF). IDP coordination meetings (government) chaired by PG and Deputy PG; attended by line departments including DoRR, ANDMA, Provincial Council, UN, NGOs, ARCS and ICRC. WASH cluster activated, first met May 31, co-chaired by UNICEF and Rural Rehab and Dev Dept (RRD) (attendees DACAAR, OCHA, UNHCR, NRC, RRD, Public Health Department and ACTED).

DoRR responsible for overall coordination of assessment, however underperforming - OCHA and UNHCR coordinating assessment. Gov't and PC originally pushed to respond without assessment; was resolved. Regular meetings could be conducted with PG and PC members to explain humanitarian policies, rules, regulation and capacity. Clusters not fully engaging: UNHCR for protection and ESN, and UNICEF only once in last OCT/IDP-TF.

ANDMA still participating in governmental coordination (e.g. PDMC secretariat) despite conflict setting.

May 2014 Flash flooding in Ruy-e Duab & Khuram Wa Sarbagh of Samangan province

PDMC led by ANDMA, held next day (line departments, Afghanaid, HELVETAS, HIA, CARE, NRC, WFP PAT, IOM, NPO/RRAA, WHH, UNHCR, AGDO, SRP and OCHA); OCHA facilitated humanitarian agency presence, ANDMA called gov't counterparts (DoRRD, DAIL, DoE, DoPH, DoPW, DoEWM). ANDMA and IOM led assessment teams; FSAC, ES-NFI and Health participated. ANDMA and OCHA held 2nd PDMC to organize response. OCT chaired by OCHA after assessments and provision of food and NFIs; filled sector gaps not covered by PDMC.

PDMC held immediately. Involvement of ANDMA, DoRRD, DAIL in joint assessment; DoPH asked to follow-up on health needs, DoPW to open road access. In small-medium emergencies, ANDMA takes coordination lead, good at initiating joint assessments, however is prone to influence. FSAC, ES-NFI and Health (BPHS on behalf of DoPH) joined assessments.

PDMC focused only on # affected and food/NFI (not WASH, health, education, other needs - were picked up by OCT). ANDMA under pressure by Provincial Council, local influential people, government officials to include unaffected populations; UN/ international agency presence helps to mitigate and avoid biased figures.

OCHA plays large role to support ANDMA bringing together humanitarian actors, supporting joint assessments and response. OCHA's OCT also picks up emergency needs that aren't covered by PDMC, and verify affected populations through re-assessment and covering gaps for follow-up with regional sub-national clusters. HRT follows any remaining gaps across all clusters and mobilizes clusters accordingly.

Central Region

Coordination Mechanisms Utilised	Recognition of what works	Opportunities for strengthening	Observations /comments

Winterisation response, Kabul Informal Settlement

The Kabul Informal Settlements Task Force (KIS-TF) was formed in 2011 as an operational coordination body to coordinate humanitarian concerns in KIS locations, facilitate joint needs assessments, verifications and tracking of movement of KIS families and support winter assistance to families living in KIS sites. Since 2014, the Task Force is co-led by OCHA and Welthungerhilfe (WHH). The Task Force is solely operational and focused on humanitarian assistance. Long-term solutions are under the auspices of the Protection Cluster and the IDP Taskforce. Main partners of KIS TF are WFP, WHH, DRC, ADRA, IR, SHRDO, TdH, UNHCR, Johanniter and VISAF.

The winterization effort is a coordinated, multi-agency effort. MoRR and DoRR were involved throughout the assessment and planning process; assistance provision responsibilities have been allocated between UN and NGO agencies, in a closely collaborative process. MoRR and DoRR were tasked to support the assessment team and ensure a favourable environment for distribution of winter assistance to target families.

ANDMA was involved in the planning process of KIS winter response, however, due to limited humanitarian and logistical resources, not fully involved in the response process. Staffing capacity of ANDMA Kabul is still limited and it is difficult to assign staff particularly in emergency situation for conducting assessments and following up aid. ANDMA Kabul could organize only a few PDMC meetings (re winter response) despite many requests from humanitarian partners so KIS-TF remained the only effective coordination platform for this response.

KIS-TF is OCHA and NGO led forum with limited leadership and involvement from the government. Though DoRR has been actively involved in beneficiary assessment, material provision assistance and coordination is fulfilled by the KIS-TF. ANDMA/DoRR's capacity and willingness should be improved in future for this to be become a government-led initiative.

February 2015 Panjsher extreme weather

Government led response- provincial authorities including ANDMA together with OCHA and IOM and other heads of provincial departments participated in an initial PDMC meeting. On the same day two more extraordinary PDMC meetings were held, which were attended by high level officials from Kabul. The initial information about the disaster was shared by Provincial Governor and joint IOM, OCHA, WFP/AREA, DRC, ARCS, DoRRD, ANDMA teams and further needs assessments were identified. The National Security Council (NSC) was leading the response from Kabul and NSC chair often chaired PDMC meeting in the province.

This response is an exemplary of Afghan government's capacity to coordinate and respond. Despite the massive scale of emergency, government institutions such as NSC, NDMC and PDMCs actively coordinated the response, carried out assessments with support of key line ministries in the province and ANDMA and distributed assistance to affected population. Proximity to Kabul meant decision-making was taking place in Kabul at NSC and NDMC level. There were political sensitivities involved too given Panjsher's political influence in Afghan politics.

Ad-hoc high level leadership was provided for effective coordination and resource mobilisation for this emergency. Afghan national institutions such as NDMC, NSC had the right individuals in place with leadership abilities and this model could be replicated for other significant emergencies as well by the government. Capacity development of ANDMA remains imperative to ensure stronger coordination and policy making in this area. Key line ministries need direction to take charge in emergency situation instead relying heavily on UN and NGO response.

Need for further clarify for institutional mandates between Afghan government institutions to formalise arrangements that facilitate high level leadership and resource mobilisation so such effective coordination and response does not remain limited to politically privileged provinces but is implemented across Afghanistan.

April 2015 Ghazni conflict displacement

PDMC led response- OCHA and ANDMA called for an emergency PDMC meeting. The emergency PDMC meeting was attended by heads of line departments, NGOs community, IOM, CARE international, NAC, AREA, ICRC and ARCS and chaired by Ghazni governor. The role of ANDMA was the organization of the meeting, the overall arrangement, coordination and informing the government entities while OCHA informed the NGOs actors. PDMC was followed by OCT that agreed to have this caseload referred to ICRC and ARCS.

ARCS and ICRC negotiated with AGEs and gained access to the areas, carried out assessment and provided food and non-food items assistance to some 500 families.

Good example of complementarity among humanitarian community and maximising on the comparative advantage. ICRC/ARCS with their mandate could reach out to beneficiaries which other agencies cannot. Strong referral mechanism through effective coordination was helpful in getting ICRC and ARCS respond. Government line departments need to improve on coordination with humanitarian agencies.

For areas in accessible to most humanitarian agencies, better coordination with ICRC/ARCS could improve coverage of people in need.

Coordination Mechanisms Utilised	Recognition of what works	Opportunities for strengthening	Observations /comments

January 2015 Undocumented Afghan returnees

IOM, DoRR and OCHA led response- IOM has been the leading response agency for undocumented Afghan returnees. OCHA and IOM initiated bilateral meetings and went on doing meetings with UNICEF, WHO, DoPH and later UNHCR. Joint meetings and assessment missions were undertaken and contribution was sought by IOM from other agencies for Collective Preparedness Plan through HRT.DoRR led and assigned a team for registration of Afghan returnees with support of IOM. DoRR took support of IRC and NRC for families that were not covered by IOM.	The lead for Undocumented Returnees has been taken by IOM which is Co-Lead in the region to the ES&NFI cluster. Further, OCHA advocated with public authorities, cluster, OCTs and HRT. Similarly, through the HRT the needs and gaps for this caseload has been communicated and advocated with the HCT and HC at Kabul level. Hence, some funding was secured from CHF to meet the urgent needs of the caseload. This has resulted increasing the percentage of vulnerable undocumented returnees being reached with humanitarian assistance. There were eight other agencies and DoRR that were engaged in this response.	IOM experienced shortfall of resources in responding to this unprecedented spontaneous return of Afghans from Pakistan. Given large numbers of Afghans living in neighbouring Iran and Pakistan, a multi-agency contingency plan should be developed for such scenarios to ensure that the most vulnerable are covered by humanitarian response. DoRR is mandated government agency dealing with the returnees. DoRR should be involved in such contingency planning and humanitarian agencies must advocate for increased capacity of DoRR to handle such eventualities.	This could have turned into a huge crisis if the flow of Afghan returnees had not stopped as no government department of humanitarian agencies have capacity to respond to this beneficiary caseload at this scale. The situation of Afghan returnees was precarious as IOM could reach out to only 10% of returnee population with limited resources. While coordination in this case was not a challenge, provision of material assistance was certainly a significant challenge. Contingency planning process should cover scenarios around this situation for a multiagency response that can be scaled up with support of other agencies.

December 2014 Conflict displacement in Dangam, Kunar

DoRR and IDP task force led response- PDMC involving ANDMA, DoRR, DoPH and DRRD first addressed this issue. DoRR played leading role in coordination and for providing information along with UNHCR, IDP task force and OCHA. Assessment teams lead by these agencies conducted joint rapid assessment with eight organisations participating. ESNFI cluster was represented along with protection for this emergency. IDP TF/DoRR continued further coordination of this emergency.	ANDMA, DoRR and DRRD actively played their role and DoRR/UNHCR led IDP TF was primary coordination platform for this emergency. It could facilitate participation from eight other operational partners.	ANDMA and key line ministries still need further capacity building for coordination and implementation during an emergency. Operational partner NGOs and UN agency still play crucial role in response. The regional and provincial coordination forums such as PDMC, HRT and OCT could be further strengthened given that timely and effective emergency response depends on how strong these forums are.	ANDMA, DoRR and DRRD are strong in some regions and in that case response led by government is more effective. There is still need for more information sharing and transparency on government's part when working jointly with the UN and NGOs for an emergency response. Stronger involvement and resourcing of ARCS and ICRC is highly needed to access insecure areas.

February 2015 Floods in Nangarhar

PDMC and OCT led response- they provided all coordination support and provided platform to discuss formation of teams for joint assessments, outcomes of assessments and organise response. ANDMA, DRRD, DoPH also participated in assessment and distribution. The division of responsibilities among agencies responding was done effectively at PDMC meeting that helped in ensuring that there are no gaps or overlaps.	Despite weak PDMC, it provides best coordination platform along with OCTs at provincial level. Governor/Dy Governor's leadership along with participation of ANDMA and relevant line ministries is effective and should be strengthened for future.	In this response, there was heavy involvement of NGOs and UN agencies as government response though in the right direction, is not adequate. Strengthening of ANDMA for coordination and key implementing line ministries for disaster response remains crucial. Getting the right information on time from assessment remains key to timely and effective response.	Low capacity of ANDMA-Nangarhar and ANDMA needs continued support from OCHA even to organise meetings. Clusters/regional cluster focal points had limited or no role of play. ANSF and ANA played vital role in rescue mission and emergency distribution.

Southern Region

Coordination Mechanisms Utilised	Recognition of what works	Opportunities for strengthening	Observations /comments
Nimroz conflict IDP response			
OCHA led OCT, met with DoRR. PG chaired Governor meeting. Relief International led initial coordination.	Field escalation to provincial and Kabul level was effective, however resources unavailable to respond.	MoRR was not releasing funds to DoRR. DoRR under-reported families. UNHCR WR and national level were unresponsive. UNHCR at country level should have better interaction with MoRR on fund allocation for assessments. UNHCR should enter families in PMT system so recognized by partners, allowing for alternative response.	Protection cluster lead visited Kandahar, met OCHA, agreed on assessment if conducted with Gov Office resources. No ANDMA involvement as conflict related. From 2006-12, UNAMA was chairing Civil Society Coordination meeting with UNHCR taking over.
February 2015 Hilmand conflict displacement			
IDP-TF and OCT. UNHCR primary lead with OCHA supporting. Reporting came from PDMC and other organizations, which instigated IDP-TF meeting; UNHCR chaired, with WFP, UNICEF, OCHA, WHO, DRC, NRC, ICRC. DoRR Director participated. OCHA liaised extensively with ICRC through the OCT to respond in inaccessible areas.	Coordination with IDP-TF partners (UNICEF, UNHCR, WFP and DRC responded), and liaison with ICRC to support response in inaccessible areas.	Stronger linkages with clusters to accelerate response. Increased community engagement to support access. Ongoing liaison with ICRC on inaccessible areas. All information on interim response can be in one matrix for all partners to avoid duplication.	ANDMA participated in IDP-TF meeting but limited role as conflict related. No Cluster Coordinator/s involvement, but UNHCR field monitors joined assessment on behalf of Protection Cluster.
Uruzgan Floods			
Led by IOM, OCHA support. OCHA chaired emergency ad-hoc coordination meeting, attended by IOM, WFP, SCI, HAPA, DRC. IOM/ANDMA co-chaired assessment team meeting, with AHDS, SCI, WFP, DRC, ARPD. IOM led assessment, ANDMA participated in planning and shared info on locations, ensuring partners on assessment team. WASH (ARPD) and FSAC (WFP) cluster involvement.	IOM responded with NFIs. DRC distributed cash-for-food assistance as WFP would not respond.	ANDMA could have reported earlier. Floods erroneously reported in 3 districts, when assessment confirmed only in 1; need for rapid field validation prior to full assessment to maximize resources. Staff shortage delayed assessment. DRC/SCI coordination with IOM could have been enhanced; 1 day delay in assistance postponed response for two weeks. SCI distributed NFIs without completing RAF, resulting in IOM and OCHA reports not reflecting those families; was discussed at OCT, RAF now being used.	DRC and SCI operations were impacted as timing was following killing of five SCI staff (SCI would have supported with WASH kits).

Western Region

Coordination Mechanisms Utilised	Recognition of what works	Opportunities for strengthening	Observations /comments
Badghis Conflict IDP Response			
Badghis PDMC convened by Deputy Provincial Governor and DoRR, coordinated initial	Strong government/ PDMC engagement, local authority involvement. Engagement of	While DoRR fully engaged, they need more staffing support to increase	DoRR took lead as conflict related, while ANDMA is recognized to

assessment. UNHCR and OCHA closely supported, and engaged partners and OCT members to conduct assessment led by DoRR. PDMC engaged throughout process, coordinating with humanitarian actors. OCT led by UNCHR nad OCHA with WV, WFP, UNHCR, UNICEF, IOM, NRC, DRC, who developed response plans. WR HRT recommended ad hoc IDP-TF meeting (DoRR co-led), which led to convening of cluster lead/alternatives meeting for technical guidance disseminated through existing coordination mechanisms (as previous cluster engagement was low).

clusters allowed for identification of info gaps (such as protection), and they maintained engagement with respective line ministries. Response planning at OCT allowed for consensus amongst humanitarians before the PDMC.

effectiveness in discharge of their duties. Delayed response as info from Kabul first, IDP-TF barely engaged (HCR eventually took lead). NFI kits should be standardized. Robust displacement tracking could have ensured timely reporting. Updated contingency plan would have helped, including pre-positioning of stocks. No common tool used for assessment as it was a conflict situation; there is a need for a common tool. Cluster Lead/ alternatives' participation recommended in future (some represented but not in cluster capacity, such as UNHCR IP/CRDSA); most info gaps result of absence of cluster support/guidance.

step in to support in large emergencies. While not engaged for this assessment, other departments can include DoPH, ANDMA, Dept of Rural Rehab Dev, Dept of Public Works, Dept of Agriculture, Irrigation and Livestock (DAIL.

Badghis flash flood

ANDMA Badghis organized and convened coordination/ PDMC meeting with OCHA support. OCHA, IRC, NRC, AHDAA, NPO/RRAA and ASR/WFP attended. Rapid assessment by OCHA, ANDMA, DRRD, IRC and AHDAA.

ANDMA Badghis discharged responsibilities very well, established good relationship with humanitarian partners, supported entire response cycle.

ANDMA food ration was short of the standard basket; raised with FSAC, considering solutions. ANDMA staffing constraints remain major challenge.

No cluster coordinators/ focal points were involved/engaged.

Herat drought response

OCHA convened HRT and CC meetings. UNHCR organized IDP-TF and Protection Cluster meetings. WVI, WFP, UNHCR, UNICEF, IOM, NRC, ARCS, CA, INTERSOS, HI and DRC participation. ANDMA led coordination and supported Governor to convene PDMCs. DoRR and ARCS participated. OCHA supported ANDMA to mobilize assessment teams: ANDMA, DoRR, IOM, WFP, NRC, IRC, UNHCR, ARAA, AIHRC, DRC.

Land ownership and unplanned relocation of IDPS against will by local authorities; raised with MoRR/ministry who intervened.

No cluster coordinator/focal points on assessment teams. Staffing constraints as major challenge, limited capacity of line ministries.

Please note the above is unedited information from the field intended to support discussions at the core HCT on June 17th. Additional follow up will take place to clarify some of the issues identified and produce an overall summary to inform lessons and recommendations for the final Humanitarian Coordination Architecture Review report.

April 2015 Kunduz Conflict Displacement

- The operation was still mainly coordinated by UNHCR, with an increased engagement from OCHA, which was highly appreciated. All communication with the authorities and all communication to external counterparts were still provided through UNHCR on behalf of the IDP Task Force.
- While having margins for improvement, the role of DORR in this case cannot be considered underperforming. As per information from the field, DORR participated in all the assessments and was represented in each assessment team.
- While the call for regular meetings is of extreme importance, the case study seems to imply that there have been no regular contacts with the authorities. On the contrary, during the crisis, there have been frequent meetings with the Governor by UNHCR Head of Office in Mazar and by UNHCR Head of Kunduz, representing the IDP Task Force. IN addition, frequent meetings were also called by the authorities, attended by several humanitarian actors.
- The observation on ANDMA is not entirely clear. ANDMA is by law the Secretariat of the PDMC, therefore the involvement is somehow expected.

April 2015 Ghazni conflict displacement

- There is no mention of UNHCR participation, which occurred through dedicated missions from Kabul and partner participation.
- The cooperation with ICRC and ARCS is rightfully highlighted as a best practice. However this cooperation is not exceptional and specific to this case. It is rather consolidated in most of the conflict-induced displacement situations where ICRC and ARCS are present and there are non-accessible areas to the IDP Task Force members. This coordination regularly occurs in the Northern (e.g. Faryab and Knduz), Eastern and the Southern regions (e.g. Helmand). ICRC and ARCS participate regularly as observers in the IDP Task forces in almost all regions, sharing information and coordinating along their specific rules of engagement. There is no exceptional circumstance in this case.

Nimroz conflict IDP response

- The timeframe to which the Case Study refers is not clear. There has been no reported fresh displacement in Nimrooz during the last months.
- The comment on the delay in MORR allocation for assessment is also not clear. MORR does not have specific funds for assessments.
- The visit of the Protection Cluster Lead to Kandahar: the Protection Cluster Coordinators do not recall having paid a visit to Kandahar lately, but it would help if the date is specified.
- The reference of UNHCR taking over a UNAMA-led Civil Society Coordination Meeting is not clear. UNHCR has a limited presence in Nimrooz (Liaison Officer). Nimrooz area was recently assigned to the Area of responsibility of UNHCR Kandahar Office, from the previous AoR of Herat Office, in order to re-align UNHCR AoRs with the AoR of the broader UN/ humanitarian community.

February 2015 Hilmand conflict displacement

- The dialogue with ICRC/ ARCS has been a constant coordination aspect throughout the Helmand situation and in other areas as well. It continues nowadays. It is not clear under which aspect it needs strengthening. It may be helpful to elaborate, to possibly support improvement.
- The reference to the necessity to have the information on the interim response in one matrix is not clear. The IDP TF keeps records o the assistance provided and cumulative information have been produced and periodically shared, including at Kabul level.
- The reference to the Protection Cluster is not clear. Admittedly, the Protection Cluster in the Southern region s very weak.

Badghis Conflict IDP Response (April-May 2015)

- The comment on the scarce engagement of the IDP Task force, the low engagement of Clusters, and the delays in the response is somehow unclear. This may be a consequence of the time when the engagement of OCHA occurred, i.e. after the IDP Task Force conducted the initial assessment that set into motion the response process (NFI and food delivery).
  - The initial assessment was with the IDP TF per usual practice, with DORR as one of the members of the assessment team. The assessment findings were discussed with the government and the TF members committed to respond. On 30 April a meeting took place in Baghdis, organized by UNHCR, when participants from humanitarian agencies including CRDSA/UNHCR, IRC, NRC, WV, UNICEF and Governmental departments (DoRR [Badghis], ANDMA, ARCS and rep from Governor office) committed to provide assistance to all new displaced families in Badghis."Admittedly, dORR could not attend and chair that meeting.
  - The role of PDMC through DORR was to urge a quick delivery of materials from the humanitarian actors. Detailed coordination of how, what, who and when was discussed, elaborated and agreed at the meeting led by UNHCR in Heart.
  - The engagement of the Cluster, particularly the emergency shelter/NFI and the protection cluster, was evident from the onset. The ES/ NFI cluster participated to the IDP TF meetings and other coordination meetings providing information on the contingency stock to contribute to the response; the Protection cluster, through its coordinator, was also present in all meetings contributing to the discussion and supporting and giving guidance on protection monitoring tools and techniques.
  - The reference to the lack of use of a unique assessment tool may need to be clarified, as the PM form was used. The primary data was collected during the profiling and rapid needs assessment by joint assessment team. In addition, on 9th May, a Focus Group Discussion was conducted in three areas; Tagab Ismail, Jahr Sarak and Jahr Haji Sakhi and addressed with different questions both IDP Men (questions related to basic information, water and sanitation, livelihood, housing, education and needs prioritized by male IDPs) and IDP women (questions related to food security, vulnerable populations in the households, child protection, nutrition, health and needs as prioritized by female IDPs).
  - The reference of the untimely reporting needs to be reconsidered. During the week when displacement occurred and even while population was on the move, the IDP TF had been able to estimate the population size and whereabouts. In addition, a comprehensive report was drafted immediately after the assessment.
  - The reference to the updated contingency planning may need some clarification. Clusters, notably the Emergency Shleter/NFI cluster coordinator, participated in the meeting on 30 April and presented the NFI cluster's contingency stock information to contribute to the design of the response.
  - The engagement of the whole IDP TF was praised by the authorities (Badghis Governor and DORR), and it was even recognized with a plaque of appreciation.
- The comments on the information coming from Kabul and the delayed response at field level needs to be clarified and possibly rectified. UNHCR informed the humanitarian actors in Kabul on 3rd May, reporting information on the displacement dynamics, the assessment results and the initial agreement on assistance delivery based on the information from the IDP Task Force held in Heart on 29 April. Therefore the flow of information was clearly from the field to Kabul, and not vice versa as the case-study document seems to imply.

END
UNHCR 18.06.2015

Region:	
Respondent name:	
Respondent's agency/department:	
Respondent title/position:	
Respondent's key areas responsibility (during both normal and emergency times):	

1. How has **coordination worked with the humanitarian community** in recent emergency responses in your region/province?

   a. What are the current humanitarian/emergency **coordination mechanism(s) or structure**(s) in your region/province? Which ones do you participate in? How often? Please detail.
   b. Which agency(ies) took the **coordination lead** in recent emergencies, giving examples?
   c. How do the PDMCs work with these coordination mechanisms? What do you see as the role of the PDMC, compared to the role of these humanitarian coordination mechanisms?

2. Was there any **major overlap or gaps** between actors/mechanisms in recent emergency responses? If yes, in what specific areas/functions? How would you improve coordination? Please specify.

3. What **barriers, challenges or constraints** do you identify in order for the PDMC to takeover humanitarian coordination in the future (for emergency coordination to become government-led)? What are any key remaining areas for support or resourcing you may require to facilitate this transition?

COORDINATION **ARCHITECTURE REVIEW**

Key points arising from PDMC interviews

	Key observations, successes, good practice	Challenges	Further comments & suggestions
REGIONS COVERED : Central, North-North East, East, West	▪ Regular PDMC meetings and more ad-hoc meetings conducted when needed at the time of emergency. PDMCs are well-coordinated, work on needs based issues and are support by UN & NGOs with large presence and participation. ▪ PDMC and OCT are primary coordination forum at provincial level and HRT, IDP TF, Protection cluster/UNHCR and in some places (mainly in the east) health coordination by BPHS agency are main coordination mechanism that exist in field. ▪ Emergency Preparedness and Response (EPR) meeting taking place on weekly basis and are led by CDC/DoPH and DEWS (eastern provinces). ▪ Limited Cim-Cord meetings taking place in various regions. Undocumented Afghan response coordinated by DoRR. ▪ In absence of govt/UN agencies, in some locations (Kunar) NGOs have taken up coordination responsibility ▪ PDMC and ANDMA work with DDMCs to help them in taking the responsibility and provide them necessary support by prepositioning of emergency stocks and allocating specific budget ▪ PDMC/ANDMA are leading coordination with OCHA and IOM complementing their efforts and organizing follow up meetings. Overall good coordination by PDMC with a few exceptions ▪ PDMC only focuses on rapid assessment and emergency response to the affected families, while the cluster meetings and OCT follow up on remaining needs of the affected people in other sectors such as the WASH, emergency shelter, nutrition and health needs after the emergency response. ANDMA does not directly follows up with clusters, but follows up on remaining needs through OCHA. ▪ RAF is very useful in identifying needs of affected people across all clusters.	▪ Limited capacity of ANDMA, need for technical capacity building of ANDMA and line ministry staff with others areas such as communication, record keeping and information tracking. PDMC often faces lack of leadership. Only efficient Governors/ Dy Governors conduct a good PDMC meeting. ▪ Limited financial, humanitarian resources, logistic, transport and warehouses resource capacity are key challenges faced at PDMC level. ▪ Security remains one of the biggest constraint for ANDMA and concerned line ministries to access affected population especially in conflict affected areas. PMDC members are unable to conduct assessment in certain areas of the province due to insecurity. ▪ Follow up post PDMC meeting is poor and it heavily depends on UN/NGO for follow up meetings as well as response. ▪ Lack of human and financial resources, bureaucracy in the government line departments, lack of appropriate office premises, restricted access to insecure areas, lack of control over humanitarian resources/assistance (humanitarian assistance providers have their own conditions for assessments and distribution, like their physical presence and others) , lack of transport, warehousing and pre-positioning of humanitarian assistance, low capacity of staff are key challenges expressed by PDMC members/ Department heads of line ministries ▪ Political pressure on ANDMA and PDMC as well as inadequate cooperation of line governmental departments with ANDMA remains a constrain ▪ ANDMA facing resource crunch, emergency budget is only 3million Afs per year and it is not an implementing body. ANDMA has limited human resources. ▪ ANDMA is a policy making and coordinating body and does not have permanent stock of food and NFI for such emergency purposes. As ANDMA does not have the capacity to stock food for long this issue needs to be looked into at National government level to find appropriate solutions.	▪ PDMC more focused on natural disasters and does not address conflict issues. IDP TF coordinate in conflict situation at regional level but at provincial level there remains gap. ▪ Most natural disaster cases are of small caseloads that mostly responded by NGOs ▪ Need to develop strategy for linking ARCS volunteer and Community Based Disaster Management Teams (established by NGOs) with CDCs, DDMCs and PDMCs ▪ Humanitarian Community should support ANDMA in with developing training packages and conducting training at district level to strengthen disaster management at district level ▪ Need for good communications, report and information on emergency cases on time by PDMC and ANDMA. There is huge scope of skill-building of ANDMA and government employees in this area. ▪ Technical problem solving, creation of responsive mechanism, creation of disaster risk reduction of programs, attraction of humanitarian assistance for on time response and better coordination are some of the issues PDMC, ANDMA and key line ministries needs to work on with capacity building support. ▪ There are reports of PDMC pushing organizations for responding beyond their mandates and in some cases reports of mismanagement by ANDMA & PDMC in coordinating joint assessments

As part of the Afghanistan 2015 Coordination Architecture Review, all humanitarian stakeholders will be engaged through various means to establish broad perceptions regarding the functioning and efficiency of existing coordination mechanisms. For different stakeholders, 'coordination in humanitarian action' can entail a variety of different relationships, expectations and actions ranging from basic information exchange to sharing of resources through collaborative programming. In order to ascertain whether current coordination mechanisms / structures are fit for purpose, it is essential to understand the requirements and expectations of its users. In addition, examining the level of support, degree of cooperation and extent of endorsement for coordination mechanisms and processes is also critical to fully appreciate where the absence of such may be undermining the capabilities and influence of those tasked with coordinating.

As key stakeholders in humanitarian response efforts input from the Humanitarian Donor Group (HDG) is requested to ensure accurate consideration of all donor support to and engagement with coordination structures. In addition to providing fundamental information about how your specific humanitarian planning and resource allocation processes serve to reinforce and support humanitarian coordination efforts, the below guiding questions are intended to solicit your observations and assessment of the suitability, efficiency and effectiveness of current coordination mechanisms in Afghanistan.

Donor Country / Agency:	
Respondent name:	
Respondent title:	
Contact information:	
Key portfolio of responsibility: (e.g. health, humanitarian)	
Annual Humanitarian Budget:	
Funds allocated for coordination:	

Please provide as much detail as possible using the below questions as a guide. In addition we welcome any supplementary relevant information you believe useful to inform this review.

1. **HDG requirements / expectations from coordination mechanisms:**

How would you describe your requirements and expectations of humanitarian coordination mechanisms?

€ *Predominantly communication, informal information sharing;*

€ *Provide comprehensive overview of implementing agency activities so as to inform and direct your support to ensure funded activities enable more effective complimentary multi-agency response;*

€ *Ensure prevention of gaps and/or duplication;*

€ *Develop, contextualize and promote agreed policies and procedures to reflect common technical standards or best practice;*

€ *Set priorities and develop common strategies for the response in the relevant sectoral area(s);*

€ *Facilitate sharing of resources;*

€ *Other (please specify):_____*

Please elaborate on your selection(s) above identifying how precisely your organization engages with specific coordination mechanisms and to what end.

2. **HDG observations/assessment of the suitability, efficiency and effectiveness of current coordination mechanisms**

i. What are the existing coordination structures/groups/meetings relevant to your humanitarian funding portfolio?

ii. Which of these meetings do you regularly attend? What is your expectation / requirement from attending these meetings?

iii. Do your partners/grantees also attend?

iv. What are the strengths and weaknesses of the coordination mechanisms you engage with?

v. How successfully have they served to meet your own coordination requirements?

vi. If you have identified any gaps or specific needs for improvement in this coordination, please detail them with specific examples.

vii. What is your level of participation with the Humanitarian Donor Group (HDG)?

viii. Do you feel that the HDG is identifying common priorities and improving coordination amongst donor agencies on humanitarian issues as per its ToR?   If yes, how? If not, why not? What would you recommend for improvement?

ix. Do you participate in other bilateral or inter-donor coordination forums to review humanitarian priorities and coordinate funding allocations? Please provide details.

3. **HDG support to coordination structures and positions**

i. Do you provide specific funding to Cluster Lead Agencies to support the Cluster system? Please provide details of support. (If funding staff positions what period of time does this cover 3 months, 6 months, 1 year? Has this been a continued commitment over several years?)

ii. Do you provide specific funding to NGOs to participate in facilitating and leading Humanitarian Coordination? Please provide details of support.

iii. Please add any other relevant information regarding support provided to reinforce coordination structures / mechanisms.

iv. What do you see as the value / importance of supporting such mechanisms? Is this in line with overall strategy of your country / organization or dependent upon requirements and decisions taken in country?

v. If your country / organization provides no support to coordination systems or has discontinued support, please explain why.

vi. Have you encouraged or created any other ad hoc/other coordination groups amongst your partners or recipient organizations? If so, for what purpose? How are they working? Do they interact with established coordination mechanisms? Please detail.

4. **HDG alignment with and endorsement for coordination mechanisms and processes**

i. What are your primary humanitarian funding priorities in country at the moment based on the current humanitarian context? How are these selected?

ii. Do you have flexibility to modify the direction of humanitarian financing based on arising needs or gaps?

iii. Do you have emergency or reserve funds to support sudden on-set emergencies?

iv. How does the HRP/process and your funding prioritization or portfolio relate to each other?

v. Does the HRP guide your prioritization and allocations, whether by sector, location and/or partner?

vi. Do you require that recipient partner actions are aligned with the HRP? Or cluster strategies?

vii. How would you describe your level of direct contact with cluster coordinators?

viii. Do you consult with clusters to identify 'top priority' projects for funding?

ix. Do you inform the humanitarian community about support provided to activities that fall outside cluster / humanitarian response strategies?

x. Do you actively promote the use of common, standardized cluster tools among your recipient partners? Please explain.

xi. Does your agency's partner funding come with requirements for coordination and/or reporting into the humanitarian system? How, at what level?

xii. Do you report all humanitarian funding contributions on the Financial Tracking System (FTS)? Do you believe the current FTS reporting is an accurate representation of your current level of support to humanitarian programmes in Afghanistan?

5. National Coordination Capacity

i. What is your interaction with key government counterparts on humanitarian programming?

ii. What has been your experience of Cluster relationships with government counterparts? What opportunities do you see to strengthen cooperation between Government and the Humanitarian community?

iii. What is your assessment of national engagement with coordination mechanisms? How would you view national capacity, opportunities and challenges to lead humanitarian response? How does this vary at different levels and across sectors?

iv. Have you provided assistance to build national capacity in disaster management, preparedness, response? (Please detail)

v. Has your country/organization provided direct bilateral assistance to the GoIRA in the aftermath of emergencies? How satisfied have you been with the use and reporting of this support?

6. Development programming coordination

i. What meetings, forums or coordination bodies does your organization participate in for development focused programming? (Please spell out any acronyms).

ii. Do you see any potential to improve cooperation between humanitarian and development coordination bodies, particularly to ensure that the focus of clusters is maintained as humanitarian coordination mechanisms?

7. Please add any additional information, comments or recommendations which you think may be useful:

THANK YOU

Please submit the completed form by email to ocha.ccu.afg@gmail.com

If you would like to discuss the above directly with OCHA or have queries please contact Charlie Ashley on the above email or at ashley@un.org

COORDINATION **ARCHITECTURE REVIEW**
Donor Survey Summary Findings

	Funding / Alignment with Humanitarian Response Plan	Coordination mechanisms/ Interaction	Feedback on the Humanitarian Donor Group	Further comments & suggestions
Australia	• Most of support to humanitarian sector is through CHF (funds available for HRP). WFP funding based on priorities (some may be HRP aligned). • CHF Advisory Board member so input into use of funds • Do not have any other emergency/ reserve funds for AFG, but DFATD has global fund to be prioritized by Australian Government. • Prefer that recipient partner actions are HRP aligned. • Do not directly fund any bilateral assistance to GoIRA or capacity building of national actors • All humanitarian financing reported on FTS • Does not fund CLA, NGO participation or cluster system activities; see CHF contributions as filling urgent gaps. •	• Frequently attend HDG, WFP donor meeting (for PRRO support) and HC/donor meetings. • CHF AB member • Mostly pleased with coordination mechanisms in place. • Consider importance of consolidated coordination mechanisms (government and humanitarian) for uniform action plan/ sustainability. • No direct engagement with clusters/ Coordinators or government counterparts	• Active HDG member, rely on HCT donor representative • Adequately provides opportunity to discuss prior to core HCT, and discuss humanitarian needs/ allocations accordingly. • Non-participant donors provide suggestions/ recommendations to donor representative attending HCT	• Look to HC and OCHA to provide leadership and direction on humanitarian issues • Limited donor engagement with HCT (non- HCT donor representative); a missed opportunity to engage with implementing partners and engage in operational issues (would appreciate observer status) • Quarterly /semi-annual meetings with Cluster Coordinators could be useful alternative • Would be useful for donors to engage with GoIRA directly (e.g. ANDMA, CEO Office, Ministries) • Humanitarian and development should work together more: common coordination group, or Cluster Coordinators attending development coordination meetings.
DFID	• $32M annual humanitarian budget, most of which goes through CHF. Other HQ funds available for major disaster • CHF Advisory Board member to help set strategic direction • Require partners to align with HRP • Humanitarian strategy fully aligned with HRP; next 4 years to focus on displaced persons, DRR mainstreaming, rapid onset emergency response, improve	• Attend HDG, CHF AB, Mine Action working group, some cluster/ HCT meetings • CHF AB member • HCT/CHF AB effective coordination and decision-making fora • Participates in cluster technical and coordination meetings on ad hoc basis. • Consults clusters on ad hoc basis, such as for multi-year programs	• Active HDG member, trying to create and contribute shared understanding of humanitarian gaps and challenges, improving effective, efficient and equity based humanitarian response, and to influence major policies/ direction to benefit effective coordination and response mechanisms.	

	• efficiency/effectively of humanitarian system in country (incl. coordination). • Report funding on FTS, but keeping updated is a challenge • Do not fund any coordination, 'except through CHF', but funds ACBAR Twinning Program	• Government coordination and capacity a concern • Some government coordination, ANDMA/ DMC when relevant. Recommend better coordination with government and ANDMA capacity building. Resilience project in 8 provinces includes coordination with government.	• Good, but strategic discussions/ coordination not strong; serves more information sharing and day-to-day issues. Gaps/ challenges from UN/IPs/CLAs may be helpful. • Priority setting for humanitarian donors, shared views is needed.	
ECHO	• €25.885.000 annual humanitarian budget, €1.000.000 for coordination, can mobilize additional in case of rapid onset • FTS used, but unsure of ECHO focal point • Broadly agreed HRP, coherent with ECHO strategy, is useful for needs-based ECHO funding requests and provides strong national framework. ECHO strategy not based on HRP (some divergence, like prevalence of health/nutrition) but HNO utilized to support country strategy • Partners required to align response with ECHO strategy and cluster standards (not necessarily HRP) • Has/funds various coordination positions: Health cluster lead, Nutrition/WASH/ Protection co-leads, CVWG lead • Previously funded RAF development and trainings, used to fund partner coordination in disaster preparedness and ERM; no longer needed • ERM funding, 5th year. • No longer funding chronic needs • No bilateral assistance, but have supported indirectly through partners (DP/DRR)	• Does not rely on coordination mechanisms for funding priorities, but participates in clusters and with OCHA • Timeliness/quality of information from coordination mechanisms is key to effective decision making, insufficient in some recent instances. • Expectations of clusters are clear standards and annual strategic priorities • Local/ad hoc coordination bodies (IDP-TF, PDMC) are effective and often fill gap in clusters' absence/inefficiencies; but varies across provinces with gaps/ insufficient response • Mechanisms good for protracted crisis but fail in rapid onset crises to provide timely, adequate, reliable information for funding decisions • Clusters often ineffectively engage all members in strategic priority identification • Roles/responsibilities unclear across country (which needs, which scale) • Common tools for assessments required to prevent tension/inaccurate targeting • Cluster standards required, with enforcement • Asks partners to coordinate on specific tools (e.g. cash-for-shelter guidelines and ERM common rationale) • Does not maintain interaction with government • Obvious disconnect between national/ sub national level coordination, enforcement of standards, modus operandi (PDMC, IDP-TF)	• ECHO is HDG representative at HCT, very involved • HDG is informal body, allowing donor coordination on ad hoc basis and on certain issues; no systematic coordination on donor strategies, nor willingness to do so • HDG is reactive to HCT agendas; should be given more opportunity to be proactive (proposing themes/ items for HCT meetings)	• Clear strategy on DP/DRR/ Resilience is still missing • RAF use requested to partners, insufficient for detailed programming (ERM complimentary tools) • Conflict assessment tool gap • Clusters should be able to protect from government influence and ensure humanitarian principles (e.g. shelters for 2014 floods); transition to Ministries should be approached carefully. Government hasn't shown strong willingness/ ability to take over clusters; consider GoIRA relevance in light of conflict expansion and resources required for capacity building • Responsibility for coordination of needs assessment response follow-up must be clarified, considering clusters' inability. Unified/multi-sector approach, for conflict and natural disaster.

HFU	• $38M annual, 500K for coordination • Funding transparency of other donors and recipient agencies critical for CHF • No funding to date to support cluster capacity; more a service enabler (UNHAS, potentially funding for cluster co/leads) • Fully aligned with HRP; purpose to gap-fill HRP, require all partners to align with HRP and cluster strategies • CHF Reserves allows for response to sudden onset/ strategic needs • FTS used for all allocations • Do not fund government entities (although indirectly through recipients, like WHO support to government health clinics)	• One of four key mandates of CHF is to reinforce clusters and coordination • Systematic issues not always followed up (e.g. shelter standards). • CHF Advisory board is primary coordination mechanism for HFU, 2015 2nd standard allocation also included sub-regional consultations (HRT/OCTs) • Pooled fund allocation requires strong cluster engagement, Cluster Coordinator support and adherence to cluster standards, systematic reporting, etc. • Looking into government standards for programming (e.g. staff costs) to support CHF review process • BPHS coverage gaps; trying to compliment without overlapping	• HFU should attend HDG meetings as the CHF manager, to support info sharing, avoiding duplication, agreeing on joint strategies, etc. • CHF would be better positioned to allocate funding to fill critical gaps if greater understanding of other donor allocations	
Canada	• CAD $13M, no funds for coordination • Does not fund CLAs/NGOs/ coordination structures (think it's adequately funded) • Funding is aligned with HRP, which very much guides funding priorities in-country; require partners to align with HRP (evaluate proposals against HRP) • Emergency Response Funding is available for emerging humanitarian needs • FTS is used and believe it's a great tool to track humanitarian funding in-country • ARCS multi-year funding to strengthen emergency response capacity. • No bilateral assistance to GoIRA post-emergency	• Regular cluster meeting participant (FSAC, Nutrition, Health + Khost/Paktika TF + IDP-TF) • Government (ANDMA) and ARCS interaction at various levels.	• Regular HDG participant, often leads HDG meetings • HDG ToR should be revised annually to address humanitarian needs/ coordination gaps that year.	• IDP-TF should provide detailed mapping and profiling of conflict IDPs, encourage MoRR stronger leadership role in implementation of IDP national policy, and field operations • Seemingly low sense of responsibility from government counterparts in humanitarian clusters; encouragement needed for transition • Better cooperation between humanitarian/ development needed for health and nutrition
Finland	• €2.525M humanitarian aid budget • Does not fund coordination/ CLAs/ NGOs for coordination • MoFA takes funding decisions/ prioritizes • FTS used • Has not funded national capacity in DM, preparedness or response, or bilateral assistance post-emergencies		• Regular HDG and OCHA donor meetings attendee; meet their needs, HDG doing good job	

USAID			
• US $95-125M humanitarian budget per year, $5-15M for coordination (approx. 80% response, 10% coordination and 10% DRR) • Have flexible funding for arising needs/gaps • Supporting OCHA, FSAC, Health, Nutrition Clusters • Coordination in humanitarian sector is agency priority: Yearly coordination support to clusters through lead agencies using macro awards; some for cluster coordination, others include response. Do not fund specific positions. • Fund IOM, FEWS-NET and iMMAP to provide info to government counterparts, UN and NGO partners • HRP is a guide/reference for allocations (but doesn't set them); don't consult clusters to identify to priority projects. Strongly encourage partners to align with HRP. • Inform humanitarian community on other/non HRP activities, if asked • FTS is used, believe it is accurate representation of current level of support • No direct support to government for humanitarian assistance/response, but partners include government counterparts in trainings • No bilateral support to GoIRA post-emergency	• Coordination mechanisms have been very helpful for internal reporting, staying informed of sectoral issues/events • Encourage partners to engage/ use clusters as resource, but not required • Maintain regular contact with ANDMA, reach out to line ministries on ad hoc basis • Government leadership in coordinating effective response to extreme weather events early 2015 was noteworthy accomplishment; unsure if task force is standing or not	• Regular HDG member • Provides opportunity for bilateral exchanges on donor priorities • Review of ToR will improve quality of donor coordination in coming months • Have other bilateral meetings as needed such as for WASH and Afghan returnees	• More regular updates on cluster functioning/ performance would be beneficial. • Recommendation to hold open discussions for development colleagues on basic humanitarian assistance (including cluster system) and overall humanitarian situation in Afghanistan.

COORDINATION **ARCHITECTURE REVIEW**

Summary Matrix of Cluster Review and Recommendation Papers

METHODOLOGY

A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

To inform the 2015 Afghanistan Humanitarian Coordination Architecture Review the clusters undertook three short exercises looking at the following:

    i. Cluster Review of primary functions and continued requirements in protracted crisis context;
    ii. National Coordination Capacity Review – identification and capacity review of relevant national counterparts to determine potential for transfer of leadership and accountabilities;
    iii. Cluster Recommendation – Cluster analysis of future requirements, streamlining, strengthening, transition, deactivation in light of the above.

A summary of the cluster analysis and recommendations is provided in the table below.

6 AFGHANISTAN CLUSTERS	ES & NFI	FSAC	Health	Nutrition	Protection	WASH	Refugee / Returns
Critical coordination needs or gaps being met by the cluster	Main forum for coordination of relief assistance and the provision of technical support		Coordination of emergency response, conflict-related trauma management. Life-saving services in white areas	Only National platform for coordinated response to Afghanistan's malnutrition crisis	Identify emerging protection issues; coordinate service provision; Promote standards; Conflict IDP assessment	Platform to coordinate emergency WASH response, provide technical guidance & develop Gov. response capacity	Effective delivery of humanitarian assistance to unexpected refugee influx
Level and significance of national and sub-national cluster activity	3 Regional Clusters 6 Regional Focal Points		Cluster has presence in all Provinces actively responding to all acute emergencies	Efforts being made to strengthen sub-national cluster coordination as required	Op. coordination, monitoring and reporting, referral, standard setting, advocacy;	Sub-national Cluster coordination on ad-hoc basis	K/P TF, Khost TF 3 TWGs Education, Health, WASH; Paktika Coordination; NSC transitioning to MoRR
Primary functions being fulfilled by the cluster	Supporting service delivery; Informing strategic decision making; Reporting; Contingency Planning; Advocacy		Supporting service delivery; Informing strategic decision making; Reporting; Contingency Planning; Advocacy	Supporting service delivery; Informing strategic decision making; Reporting; Capacity building; Advocacy	Supporting service delivery; Informing strategic decision making; Reporting; Contingency Planning; Advocacy	Capacity mapping; Preparedness and contingency planning; Strengthen service delivery	Supporting service delivery; Strategic planning; Resource Mobilisation; Advocacy
Distinct humanitarian focus / co-ordination with dev. Partners	Cluster partner activities range from emergency to longer-term, durable shelter solutions coordinated with MoRRD		Cluster refers development issues to MoPH. Most (not all) Hum/Dev partners are the same NGOs running BPHS/EPHS service delivery	Almost all activities delivered through the SEHAT BPHS partners however the cluster still leads on tech. support, assessments & coordination	Development partners: MoPH, MoWA, MoE, UNDP RoL, UNICEF, UNFPA, UNWOMEN	Overlap of Cluster and Water and Sanitation Sector Group (WSG) led by MRRD. Transition of Cluster responsibilities to WSG discussed in 2013	Gov to assume increasing role in refugee matters following passage of Refugee law; Difficulties in transferring registration responsibilities to Gov.

Summary Matrix of Cluster Review and Recommendation Papers - Continued

	ES & NFI	FSAC	Health	Nutrition	Protection	WASH	Refugee / Returns
Analysis of National Coordination Capacity	ANDMA (emergency relief/NFIs) present in all Provinces NDMC/ PDMC: activated on emergencies However capacity not yet viewed as sufficient		Extensive provincial level MoPH committees supporting coordination however EPR Dept. in MoPH lacking capacity	PND and PNO co-chair & participate in cluster response development but lacking capacity & authority within MoPH to lead on key functions	Multiple counterparts: AIHRC; MoRR and regional DoRRs, CPAN, MoLSAMD MACCA, MoJ, MoPH, Women's Affairs.	MRRD strong and expressed interest in transition. Further development of government response and coordination capacity needed	MoRR/DoRR – largely disengaged. Size and scope of refugee population would tax available government resources
Cluster Recomm-endations	ESNFI is providing a coordination service that cannot (at present) be assumed by a Government counterpart		Continue functioning while building capacity and strengthening ERP Dept. in MoPH to take over the coordination function	Strengthen NPCC, to assume routine service delivery coordination with cluster focus strictly on emergency response	Continue to work towards eventual transition with the AIHRC, MoRR and relevant entities. Transition timeline cannot be defined.	Transition in process. 2015 focus on capacity building of PRRD / MRRD in emergency coordination and response	Support to refugee laws and policies, regional collaboration, and enhancing self-sufficiency. Emphasize greater advocacy and collaboration with development actors for returns.
Cluster proposed way forward	**Strengthen**	**Gradual Transition**	**Extensive capacity building towards eventual transition strategy**	**Initiate gradual transition for coordination of routine BPHS service delivery**	**Extensive capacity building towards eventual transition strategy**	**Gradual Transition**	**Support, Collaboration, Advocacy**
OCHA Comments	Case studies & survey suggest response coordination role over emphasized. ANDMA clarity & capacity building critical	Cluster needs thorough review to re-establish focus. New CC arrived June	Cluster activities remain critical	Support cluster to transition coordination of routine services to PND & focus on emergency coordination	Cluster should review breadth of current activities with view to transition some and focus on critical functions	Cluster to be supported in transition process; Ensure MRRD coordination with other clusters as required (ES&NFI, Health, Nutrition)	Need to ensure adequate representation of returns

- *What is the scale of humanitarian response in your sector?*

The provision of emergency shelter and NFIs assistance is a lifesaving activity that ensures human protection from elements while ensuring safety and dignity. In Afghanistan the ESNFI intervention included in the SRP2015 target 157,000 people in need with an estimated budget of USD 40 million. Major activities are the immediate provision of emergency shelter and NFIs, assessments, prepositioning of relief items and provision of technical support.

The ESNFI Cluster partners have been consistently responding in both natural disasters and conflict displacement with IOM and UNHCR being the leading relief Organizations. The unpredictability of displacement due to armed conflict has been posing a continue challenge on the response mechanisms. On the other hand, the response to recurrent and predictable natural disaster emergencies has been streamlined by preposition of essential NFIs and well disseminated assessment mechanisms. Shelter response has been reduced due to the limited availability of funds. There is still a non-assessed backlog of 2014's flood victims who may be in need of shelter support.

- *How many partners are delivering activities and what is the geographic spread – multiple partners responding to the same needs in the same places or equal distribution across the country?*

The majority of Cluster Partners are concentrated in the NR, NER, WR, ER, CR and CHR. In general, interventions are coordinated by the active regional clusters Kabul, Mazar, Herat and Jalalabad. The main Partners are also part of the Emergency Response Mechanism (ERM funded by ECHO) and their interventions are well coordinated. Due to the large size of emergency events requiring NFIs and shelter response, in most of the cases there are no overlaps but gaps due to the lack of relief response capacity of the GIRoA. In some cases, Cluster Partners developed standing arrangements for presentation of proposals and implementation of projects as they adhere to same technical standards and operational approaches.

- *What role is the cluster playing in coordinating these partners? Predominantly strategic planning or coordination of assessments, planning and response activities?*

The role of the ESNFI Cluster at the national level is to provide technical and coordination support. At the regional level, the clusters are more actively engaged in coordinating assessments, negotiating with authorities and monitoring implementation activities. In that sense, there is a complementarity of the two schemes of the coordination mechanisms.

- *Is there a dedicated government department/function related to your sector? Do they fulfill any coordination functions?*

At the National Level, discussions are ongoing with both MoRR and MoRRD taking into account the emergency characteristics of the ESNFI cluster. There are also talks with ANDMA and ARCS as being the relief responders from the Government side. Because of the political context, in most of the cases the assessments and responses to emergencies are directly handled by the PDMCs under direct supervision of Provincial Governments. The continue challenges are the misalignment of the different approaches, knowledge and agendas of each Provincial Governor. This is in particular evident and difficult to handle as each regional cluster covers more than one Province with dissimilar realities. Nevertheless, at the regional level there is more participative and cooperative attitude of ANDMA and relevant Ministerial representations. Generally, there is little knowledge of government Officials of the Cluster's roles and responsibilities as well as of the overall humanitarian architecture. ANDMA as the madated Government coordinating body for emergencies should to take a greater proactive role andbeing more engaged in the main coordination forums.

- *What other related coordination bodies exist dealing with your sector, even considering medium-long term/development actors (e.g. National Nutrition Committee / sector meetings)?*

In principle there is a clear overlapping with IDP Task forces as these newly developed mechanisms are designed to coordinate the overall response to IDP emergencies. The MoRR is in principle responsible for the coordination having a dedicated department at National level and being represented in Ad Hoc basis at the regional level in the event of an emergency. he IDP Policy is not fully operationalized, there is still confusion and misinterpretation of roles and responsibilities. This is evident while developing Contingency plans. The ESNFI Cluster has standardized CP that is in most of the cases adapted to each operation. The IDP Task force couldn't develop such plans without clear definition of roles and responsibilities.

Regarding the medium/long term/development actors, only on shelter response would be possible to find similar stakeholders where UNHABITAT and UNOPS are leading agencies coordinating with the GIRoA some small housing plans. There are as well bilateral assistance schemes (i.e. China or ECHO supported housing assistance).

Basically, the emergency nature of the ESNFI cluster has little to do with mid-term/development activities.

- *Does the cluster have a clear strategy in place outlining objectives and planned activities to deliver against the core functions?*

The cluster strategy has been developed recently and is still not finalized/approved by the SAG. At this stage, that strategy cannot be anything but aligned with the SRP 2015 because this should have been the cornerstone of the cluster response while preparing the response documents. The Cluster already started the discussion on the necessary adaptation of any strategy in preparation of the mid-term review of the SRP 2015. This document will certainly differ from the original 2015 Strategy as it will be a need based document instead of merely estimations.

- *What is the status of each of the core functions within your cluster? If certain core functions are not being addressed, why? What enables the cluster to fulfill certain core functions more than others; what factors enable or prohibit full functionality (e.g. human resources)? Is this different at the national or sub-national level?*

The ESNFI cluster faced on recent years a high turnover of coordinators that hampered the adequate deliver of core functions/services. The performance evaluation is ongoing and the survey summary will be the proper document to use on providing adequate responses. From the Coordinator's perspective, the support of service deliver is partially fulfilled as the regional clusters are not leaded by dedicated and technical able staff, being Cluster Coordination a secondary task (most of the time out of their own TORs). The other two areas that are still underserviced are the monitoring and evaluating performance (issues of access and unsecure operational environment) and building the preparedness and contingency planning capacity (overlaps with task forces and lack of sufficient technical capacity in the regions). The factors that impede the cluster full functionality are the insufficient availability of dedicated Staff at the National level (no IMO & National Officer ESNFI) and the already explained non-dedicated Staff at the Regional sub-clusters.

- *What other non-core functions does the cluster perform, if any? What is the purpose, level of effort required, partner participation or benefit, etc.?*

The cluster has been providing Ad Hoc advice to task forces and ensuring that relief operations and future planning on refugees and returnee assistance are aligned with cluster standards and operational priorities, avoiding gaps and duplications. These actions are of particular benefit as avoiding returnees to become IDPs due to lack of support/adequate solutions in areas of return. The constant and chronically ill cycle of displacement has been a challenge that is being addressed altogether with development actors and core responding Agencies (i.e. informal IDPs urban settlements). In these cases, the intervention of implementing partners of leading UN Agencies that are also ESNFIs Cluster members are benefited by the use of our standards and coordination scheme.

- *What is the status of all working groups, task forces and/or sub-clusters? How often do they meet? Who attends? What is their core area of work and achievements/outputs?*

There are two active working groups: the TWG and the SAG. The TWG has been very active in the preparation of the Cluster Technical Standards and also contributed in Ad Hoc basis to provide technical advice to partners in certain proposals. It has been meeting monthly and reporting to Cluster's Monthly meetings in regular basis. The SAG is active and has been engaged in the preparation of the Cluster strategy, providing strategic advice and discussing the main operational issues. SAG is meeting in a monthly basis and also reporting to ESNFI Cluster's monthly meeting.

- *Does the current context continue to warrant sustained collective coordination action across your sector? Consider key events over the last 12-24 months requiring coordinated action, which coordination mechanisms served as the primary fora, who primarily led coordination at field level, were any gaps identified?*

It's evident that the volatile operational environment and the lack of political instability are factors that may not improve substantially in the incoming 12-24 months. The geographical unpredictability and the scale of the humanitarian consequences of armed conflict require proper coordination mechanisms that are only able to respond under the current scheme. Moreover, the donor's concerns on aid delivery efficiency and effects of potential corruption are additional factors to sustain the current coordination network.

ANDMA leadership is evident on the coordination of assessments and response to recurrent natural disasters. The active role of the PDMC on affected Provinces is a parallel mechanism altogether with IDP task forces as mentioned above. In general we noticed many overlaps instead of gaps. Besides, we have HRTs and OCTs forums. This create confusion to Cluster Partners.

- *How many operational cluster partners typically respond during emergencies (what percentage of total number of cluster partners)? Specify main/lead partners versus implementing partners. How does the cluster coordinate*

During emergencies from 12 to 15 cluster partners are able to respond but only those who are already deployed in areas where response is needed can secure immediate relief assistance. This would bring down the number to 5 or 7 cluster partners responders to each emergency. Besides the leading Agencies responding to emergencies (UNHCR for conflict displacement and IOM for natural disasters) only 20% of cluster partners have funds and means for relief operations. Other partners having operational capacity depend on scarce funding to use their implementing networks. The coordination of most of the emergencies is decentralized (regional sub clusters) and headed by the leading Agencies as primarily responders/implementers. Normally, there are formal meetings and routine reports but there are also recent records of Ad-Hoc coordination schemes after the new Government has been in charge. On this regard, we've seen a change in the Government approach requesting support directly to cluster partners and using a parallel channel with UN OCHA that, in turn, reverts to Clusters. In the field, cluster partners are directly approached by Officials from Provincial government to request support on emergency situations. The cluster is not being informed on the Government capacities and response strategies, thus unable to plan ahead to avoid assistance gaps and overlaps.

The common emergency situations are natural disasters (floods, landslides, avalanches) and armed conflicts (both planned military operations from the Government and spontaneous insurgency). The coordination and preparedness on natural disasters have been effective as the result of both the experience acquired by humanitarian and coordination actors and the predictability and availability of funds. On the contrary, the response to displacement due to armed conflict has been difficult to coordinate due to the overlapping with IDP task force and the access challenge posed by insecurity and the risk of cluster partners being perceived to be aligned to conflicting parties. It was evident during last clashes in Helmand province that the Government Officials are not fully aware of the basic humanitarian principles of humanity, neutrality, independency and impartiality. There was a lot of pressure to cluster partners to provide assistance without proper vulnerability assessments, to accept military escorts and to assist in areas determined by the Government. It was only arduous negotiation and the OCHA intervention that humanitarian actors were able to stand on its principles and also to convey the message to GIRoA that future military plans should consider the humanitarian impact and evaluate its consequences.

Regarding the coordination gaps and challenges, we noticed that Governors are frequently stepping up on the local responses and the PDMCs are a very effective tool to coordinate but in most cases the cluster priorities are modified to meet local demands. Still is not clear what the government capacities are and how main resources (like helicopters or warehouses, NFI and FI stocks) can be available/used in cases of emergencies.

In the future, it would be recommend that OCHA leads on the gathering of information of GIRoA response capacity and strategies and to provide a platform to analyze potential gaps and areas of intervention for humanitarian actors. This is substantially important as the current response plans are based solely on the HNO and the response capacity of humanitarian partners, which shouldn't be the case as we should focus to fill the gaps not being the sole responder.

In the field, the ESNFI have four active sub clusters that regularly provide a coordination platform for CPs and stakeholders. In the remaining regions, focal points are providing Ad-hoc support and also integrating the responses when task forces are activated. Although we receive monthly reports from all regions there is an evident lack of IM support and the new designed reporting formats posed new challenges for our partners. There should be necessary to give additional time to allow new standardization reporting to allow smooth IM processing.

In general, few local partners are integrated in ESNFIs coordination scheme, most of them as implementing partners of already cluster members, thus, the technical standards and operational modalities are similar. ACBAR has been the normal interlocutor with a wider range of local NGOs engaged in direct assistance and the recurrent concern has been the access to funding mechanisms (i.e. CHF) for what the cluster is facilitating the interaction and potential coaching initiatives.

ESNFI Cluster Capacity Review

Following the ongoing coordination architecture review initiated by UN OCHA, Clusters were asked to identify, assess and review the capacities of potential national counterparts in the event of transferring coordination responsibilities and to provide recommendations on the way forward.

From the ESNFI perspective (as well as from the overall coordination scheme) **there has been limited Governmental participation in the meetings, discussions and planning of humanitarian assistance**. It's understood that these were side effects of the complicated election period and delay in forming the Unity Government. For example, due to the lack of political agreement on the composition of Cabinet and the inaction of most of its subordinated bodies, commissions and Ministerial structures the coordination channels with UN Agencies and humanitarian actors were visibly affected, (i.e. identified counterparts and already trained Government Staff were removed from posts, decisions delayed, programs on hold).

The recent active and inquisitive approach taken by the President's Office and the Office of the First lady has put pressure on Cluster partners to share available stocks, operational capacity and implementation modalities without receiving feedback or information on the GIRoA's capacity to support emergency response. As a result, there is still **no clear understanding on who the primary Government focal points** are for each emergency circumstance, as there is overlap between provincial coordination mechanisms, task forces and commissions with similar compositions and different mandates/TORs. At the moment the most active Government coordination body for emergency response at National level is National Disaster Management Commission (NDMC) led by CEO that calls for meetings on Ad Hoc basis and the National Security Council meeting on emergency which has weekly meetings (every Tuesday) led by the especial representative of the president (Wais Barmak).

It should also be noted that **not only at the cluster level but at the inter-cluster coordination mechanism, there is no proper representation of the GIRoA**. This could be the effect of the adaptation phase after the withdrawal of international military forces where humanitarian assistance was coordinated among international actors with limited presence of the GIRoA. In this regard, the value and *raison d-être* of the cluster scheme should be analyzed taking into consideration the political and security transition in Afghanistan, the GIRoA institutional capacities, commitments and the opinions of the main stakeholders.

A first phase of discussion has been undertaken by the ESNFI and Protection clusters and the Refugee and Returnee chapter to understand how the eventual transfer of responsibilities could occur and who would be the potential Government counterparts. After this initial debate, **the conclusion was that in the event of phasing out of the ESNFI the coordination responsibilities would split** between NFIs and shelter. Following this logic, NFIs coordination could be merged with WASH (as most of current NFIs assistance includes hygiene elements) or handed over to ANDMA . This would also include emergency shelter assistance. On the other hand, transitional and more durable shelter assistance could be coordinated by the MoRD / MoRR / MOP (depending if the beneficiaries are in rural areas, are refugees/returnees or if it's part of national housing plan). It's important to highlight that ESNFI Cluster is not engaged in development interventions. Thus, emergency interventions cannot be handed over to a development partner.

The above analysis envisages only the national perspective. At the Provincial level, the overall executive responsibility rests with the Governor and the coordination is managed by PDMCs. Thus, to ensure effective coordination and field implementation, there should be either a National policy or strategy to replicate the same coordination bodies or the designation of thematic focal points with delegated coordination responsibilities. As a result, it is recommended that the humanitarian community waits until the GoIRA identifies counterparts and a coordination scheme before investing in capacity building or further developing stronger coordination partnerships. This was the unanimous opinion of all Cluster partners in the last meeting (17/05/2015).

There are no formal co-leadership agreements with National Authorities. It has been noted by Cluster Partners that the Government should be the appointing corresponding counterparts to relevant clusters. At the Provincial level, the PDCM, ANDMA Representatives and the Governor's offices step in to emergency situations on an Ad-Hoc basis. **It's noted the absence of Government's intervention protocols to harmonize and rationalize relief operations**.

Currently there is no adequate participation of the Government in the National or Regional ESNFI Cluster coordination and planning mechanisms. **Two main reasons for the lack of integration include 1) the unclear roles and responsibilities among Government structures and 2) the lack of knowledge/capacity to handle complex emergencies and coordination schemes**. Other factors as corruption, limited Government executive power in rural areas, insecurity, organized crime and ethnical/political divisions further limit the participation.

On the delineation of a future roadmap to prepare the possible handover of coordination responsibilities, **the HC supported by HCT should start high level discussions with the GIRoA to identify the corresponding Government institutions, organizations and agencies that will be the designated focal points**. This will include the preparation of phased handover and the assurances that the UN will continue providing technical support when needed. It's important to note that any coordination structure to be developed will need a dedicated budget allocation and adequate means to fulfill its commitment. It's perceived that the GIRoA would not have additional funds to cover new operational responsibilities.

Regarding the available capacity to handle complex emergencies and coordination schemes or to undertake the primary cluster's responsibilities, it's noted that after many years of humanitarian presence, provision of trainings, workshops, coaching and sponsoring Government institutions and officials, **there is limited active Government coordination and operational capacity**. This is because of the high rotation of. Unfortunately, **there is neither adequate mapping on the extent and dimension of capacity building done in the past decade** nor a formal registry of trained Officials or Staff. Therefore, at the same time of identifying the potential coordination counterparts, it is necessary to accurately map the capacities built (data on name, type of training, objectives, capacities developed, etc). It's only after collecting the above information that a capacity building plan can be developed. For example some Officials sent on a week training to Rome with little previous knowledge of the subject may not bring much contribution to the coordination scheme although the high investment done. Besides, we have witnessed the high turnover of well-trained Officials that force many Organizations to re-invest in new trainings.

As a pre-requisite for future inclusion in CB activities, the GIRoA should commit to keep the trained Officials in their posts for a substantial period of time that will justify the training investment. Besides, the CB plan should be discussed with key donors to secure funds for trainings and eventually financially supporting new coordination positions. In parallel, basic humanitarian and coordination trainings could be provided using the current cluster structures (providing additional funds) to prepare the ground for more specific technical trainings. This could be already launched in a coordinated way by all clusters (i.e. on the second half of 2015) to prepare the ground for an eventual more compromised engagement of the GIRoA.

The possible steps ahead to a potential handover of the ESNFIs coordination responsibilities are:
In sum, the major constrains impeding a possible handover to a Government counterpart are:
- Lack of GIRoA definition/appointment of the relevant counterpart to take over and its functional framework (regulations/SOPs)
- Lack of funds to pay for dedicated coordination positions
- Lack of Government's coordination knowledge, experience and capacity to handle emergencies
- Lack of funds to support Capacity Building and trainings necessary to prepare Officials with new coordination responsibilities
- Absence of already provided CB mapping, database or registry
- Blurry coordination schemes at the Provincial level and/or mixed political agendas
- Overlaps of cluster and task force's coordination schemes and field implementation

The possible steps ahead to a potential handover of the ESNFIs coordination responsibilities are:
- HC & HCT discuss and agree with the GIRoA the corresponding Government coordination counterpart
- Cluster mapping on previous CB activity and development of database
- ICCT preparing basic humanitarian and coordination curriculum
- Key donors providing funds for CB activities & relevant trainings
- Each Cluster providing coordinated CB trainings on basic humanitarian and coordination schemes
- ESNFI analyzing Technical CB needs, preparing curricula and developing training plans
- Key donors providing funds for key Government's coordination posts
- ESNFI Coordinator continue providing technical support and coaching to designated Government counterpart

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW

ESNFI CLUSTER
INITIAL RECOMMENDATIONS

PRESENTATION TO EXPANDED   HCT

June 4, 2015

Process:

Consultations with members and key stakeholders

- Key consultations, meetings and interviews held
  - *Cluster Leading Agency*
  - *Relevant Clusters/ Task Force*
  - *Cluster Partners*
  - *MoRRD*
  - *Global Cluster*
- Main groups and agencies which inputted into each paper/consultation
  - *Cluster Partners*
  - *SAG Members*

ESNFI Cluster Review

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

1. Critical coordination needs or gaps being met by the ESNFI cluster

    - *Cluster continues to be the main forum for Coordination of Relief assistance and the provision of Technical support.*

    - *Response to people affected by natural disasters and armed conflicts*

    - *Strengthening operational partnership, supporting fundraising, technical trainings and dissemination of best practices*

2. Level and significance of national and sub-national cluster activity

    - *National Cluster, TWG and SAG fully operative*

    - *3 Regional Clusters Operative*

    - *6 Regional Focal Points*

ESNFI Cluster Review

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

3. Primary functions being fulfilled by the ESNFI cluster

   - *Supporting Service Delivery; Informing Strategic decision making of HC/HCT ; Reporting; Planning and Strategic development; Contingency Planning/preparedness are activities well underway although the lack of sufficient dedicated staff*

   - *Advocacy on behalf of affected population to be strengthened*

   - *Insecurity and lack of humanitarian access impede Monitoring and Evaluation activities*

4. Comment on distinct humanitarian focus of cluster and levels of cooperation and coordination with development partners as appropriate

   - *The absence of humanitarian-development nexus at the ICC (i.e. Early Recovery Cluster) impedes the inclusion of DRR and Peace Building Initiatives.*

   - *Development actors among Cluster partners*

   - *Cluster Technical Standards envisages durable shelter solutions*

   - *MoRRD engaged in SAG and Technical discussions*

Capacity Review

Highlights from Cluster Position Paper 2: Analysis of National Coordination Capacity

1. Co-leadership arrangements / participation of relevant national counterparts, the role they fulfill in the ESNFI cluster and development of annual response plans

   - *MoRRD consulted in Technical standards and invited to participate in SAG, TWG and Cluster meetings. No previous/active Government participation*

   - *National NGOs participate in some regional Sub Clusters. ACBAR represents the Local NGO forum at National Level*

2. Existing Government and other non-cluster mechanisms relevant to coordinating response in your sector, status of presence, structure, effectiveness and resourcing

   - *ANDMA (emergency relief/NFIs): present in all Provinces*

   - *NDMC/ PDMC: Activated on emergencies*

   - *Inter-Ministerial working groups*

3. National capacity to assume leadership and accountability for identified continued requirements and core functions undertaken by the cluster

   - *Not yet available. Earlier CB done needs to be mapped.*

   - *Formal designation by GIRoA needed previous to assess capacities*

4. Status of ESNFI cluster deactivation / transition strategy

   - *Not developed*

Cluster Coordination Performance Monitoring (CCPM)
Initial summary of cluster performance and capacity

1. Key constraints and challenges impacting the ability of the ESNFI cluster to adequately deliver against it's core functions:

   - *Limited Information Management capacity*

   - *Past high rotation of Cluster Coordinators*

   - *Lack of dedicated technical staff for regional sub-clusters*

   - *Lack of funds for joint assessments of accumulated caseload*

   - *Access Restrictions (including insecurity) to population in need*

   - *Limited involvement/capacity of Local NGOs*

   - *Overlapping coordination responsibilities with Task Forces*

   - *Cluster Partners overwhelmed by the duplication of coordination mechanisms and the new reporting schemes*

ESNFI Cluster Recommendations
Summary of initial recommendations based on Cluster and Capacity Reviews

1. The ESNFI is providing a coordination service that cannot (at the present) be overtaken by a Government counterpart.

2. Past Capacity Building activities should be mapped and list of Afghan Trained counterparts have to be updated and available to all stakeholders.

3. HC/HCT to formalize an Early Recovery coordination scheme to ensure a coherent humanitarian-development link/transition.

4. Allocate sufficient resources for Cluster Information Management and Sub-Cluster coordination mechanisms

5. HC/HCT discussing with GIRoA on its willingness and capacity to lead humanitarian coordination and agreed on designated counterparts for every cluster prior to the development of any transitional plan.

6. When Government counterparts would be assigned, starting the mapping of its Capacity Building; developing adequate trainings and preparing transition plans.

7. Delineate clear coordination and implementation responsibilities for Task Forces

8. Alignment of current UN regional coordination network with the GIRoA Provincial response mechanisms

Proposed way forward for ESNFI cluster: Strengthen

Thank you.
Any questions?

Architecture Review Document
Food Security and Agriculture Cluster (FSAC)

1. Cluster Review -
Cluster position papers summarizing primary functions and continued requirements in protracted crisis context

A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

- *What is the critical coordination need or gap currently being undertaken by the cluster?*

During the past years and covered in more detail below, FSAC has:

a. Increased partner coordination and participation;
b. Increased meeting attendance, an indication of prioritization and relevance;
c. Produced relevant strategic documents;
d. Implemented successful trainings for member organizations;
e. Developed new assessment tools;
f. Implemented annually a nationwide Seasonal Food Security Assessment (SFSA);
g. And overall critical information sharing.

- *How many partners are delivering activities and what is the geographic spread – multiple partners responding to the same needs in the same places or equal distribution across the country?*

The sheer size and scale of the humanitarian situation, combined with the challenges posed by a complex operational environment, calls for continued coordination and joint planning amongst and between the large number of partners involved in food security and agriculture-based activities. The Food Security and Agriculture Cluster (FSAC) has been a central part of the humanitarian response in Afghanistan since 2008. The FSAC is co-led by the World Food Program (WFP) and the Food and Agriculture Organization of the United Nations (FAO), with a Non-governmental Organization (NGO, currently People in Need) as co-chair. Over 120 partner organizations country-wide are active in the FSAC, including NGOs (international and national), relevant Government ministries (central and regional departments), United Nations (UN) agencies and donors.

Amongst the 172 partners and members, the numbers break down as follows:

- 78 international NGOs,
- 60 national NGOs,
- 3 Red Cross/Crescent related organizations,
- 6 private and research institutions,
- 4 state-level line ministries,
- 9 UN agencies and
- 12 donors

➢ INGOs' are principally working in the city center and districts considered to be safe, while NNGOs' in other areas but there is no clear division. *Support* In many provinces, due to the security situation, is less than adequate, there is no real support from NGOs, either NNGOs' nor INGOs'.

During the last emergency in the north some of the INGOs were complaining about the overlap of response between INGOs and NNGOs. Not all NNGOs are coming to the regular National FSAC meetings nor are they adhering to accepted international procedures.

- *What role is the cluster playing in coordinating these partners? Predominantly strategic planning or coordination of assessments, planning and response activities?*
  - FSACs' main role is to coordinate the assessment and planning response activities when and where indicated
  - INGOs already have their own strategic plans whereas this varies for NNGOs', where if we want to really develop capacity and strategic thinking, this is the area in which to concentrate , and involve/ shadow our government focal points to take on an active role
- *Is there a dedicated government department/function related to your sector? Do they fulfill any coordination functions?*
  - MAIL has provided FSAC with a dedicated focal point, who sits in their department. However, though regular discussions happen when needed, there is still a lag as far as decision making, sustained participation in National FSAC meetings.
  - This is again where above and beyond meetings; there should be a type of shadowing system where FSAC sits with the MAIL focal point in their office to always accompany them in their planning and strategizing. MAIL does plan and follows bylaws developed throughout the years. FSAC should not wait for MAIL (it will never happen), but rather go to them by sitting in their offices on a daily basis to review, improve and strengthen their procedures and practices. FSAC is to be actively involved to gradually hand over Food Security in Afghanistan to the owner according to his habits and understanding. It is no use to reinvent the wheel and leave a structure which will never be used based on FSAC.
- *What other related coordination bodies exist dealing with your sector, even considering medium-long term/development actors (e.g. National Nutrition Committee / sector meetings)?*
  - Nutrition cluster but I never met them during a cluster meeting
  - National Horticulture (in which our previous INGO co-chair is involved) and Livestock Project. No formal information sharing. They do not participate in the National FSAC meetings, for actions to be coordinated should there be need

- DAIL (Department of Agriculture Irrigation and Livestock) has a monthly sectorial meeting. They do not participate in the National FSAC meeting, but because one of FAOs' counterparts, there is collaboration with FAO at the provincial level

Burgeoning Protection Cluster, in which FSAC involved in previous years. Now being reactivated to integrate "Gender and Protection mainstreaming"

Clearly identify the primary functions being fulfilled by the cluster at national and sub-national levels, where possible structuring analysis in terms of the **six core functions** of the cluster (**refer to last page**):

- *Does the cluster have a clear strategy in place outlining objectives and planned activities to deliver against the core functions?*
  - A clear strategy, objectives and planned activities for the following core function:

Support service delivery: According to the recent CPM report FSAC scored a "Good" performance status in providing a platform to ensure that service delivery is driven by the agreed strategic priorities but still it needs to strengthen the decision making power of staff attending Cluster Meetings both at National and Regional levels and to improve the mechanism to regularly discuss needs, priorities and gaps all the time, Cluster should also closely follow up on the decisions taken within the Cluster. The high turnover of Cluster Coordinators (last longstanding one here three years ago for two years), gap in Information Management Officer has created duplication in meeting topics. In other words, not independently developing strategies which are certainly in existence with MAIL. Again, a shadowing system with FSAC/ MAIL focal point should be established for a progressive move away (Deactivation) from the Cluster System (FSAC in this case), for the Ministry to implement its pre-established plans and strategies regarding Food Security, Preparedness and Contingency Planning at National and Sub-National levels

1-**Plan and develop strategies**: Same point came out last year during the monitoring mission of gFSC Information Strategic Decision Making of HC/HCT for the humanitarian response: Cluster should focus more on identifying and addressing emergency gaps, obstacles and duplication of cross cutting issues (HIV and AIDS, Human Rights, Environment, Disability)

2-**Planning and Strategy development**: FSAC is to develop long and short term strategic plans. In the past years, no such plans existed. Once the plans are developed, they should be reviewed against government plans

FSAC should focus more to use technical standards and guidance upon and used by partners

FSAC along with partners and OCHA are to prioritize proposals against the strategic plan based on agreed transparent criteria

3-**Advocacy:** It is recognized that FSAC has been weak in promoting advocacy. All advocacy activities should first be agreed with partner and affected population, then undertaken on their behalf. OCHA to provide adequate support

4-**Monitoring and reporting**: FSAC should focus more on regular pulication of progress report based on agreed indicators for monitoring humanitarian response. FSAC recently facilitated GFSC mission to Afghanistan and trained FSAC partners to regularly report their progress online. This will help FSAC

publish progress reports to highlight gaps, risks and changing needs which will be used for informed decision making.

5-**Contingency planning and Preparedness:** FSAC to closely work with partners to develop National contingency plans and seek support from OCHA where necessary. FSAC partners to be active in risk assessment and analysis. OCHA to lead the process. Partners to confirm their commitment toward preparedness plan.

6-**Build capacity in preparedness and contingency planning**: Linked to the above mentioned. Meetings are not enough. A shadowing system with FSAC MAIL focal point should be established for a progressive move away (Deactivation) from the Cluster System (FSAC in this case), for MAIL to implement its pre-established plans and strategies regarding Food Security, Preparedness and Contingency Planning

7-**Accountability to affected populations**: FSAC partners to agree on the establishment of a mechanism for receiving, investigating and acting upon complaints on the assistance received. Government involvement during assessment, monitoring and evaluation of partner activities. Also if possible seek the services of an international investigation company to monitor assistance provided to affected populations.

- *What is the status of each of the core functions within your cluster? If certain core functions are not being addressed, why? What enables the cluster to fulfill certain core functions more than others; what factors enable or prohibit full functionality (e.g. human resources)? Is this different at the national or sub-national level?*

-Need for a National Protection and Gender Officer to deal with this cross-cutting issue as well as a long term Cluster Coordinator to delve deeply into procedures and bridge existing gaps regarding work plan and strategic plans, while as mentioned previously establish a shadowing system with MAIL.

- *What is the status of all working groups, task forces and/or sub-clusters? How often do they meet? Who attends? What is their core area of work and achievements/outputs?*

There are 3 working groups under the FSAC:

DRR (Disaster Risk Reduction) working group, which the lead has been taken over in early 2014 by ANDMA (Afghanistan National Disaster Management Authority).

Participants are: Government, UN, INGO, NNGO, FSAC and relevant academic institutions (Meeting once per month). Chaired by ANDMA and 2 NGO co-chairs (FOCUS, Afghanaid).

Achievements:

-Government takes over and closes collaboration with FSAC Partners and other National and International Stakeholders

-Development of New TORs'to expand this WG beyond FSAC objectives to cover all four stages of disaster, looking to be prepared before disaster, share best practices and lessons learned and Early Warning System

-Comprehensive 3Ws'Excel sheets developed for the DRR members to report activities accordingly

-One year action plan drafted

-Best Practices reported by members during monthly meeting

-Sharing of lessons learned

-DRR members (8) reported their activities to FSAC

-FSAC established platform for DRR members

-Capacity of members improved (Presentations during monthly meeting, Workshop)

Early warning working group: The Early Warning Information Working Group (EWI WG) under FSAC is an inter-institutional mechanism to promote synergy among cluster members. Its function is to gather, share and analyze food security and agriculture early warning information, and prepare recommendations to the FSAC.

This working group continued having regular meeting, around 12 meetings in 2013, until September 2013. Again, due to lack of staff, the EWI WG was later reactivated in March 2014 but with reduced membership.

During the first quarter of 2015, the EWIWG was reactivated to review the climate outlook and closely monitor the risk of flood. A sign of dry spell was also predicted. FSAC then reactivated the working group. FSAC then issued three EW Statements (Feb., March and April 2015) on the Agro Climate Outlook and Market Staple Food situation in the country. The statements were shared with MAIL and other FSAC partners and stakeholders. FSAC proceeded to draft a new template for the EW Statement.

Gender and protection working group:

FSAC facilitated various activities in 2014 and 2015 at national and regional levels to strengthen and encouraging FSAC partners to adopt and adapt the tools that had been developed by gFSC experts in late 2012 and early 2013.

Moreover, FSAC produced a Referral System document along with the Protection Cluster. The document was planned to be finalized during spring 2014. In June 2014 FSAC the Program Officer contract ended then Gender & Protection WG established with technical support of Relief Int. and WFP establishing a working group to integrate Gender and Protection mainstreaming.

It is important to avoid duplication and start the implementation of the referral system giving update about the case of misconduct in agriculture and support the partner on the implementation of clear policy in this regard.

Does the current context continue to warrant sustained collective coordination action across your sector? Consider key events over the last 12-24 months requiring coordinated action, which coordination mechanisms served as the primary flora, who primarily led coordination at field level, were any gaps identified?

- *How many operational cluster partners typically respond during emergencies (what percentage of total number of cluster partners)? Specify main/lead partners versus implementing partners. How does the cluster coordinate or support them? Is this done through formal modalities (cluster meeting), or ad hoc/direct coordination during the emergency with operational partners?*

The previous FSAC NGO co-chair had one experience supporting the cluster in the Northern provinces flooding in 2014. The partners that participate at the ad hoc meeting to coordinate the action where:

- NRC
- AfghanAid
- Solidarites International
- Concern Worldwide

The meeting was led by the cluster coordinator and there was the participation of ANDMA, because it was a matter of Risk Reduction. The cluster partners were updated during the monthly meeting and it was also discussed at national level the kind of intervention that was done (concern about the political parties interfering with the food distribution, the ratio to distribute was not nutritionally balanced, the cooking stove were missing). In addition in 2013-14, FSAC prepared a Dry Spell response plan for Ghor Province, organized several national and provincial ad hoc meetings with partners to improve the timely response and avoid duplication while identifying response gaps. Similarly in 2014, when the Baghis Dry Spell report was received, this was discussed at the National FSAC meeting. A technical team was established and FAO, WFP and Fewsnet agreed to conduct a rapid assessment of the affected areas, the findings were disclosed to all partners. The same exercise was carried out for flood response in 2014. FAO then also conducted a flood assessment in the six most affected provinces in the North.

- *What types of emergency situations have occurred in the recent past where humanitarian coordination needs for your sector have arisen? At what levels? Were coordination needs met? If yes, by who? If not, why was there a gap? How can these be addressed in future?*

    Baghis Dry Spell

    In late 2014, when the Baghis Dry Spell report was received, this was discussed at the National FSAC meeting. A technical team was established and FAO, WFP (FSAC Co-Lead) and Fewsnet agreed to conduct a rapid assessment of the affected areas, the findings were disclosed to all partners in the National FSAC meeting in April 2015. Based on the assessment findings the FSAC co-lead implemented a response plan to affected families. FAO also distributed wheat seeds, chemical fertilizer to the affected farmers.

    Panjshir Avalanche

    In February 2015, there were FSAC partners, government and other stakeholders in situ and no gap in response in terms of food and NFI was reported to FSAC for follow up.

- *How are localized coordination needs of your cluster being met in the field? What reports (if any) are you receiving from field partners on relevant coordination needs/gaps? How is the cluster (or another mechanism) addressing coordination needs indicated by local partners?*

- All assessments done for specific emergency by a partner are shared with all the FSAC partner and the discussed during the FSAC meeting. I can remember the discussion about the Badghis drought spell and the request for further assessment and further meeting ad hoc to discuss with the FSAC partners present there the strategy and the response plan. Fortunately in late

February, after a bout with dry spell, Badghis province finally received good precipitation (snow, rain). FSAC MAIL focal point also confirmed the good precipitation; however WFP reported their timely response to severely affected families.

- Regional FSAC reviews the situation in real time and regularly reports to National FSAC in the case of food insecurity caused by natural disaster (World Vision Assessment Report Western Region)
- Regional FSAC partners emphasize the need for continued coordination in the respective reions
- National FSAC regularly shared information related to FSAC activities such as result of various assessments (SFSA, EW updates, Pre-Harvest Appraisal, IPC results, NGO conducted ad hoc assessments and Flood Assessment Report)
- In addition National FSAC invited its regional focal points to review needs for CHAP on a yearly basis to know respective region needs
- National FSAC has also invited regional focal points to improve their capacity to properly and efficiently achieve FSACs' goals in their region. In this regard national FSAC reviewed and improved its TOR

2. Capacity Review –

National coordination capacity papers – the cluster and its relevant counterpart review potential and capacity requirements to transfer functions

To ensure that clusters continue to operate only while they are strictly needed, plans to deactivate and transition clusters should be prepared as soon as possible after activation. Periodic reviews of the cluster architecture ensure that clusters make timely plans to transfer leadership and accountabilities to national or other structures, design transition processes and, where necessary, implement activities to build capacity in relevant areas. Building the capacity of local partners and Government should be an objective from the outset.

What co-leadership arrangements are in place with national authorities? What role does the Government currently fulfill in the cluster (nationally and sub-nationally) and in development of annual response plans?

- *What are the/other government counterparts for your cluster? Include both national and sub-national level.*

This is again where above and beyond meetings; there should be a type of shadowing system where FSAC sits with the MAIL focal point in their office to always accompany them in their planning and strategizing. MAIL does plan and follows bylaws developed throughout the years. FSAC should not wait for MAIL (it will never happen), but rather go to them by sitting in their offices on a daily basis to review, improve and strengthen their procedures and practices. FSAC is to be actively involved to gradually hand over Food Security in Afghanistan to the owner according to his habits and understanding. It is no use to reinvent the wheel and leave a structure which will never be used based on FSAC.

- *Identify Government and other coordination/response mechanisms; what is the status of their presence, structure, effectiveness and resources?*

It's not clear their presence and their possible support in case of emergency

- *What steps does the cluster envisage over the next 12 months to ensure the cluster is working towards eventual transfer of leadership and accountabilities?*
  - *What other sector specific groups or development partners exist that are addressing medium to long term issues related to your cluster (e.g. National Nutrition Committee)?*
    - o Surely the food security office inside MAIL needs to be strengthened and need to be an active member of the cluster.
  - *What medium to longer term issues are being addressed by your cluster that could be handed over to such other groups? (e.g. Nutrition often deals with developmental nutrition caseload when the National Nutrition Committee could take this over, Health covers trauma care which should be absorbed into EPHS)?*
    - o The food security office needs to become co-lead agency and needs to be invited to all MAIL meetings as first point of the exit strategy for the cluster. The cluster needs to start and handover at least the minor issues (an ad hoc strategy needs to be discussed with them and with the other co-lead agencies). And all this needs to be done in an out of FSAC framework so the owner operates in a "Real" framework.

Architecture Review Document

1. Cluster Review

A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

The sheer size and scale of the humanitarian situation, combined with the challenges posed by a complex operational environment, calls for continued coordination and joint planning amongst and between the large number of partners involved in food security and agriculture-based activities. The Food Security and Agriculture Cluster (FSAC) has been a central part of the humanitarian response in Afghanistan since 2008. The FSAC is co-led by the World Food Program (WFP) and the Food and Agriculture Organization of the United Nations (FAO), with a Non-governmental Organization (NGO, currently People in Need) as co-chair. Over 120 partner organizations country-wide are active in the FSAC, including NGOs (international and national), relevant Government ministries (central and regional departments), United Nations (UN) agencies and donors.

Amongst the 172 partners and members, the numbers break down as follows:

- 78 international NGOs,
- 60 national NGOs,
- 3 Red Cross/Crescent related organizations,
- 6 private and research institutions,
- 4 state-level line ministries,
- 9 UN agencies and
- 12 donors

FSAC secretariat structure comprise of 4 staff members for Afghanistan, its lead by international FSAC coordinator, a national programme officer to support subnational cluster coordination, national IM officer and a national data base management officer. FSAC is committed to retain same structure till the end of year 2015. FSAC is working in volatile situation in the country so its difficult to foresee future needs. FSAC will reconsider its structure based on CHAP requirement for year 2016. Cluster will try to maintain at least three positions (one international, two national by merging data base management officer and IM role in one) for coordination and capacity building for the proper handover.

Government line ministry MAIL (ministry of agriculture, irrigation and livestock) is supposed to work very closely with cluster taking lead in all coordination mechanisms by chairing national and subnational cluster structures but support from the ministry remain minimal and inconsistent. Because of low interest and inconsistent approach even after 6 years of the cluster response ministry

is not in a position to takeover cluster role. Coordinating humanitarian response with all key components of assessing, planning, implementation, coordination, monitoring and evaluation, advocacy and capacity building and preparedness needs full time commitment.

Recommendation (National FSAC): FSAC need to discuss handover plan with the ministry to come up with a plan. Ministry need to dedicate a team of at least two people 1) with expertise on coordination, planning and implementation of humanitarian response and the 2) on expertise on data management and communication. They need to work with FSAC current team to have on job training for at least six months. This will help to properly handover the cluster functions to government. This process includes;

- Establishing coordination unit or department within MAIL
- Developing TOR's of the coordination unit and for the staff required for unit.
- Hiring or transferring two staff members for the job (coordinator and data base and IM officer)
- Developing a capacity building and handover plan
- Linking this staff with national and sub-national level food security and livelihoods staff within ministries.
- Administrative order to allocate reasonable time allocation of the regional and district staff for coordination of response both humanitarian and development.

FSAC partners have presence throughout the country in all 6 active humanitarian response hubs. Cluster has some level of presence as coordinating body in these locations where cluster lead focal person as per their mandate coordinating FSAC activities. Whereas in a few locations cluster is seeking NGO partners support in facilitating coordination as focal persons for the sector.

Sub-national cluster coordination for FSAC is mostly adhoc based and partners so meet when required but regular response coordination is week. In some locations we have FSAC meeting once every two months but it lacks clear direction on cluster role.

Recommendation (Sub-national): FSAC in coordination with OCHA is planning to strengthen field coordination especially in area where we have active humanitarian response. Following steps are identified to improve field coordination;

- Email working group of the focal person facilitating FSAC coordination in different field locations. Sharing these contacts with wider community to ensure interaction with the sub national focal persons.
- Regular field visits by national programme officer to have more interaction with partners on ground and facilitating cluster coordination meetings with focal persons. This includes visits from FSAC coordinator to find problems and suggest solutions for coordination improvement.
- Linking focal persons with OCHA and agreeing on a technical simple update at least on monthly basis.
- Providing IM support to focal person on key cluster functions to verify and validates information which include, provision of data on 3W, providing relevant early warning information, outcomes of the national level assessments and response discussions, support in setting agenda and finalizing minutes of the meetings and support in sharing field updates with national stakeholders including donors.
- Capacity building of the regional focal persons on key coordination needs at sub national level.
- Identifying local line department focal person for the takeover of coordination level as chair of the sub-national coordination mechanisms.

Review of cluster core functions: FSAC with the support of global cluster and OCHA recently conducted cluster coordination performance monitoring through electronic survey. Using outcomes of the survey and some key discussion with cluster lead agencies OCHA and partners cluster reached at below conclusion and recommendations.

- Cluster remained successful in keeping interest of the partners intact in coordination mechanism. This is evident from the participation of the partners in monthly food security and livelihoods cluster meeting.
- Coordination of food security response mainly at national level but with some minor support at field level
- Provision of early warning information for response and emergency preparedness
- Support to working groups in coming up with some key outputs like gender and protection working group, DRR working group and early warning working group, knowing that still slot more need to be done.
- Remained engaged with OCHA and other clusters through ICCT and with government through cluster focal person. It includes positive interaction with IPC and MAIL technical and steering comity.

- Providing information on response through 3W, funding tracking system, stock pile, food prices, weather, crop harvest and overall food availability and access situation through positive engagement with the partners and cluster lead agencies.
- Leading some key assessment to come up with clear recommendations and advocacy messages.

Recommendation: At the same time cluster is self-aware of some of key opportunities missed during the first half of the year. As per recent CCPM and discussions with key stakeholders following areas are identified for improvement;

- Very little emphasis on identifying key cluster partners for better engagement so cluster needs to relook at its membership and participation in different meeting. A strong inclusive strategic advisory group needs to be established for better ownership and guidelines on the cluster core functions.
- To give proper weightage to national and international NGO's in the cluster a strong NGO co-chair need to be identified and places as soon as possible.
- Discussions with government (MAIL) to come up with a road map to handover cluster functions to the government.
- Setting up programme quality (gender, protection AAP) and technical standards of FSL programming and wide dissemination to improve response quality and its linkage with recovery and development.
- Improve monitoring and evaluation to come with some quality information on short term impact of response. This will help donors to find right priorities for the humanitarian response.
- Coming up with clear response needs and advocacy messages for funding.
- Investing quality time on targeted capacity building, preparedness and contingency planning.

FSAC is conducting a workshop with key partners on 8th of July, 2015 to identify and validate needs and to come with a realistic plan for the 2nd half of the year.

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW

**CLUSTER
INITIAL RECOMMENDATIONS**
PRESENTATION TO EXPANDED HCT

June 4, 2015

FSAC (Food Security and Agriculture Cluster) **Review**

Critical coordination needs or gaps being met by the FSAC:

- Increased partner coordination and participation
- Increased meeting attendance, an indication of prioritization and relevance
- Produced relevant strategic documents
- Implemented successful trainings for member organizations
- Developed new assessment tools
- Implemented annually a nationwide Seasonal Food Security Assessment (SFSA);
- And overall critical information sharing

Cooperation and Coordination

- FSAC to closely work with partners to develop National contingency plans

- FSAC partners to be active in risk assessment and analysis

- Meetings are not enough

Capacity Review

1. **Co-leadership arrangements: lag in decision-making and sustained participation**

2. **Existing Government and other non-cluster mechanisms: need for direct two way engagement with MAIL**

Capacity Review

Highlights from Cluster Position Paper 2: Analysis of National Coordination Capacity

1. National capacity to assume leadership and accountability for identified continued requirements and core functions undertaken by the cluster

   - GoIRA did a reasonable job, on the food side, responding to natural hazard events this year

   - ANDMA issued thresholds for emergency response

   - ANDMA has also retaken to chair DRR meetings

2. Status of FSAC cluster deactivation / transition strategy

- This is again where above and beyond meetings; there should be a type of mentoring/shadowing system where FSAC sits with the MAIL focal point in their office to always accompany them in their planning and strategizing. MAIL does plan and follows bylaws developed throughout the years. FSAC should not wait for MAIL (it will never happen), but rather go to them by sitting in their offices on a daily basis to review, improve and strengthen their procedures and practices.

- FSAC is to be actively involved to gradually hand over Food Security in Afghanistan to the owner according to his habits and understanding.

Cluster Coordination Performance Monitoring (CCPM)

Initial summary of cluster performance and capacity

1. Summarize key results and performance considerations from initial/draft FSAC
   Coordination Performance Report

   - The weak and unsatisfactory performance status marks are the
     areas in which FSAC will focus to improve and strengthen its
     performance and these more specifically touch :

FSAC Recommendations

- Establish active shadowing/ mentoring system

- Direct engagement with MAIL to identify and strengthen decision-making structure

Proposed way forward for FSAC : The food security cluster needs to become co-lead agency and needs to be invited to all MAIL meetings as first point of the exit strategy for the cluster. The cluster needs to start and handover at least the minor issues (an ad hoc strategy needs to be discussed with them and with the other co-lead agencies). And all this needs to be done in an out of FSAC framework so the owner operates in a "Real" framework

Thank you.
Any questions?

Periodic reviews of the cluster architecture ensure that clusters adapt to changing circumstances and remain light, efficient, effective and fit for purpose. As part of the 2015 Afghanistan Coordination Architecture Review the following two short inputs will be required from each of the clusters. As a member of the cluster's Strategic Advisory Group, you are kindly requested to input into as many of the below guiding questions as possible:

1. Cluster Review -

Cluster position papers summarizing primary functions and continued requirements in protracted crisis context

A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

- *What is the critical coordination need or gap currently being undertaken by the cluster?*
  - *What is the scale of humanitarian response in your sector?*
    - *Afghanistan is a disaster prone country with numerous recurrent man-mad and natural disasters occurring at different scales, as well as widespread longstanding conflict. During the past years the security situation has deteriorated significantly and also after each natural disaster there are disruptions of public health services. Despite of considerable improvement in health sector, Afghanistan still suffers from some of the worst health indicators in the world, brought about in part by more than 35 years of war and insecurity. Last year, the cluster responded to almost every emergency including disease outbreaks in different parts of Afghanistan.*
    - *Despite emergencies and needs, the response is still dependent on resources mostly provided by international donors. Conflict and insecurity significantly impede humanitarian access to many areas. For these reasons, coordinated actions to prioritize resources is essential; in this regard, the establishment of three strategic priorities at the country level has enabled the cluster to focus its strategic response plans: the humanitarian imperative is to identify and address the most acute needs first, identifying relevant lifesaving assistance and allocating limited funds appropriately.*

  - *How many partners are delivering activities and what is the geographic spread – multiple partners responding to the same needs in the same places or equal distribution across the country?*

- *Health cluster has 47 health partners on our mailing list of which, 20 are international NGOS, 15 are national NGOs, 5 UN agencies besides MoPH, donors and other observers. Those partners are distributed all over the country to provide health services through two systems: 1) the Ministry of Public Health (MoPH) managed system of Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) which covers almost 65% of population distributed in all provinces and 2) the NGOs response to the health needs of the population uncovered by the BPHS/EPHS (also called white areas) which is around 35% of the population of Afghanistan and distributed mainly over 13 provinces in Badakhshan, Bamyan, Daykundi, Faryab, Ghazni, Hilmand, Kabul, Kandahar, Khost, Logar, Nuristan, Paktya and Uruzgan. Only one NGO is responsible for the provision of BPHS and/or EPHS in each province as assigned and contracted by the MoPH. In white areas, NGOs provide basic health services based on their capacity, access and needs. More than one NGO can operate in the same province but in different locations as coordinated by the health cluster.*

- **What role is the cluster playing in coordinating these partners? Predominantly strategic planning or coordination of assessments, planning and response activities?**
  - *Health cluster is playing a crucial role in coordinating health activities specially when for 1) health services provision in white area that are not covered by BPHS/EPHS, 2) Trauma management and mass causality management and 3) preparedness and response to emergencies including provision of medical supplies. Through the yearly Strategic Response Plan and the health cluster response plan, health cluster has identified key strategic priority areas for response. Cluster has developed a monitoring and evaluation framework for the response plan. Health cluster used the local BPHS implementers in assessments as they had local presences in almost every district of Afghanistan. Health cluster developed and provided assessment tools and conducted the analysis of the assessment to guide health response. In addition, the cluster recently developed new reporting forms to ensure better coordination of health activities. The 3W matrix, cluster monthly report, health services mapping, services maps and other information the cluster is confirming better coordination of health services. Health cluster established number of working groups and developed the relevant documents and tools in participatory manner that is being used for reporting, monitoring and assessments.*

- **Is there a dedicated government department/function related to your sector? Do they fulfill any coordination functions?**
  - *The Emergency Preparedness and Response (EPR) Department institutional structure in MoPH at central level is very weak with no budget. Hence, reliance on the international community remains essential, especially with existing vulnerabilities including inadequate infrastructure, weak institutional and human resource capacity, weak economic governance, deteriorating security and high population growth. While*

Grants and Service Contracts Management Unit (GCMU) in MoPH is coordinating much of the health activities under BPHS/EPHS, the role of EPR in coordinating health response in emergencies is unclear (Who is leading response during an earthquake, floods or PH risks).

- *The only unit that has funding is GCMU, and the relation between GCMU and EPR is competitive. GCMU claims that emergencies is supported through their BPHS contracts with NGOs, and are accusing the UN of disrupting their BPHS contracts, while when floods occur, the MoPH asks health cluster to support with medicines, kits and supplies and human resources.*
- *Currently, health cluster works closely with EPR to build its capacity to take responsibility for leading and coordinating emergency response. The MoPH EPR department was invited to all cluster meetings and in 2014 has managed to attend less than 10% of them. In April 2015, EPR and health cluster agreed to move the cluster meetings to MoPH. The cluster will continue organizing and coordinating health activities while provide technical and logistic support to EPR in the area of coordination and emergency response.*

- o *What other related coordination bodies exist dealing with your sector, even considering medium-long term/development actors (e.g. National Nutrition Committee / sector meetings)?*
    - *At Regional and provincial levels, the local EPR committees, Provincial Public Health Directorates (PPHD), Public Health Coordination Committees (PHCC), Provincial Disaster Management Committees (PDMC) and local health authorities are coordinating the every-day health activities and response to small scale emergencies and outbreaks with support from Kabul. They meet on regular basis (monthly and weekly) for such purposes.*

- *Clearly identify the primary functions being fulfilled by the cluster at national and sub-national levels, where possible structuring analysis in terms of the six core functions of the cluster (refer to last page):*
    - o *Does the cluster have a clear strategy in place outlining objectives and planned activities to deliver against the core functions?*
        - *The health cluster has clear strategic priorities, objectives and planned activities to deliver effectively against the cluster core functions. Those are listed in the Strategic Response Plan (SRP) and the health cluster Response Plan for the year 2015.*
    - o *What is the status of each of the core functions within your cluster? If certain core functions are not being addressed, why? What enables the cluster to fulfill certain core functions more than others; what factors enable or prohibit full functionality (e.g. human resources)? Is this different at the national or sub-national level?*
        - *Health Cluster has addressed all of the core functions within the cluster. For obvious reasons, some of the core functions are working better at central levels such as advocacy for the cluster activities especially with donors.*

- o *What other non-core functions does the cluster perform, if any? What is the purpose, level of effort required, partner participation or benefit, etc.?*
  - ▪ *None*
- o *What is the status of all working groups, task forces and/or sub-clusters? How often do they meet? Who attends? What is their core area of work and achievements/outputs?*
  - ▪ *Health cluster has two active working groups for Advocacy and Communication and for Monitoring and Evaluation. Both WGs meet on monthly basis with good participation from the WG members (average of 5 partners in each group). The Advocacy and Communication WG has developed a communication matrix for the health that was endorsed in May 2015. The M&E WG has developed the M&E framework for the health cluster and different reporting forms for the cluster.*

- • *Does the current context continue to warrant sustained collective coordination action across your sector? Consider key events over the last 12-24 months requiring coordinated action, which coordination mechanisms served as the primary fora, who primarily led coordination at field level, were any gaps identified?*
  - o *How many operational cluster partners typically respond during emergencies (what percentage of total number of cluster partners)? Specify main/lead partners versus implementing partners. How does the cluster coordinate or support them? Is this done through formal modalities (cluster meeting), or ad hoc/direct coordination during the emergency with operational partners?*
    - ▪ *As per the MoPH regulations, the NGO(s) running the BPHS/EPHS are responsible to respond to emergencies in their provinces. Given the fact that such NGOs have presence in many districts and locations within their provinces, they are the best to respond in practical terms.in addition, Some NGOS with presence in white areas not covered by BPHS/EPHS play a vital role in responding to emergencies. Health cluster coordinate the response at central and regional levels. The response is discussed in the health cluster meetings at Kabul and EPR meetings and other meetings at the regional and provincial levels. Bilateral communication with the concerned NGOs through emails, meetings and phone call are conducted to guide the assessment, identify the needs and timely response interventions.*
  - o *What types of emergency situations have occurred in the recent past where humanitarian coordination needs for your sector have arisen? At what levels? Were coordination needs met? If yes, by who? If not, why was there a gap? How can these be addressed in future?*
    - ▪ *There were huge displacements of people due to conflicts and outbreaks in number of provinces such as influx of refugees from north Wazirstan in Khost and Paktika and land sliding incidents in Argo Badkhshan and avalanche in Panjshir provinces. Existing humanitarian needs are intensified owing to violence and large scale displacement of populations to urban areas where poor sanitation, minimal livelihood opportunities and few essential services increase vulnerability and deprivation. Widespread natural*

disasters occur every year. The country is also highly susceptible to spikes in malnutrition and disease outbreaks that regularly breach global thresholds requiring urgent humanitarian response.

- *Health cluster took the lead and coordinated the provision of emergency life-saving health and trauma care through its partners in affected areas. It also provided technical support to partners as well. The coordination took place both at provincial and national levels. At regional and provincial level the EPR and PPHC conducting regular meeting with participation of relevant stakeholders. Urgent needs were satisfied using cluster resources (WHO, UNICEF, UNFPA, NGOs managing BPHS/EPHS) prepositioned and mobilized to the affected areas. As there is weak health cluster presence at sub-national, Health cluster needs to further expand and ensure effective coordination at regional levels.*

- o ***How are localized coordination needs of your cluster being met in the field? What reports (if any) are you receiving from field partners on relevant coordination needs/gaps? How is the cluster (or another mechanism) addressing coordination needs indicated by local partners?***

    - *Each WHO regional offices has an emergency national officer (WHO EHA officer) who is in charge of coordination on behalf of health cluster at the regional level. The officer calls for a cluster coordination meeting on quarterly basis (every 3 months) to discuss coordination issues and ensure preparedness and adequate response especially to outbreaks. Cluster sub-national meeting agendas and meeting minutes are shared with the cluster in Kabul for input and revision. National health cluster coordinator attends those meeting as much as possible. In case of emergencies, reports of assessment, response are shared on regular basis besides communication using emails and phone calls. Identified needs are responded to as much as possible using resources with the cluster partners including WHO, UNICEF, UNFPA and NGOs based on the stock data available at the health cluster. All activities are coordinated with the MoPH to avoid duplication.*

2. Capacity Review –

<u>National coordination capacity papers – the cluster and its relevant counterpart review potential and capacity requirements to transfer functions</u>

To ensure that clusters continue to operate only while they are strictly needed, plans to deactivate and transition clusters should be prepared as soon as possible after activation. Periodic reviews of the cluster architecture ensure that clusters make timely plans to transfer leadership and accountabilities to national or other structures, design transition processes and, where necessary, implement activities to build capacity in relevant areas. Building the capacity of local partners and Government should be an objective from the outset.

- ***What co-leadership arrangements are in place with national authorities? What role does the Government currently fulfill in the cluster (nationally and sub-nationally) and in development of annual response plans?***
  - *In April, the MoPH and health cluster agreed to move the cluster meetings to MoPH to be lead by the EPR Department in the MoPH. However, given the capacity and human resources within the EPR Department, health cluster will continue running the cluster activities while giving the floor to EPR to take over the job over the coming 12-18 months. Health cluster will provide all technical support, guidance and logistic support to coordination activities under EPR-MoPH. Meanwhile and to ensure better representation of NGOs in cluster work, health cluster advertised a volunteer post as cluster deputy coordinator to ensure that NGOs are more involved in running cluster activities. At the regional and provincial levels, EPR and PHCC are leading coordination with co-lead from WHO when present. MoPH is actively participating in the annual HNO and HRP.*
  - ***What are the/other government counterparts for your cluster? Include both national and sub-national level.***
    - *MoPH, Deprtment of Emergency Preparedness and response in the national counterpart for the health cluster. At regional level, the ERP committees are the counterparts for the health cluster. PPHD is the provincial counterpart.*
- ***Identify Government and other coordination/response mechanisms; what is the status of their presence, structure, effectiveness and resources?***
  - *MoPH has contracted out BPHS in 31 out of 34 provinces and MoPH is directly implementing BPHS in the remaining 3 provinces through strengthening mechanism (SM). The BPHS implementers have local presences in almost all districts of their provinces. Most of the BPHS/EPHS implementers have dual role and are providing both routine BPHS and EPHS activities and emergency services as they have the local presence.*
  - *It is not clear which body inside the MoPH is responsible for coordination and response to emergencies, such responsibility that is divided among several units and departments at central and local levels. There is a complex system within the MoPH with overlapping ToRs and mandates among different departments and units at central level and unclear communication channels with local levels. In general, MoPH resources and hence capacity is limited. They depend on health cluster for resources to respond to emergencies. At the sub-national level, same applied where cluster partners are the main responders.*
  - *The BPHS/EPHS implementers are reporting to Grant Contract Management Unit (GCMU) and PPHDs are reporting to Public Health Provincial Liaison Office, while there is Emergency Preparedness and Response Department which is responsible for leading the emergency preparedness and response at central level at MOPH which as per current practice do not have direct contact with PPHDs or BPHS implementers as currently most of the communication is going to field through the GCMU and the Public Health Provincial Liaison Office.*
  - *At province level, the Province level Disaster Management Committees /Commissions (PDMCs) acts as the counterpart to the National Commission. The PDMCs are the vital link*

between National disaster Management process and sub-national process at Province, District and local levels. As per the Article 15 of National Law on Disaster response, management and preparedness, PDMCs is headed by the Provincial Governor and supported by the representatives of concerned departments. The district level implementing agencies are the lowest level formally registered administration. The District Administrator plays the lead coordinating role in heading the DDMC (District level Disaster Management Committee). As per Article 16 of National Law, DDMC is headed by the District Administrator, and supported by the allied government officials and respective community representatives. The District Development Assembly (DDA), Municipalities and other concerned agencies have to provide all the required support to DDMC(Which is not operational at the moment). At local level the role of NGOs and especially the Community Development Councils (CDCs) is important. These agencies are directly involved with emergency response activities within the community. Mainstreaming risk reduction in development and local governance programmes can best be achieved at the community level. Community Shuras schools and health centres have the ability to reach out communities in need of assistance during disasters

o *At the central level, a number of steps need to be taken before EPR department at MOPH is able to take over the coordination and response role. These steps may include but not limited to political commitment to lead coordination through allocating resources to coordination, setting clear ToRs, roles, responsibilities, tools and communication channels among GCMU, PLO and EPR department and support to ERP Department in terms of staffing at central, regional and provincial levels and capacity building including coaching to lead coordination and response in emergencies.*

- **Referring to the primary functions currently undertaken by the cluster (point i) is the national capacity competent to assume leadership and accountability for the cluster's core functions? What are the major constraints for counterparts to takeover?**

  o *The preparedness and response to health emergencies and early recovery interventions are largely depending on external financial support and funded by the humanitarian donors (ECHO, OFDA, CERF, CIDA, CHF, ERF, DFID etc.) The current government system of health care provision is muddled. Recently, MoPH has revised the BPHS package and included nutrition, mental health and emergency services, while per capita expenditure remained the same (around 5 USD per capita)! Such expansion was not backed up by additional funding under the current System Enhancing for Health Actions in Transition SEHAT contract. This is being now under revision under SEHAT 2 project however, is not expected to cover all the needs of the population. The actual coordination of emergency preparedness, contingency planning and health response in emergencies lie within the hands of the health cluster with very little willingness for involvement from MoPH at central level. Hence in a nutshell the MoPH is not ready to shoulder the responsibility of leading the cluster unless EPR, MoPH is boosted with capable staff and sufficient resources. What steps does the cluster envisage over the next 12 months to ensure the cluster is working towards eventual transfer of leadership and accountabilities?*

- ***What other sector specific groups or development partners exist that are addressing medium to long term issues related to your cluster (e.g. National Nutrition Committee)?***
  - *GCMU is managing the BPHS/EPHS including funding and reporting. To out knowledge, there is no single one body in the MoPH is running the coordination of the development sector for health.*

- ***What medium to longer term issues are being addressed by your cluster that could be handed over to such other groups? (e.g. Nutrition often deals with developmental nutrition caseload when the National Nutrition Committee could take this over, Health covers trauma care which should be absorbed into EPHS)?***
  - *The cluster is willing to hand over the trauma care to be covered under the EPHS as it should be. However, the activities of the cluster under this areas cannot be dismissed currently. The different types of trauma care management training are done under the cluster that includes training of doctors, nurses, first aid workers and even community health working using different training modules. Such trainings include on-the-job training, simulations for mass causality management among other topics. In addition, the cluster is prepositioning trauma care medical supplies in different important hubs. The mass causality in Jalalabad in April 2015 was managed using resources from the cluster. Sign the funding status and structure of the EPHS, some god work needs to be done so EPHS can respond to mass causalities and trauma specially conflict related trauma.*

- ***After discounting the above medium to long term issues covered, what work or functions remain for the cluster regarding coordination work during emergencies only (e.g. within FSAC, emergency food distributions would remain)?***
  - *Health response to acute emergencies, basic life-saving health services in white areas not covered by BPHS/EPHS (35% of population) and some interventions to support trauma management including capacity building and provision of trauma care medical supplies will remain as gaps at MoPH side for the cluster to respond to.*

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW
HEALTH CLUSTER
INITIAL RECOMMENDATIONS
PRESENTATION TO EXPANDED HCT

June 4, 2015

Process

Consultations with members and key stakeholders

- Key consultations, meetings and interviews held

  - Strategic Advisory Group SAG for health cluster

- Main groups and agencies which inputted into each paper/consultation

  - UN Agencies: WHO, UNICEF, OCHA, UNFPA

  - NGOs: HNTOP, Emergency

  - Donors: USAID, ECHO

  - Cluster Observer: ARCS

  SAG members met in person twice and worked and communicated through emails over 3 weeks to discuss and formulate responses to the review questions.

Health Cluster Review

Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

1. Critical coordination needs or gaps being met by the health cluster

   - Health cluster is mobilizing resources including medical teams and medical supplies from partners to respond to critical needs of population.

   - Health cluster is leading preparedness and response to emergencies including natural emergencies and conflict-related trauma management.

   - Health cluster is leading the process of identification and filling the gap in provision of basic life-saving health services in areas not covered by MoPH (35% of pop AFG).

     Health cluster responded to the landslide in Badakhshan, Wakhan district that occurred in April 2015 in Gero Bala village, where 52 people lost their life. Cluster coordinated the mobilization of a medical team from CAF and medical supplies from WHO to respond to the health needs of the affected population.

2. Level and significance of national and sub-national cluster activity

   - Cluster has presence in all Provinces and responded to all acute emergencies and provided life-saving health interventions to 330,000 population in white areas in the first quarter of 2015.

3. Primary functions being fulfilled by the health cluster:

   - Health services provision in white area that are not covered by BPHS/EPHS,

   - Trauma management and mass causality management and

   - Preparedness and response to emergencies including prepositioning and provision of medical supplies.

4. Comment on distinct humanitarian focus of cluster and levels of cooperation and coordination with development partners as appropriate

   - Health cluster is referring development issues to MoPH. Development partners are same as NGOs running BPHS/EPHS are also responding to emergencies.

Capacity Review

Cluster Position Paper 2: Analysis of National Coordination Capacity

1. Co-leadership arrangements / participation of relevant national counterparts, the role they fulfill in the health cluster and development of annual response plans

   - Health cluster meetings at MoPH lead by Deputy Minister.
   - Actual work is done by cluster with participation from MoPH due to lack of capacity and organizational confusion.

2. Government and other non-cluster mechanisms relevant to coordinating response in health:

   - Grants and Service Contracts Management Unit (GCMU) -MoPH is coordinating BPHS/EPHS.
   - Emergency Preparedness and Response EPR Department-MoPH!!,
   - Provincial EPR committees, Provincial Public Health Directorates (PPHD), Public Health Coordination Committees (PHCC), PDMC and district health authorities.

3. National capacity to assume leadership and accountability for identified continued requirements and core functions undertaken by the cluster

   - The current government / MoPH system is muddled.
   - No capacity at the current moment at EPR Dept – MoPH

4. Status of health cluster deactivation / transition strategy

- Transition strategy and exit plan are underway with capacity building of MoPH

Cluster Coordination Performance Monitoring (CCPM)

Summary of cluster performance and capacity

Key results from health Cluster Coordination Performance Monitoring Report

Cluster Core Function	Performance
1. Supporting service delivery	GOOD [>75%]
2. Informing strategic decision-making of the HC/HCT for the humanitarian response	SATISFACTORY [51-75%]
3. Planning and strategy development	GOOD [>75%]
4. Advocacy	GOOD [>75%]
5. Monitoring and reporting	SATISFACTORY [51-75%]
6. Contingency planning/preparedness	GOOD [>75%]
7 Accountability to affected population	SATISFACTORY [51-75%]

Health Cluster Recommendations
Summary of initial recommendations based on Cluster and Capacity Reviews

1. Taking into account the current context and drawing on assessments made in previous slides make a substantiated recommendation in terms of continued requirements for coordination through the cluster mechanism

   - *Health cluster to continue functioning while building capacity and strengthening ERP Dept – MoPH to take over the coordination function.*

   - *Political decision to functionally assign emergency preparedness and response to ERP with clear TORs and implementation strategy.*

   - *Enabling the EPR Dept - MoPH to lead the coordination: human resources, financing, capacity building of staff, etc.*

   - *Exit strategy and deactivation plan to be developed with full agreement with MoPH and to run in parallel while enabling EPR to take over the coordination task.*

HEALTH CLUSTER
AFGHANISTAN

Thank you.
Any questions?

Afghanistan Nutrition Cluster Humanitarian Architecture Review 2015

The state of the cluster

The national nutrition cluster is co-chaired by UNICEF and Public Nutrition Department (PND) of the Ministry of Public Health (MoPH). The cluster coordination team is made up of a dedicated cluster coordinator (UNICEF), Information management specialist (UNICEF), Deputy cluster coordinator (ACF). UNICEF has started supporting PND through a national technical assistance (NTA) a staff member with PND whose responsibility is coordination and capacity building. The NTA will be responsible for ensuring coordination of both development and humanitarian response in close collaboration with UNICEF as the cluster lead agency (CLA).

In 2014, PND with support from UNICEF initiated a forum for key development partners called the national nutrition programme coordination committee (NPCC). Its ToRs, membership, frequency of meetings is currently being reviewed. The participation in this forum has so far been for UN, Donors, PND and a few NGOS partners. Currently there is no forum to discuss the nutrition development programme with all partners until and unless the NPCC is expanded or a new forum is formed. Discussions with PND at the moment are to ensure that this forum be expanded and maybe another strategic forum as the current NPCC formed.

The nutrition cluster established a strategic Advisory group in 2014 whose main mandate is to provide strategic direction/vision to the cluster functions. Its current membership is 2 UN organization, 2 international NGOs (INGOs), 3 Local NGOs (LNGOs), PND, cluster coordination team and observers such as OCHA. The SAG meets quarterly and is co-chaired by cluster coordinator and WFP.

The cluster currently has 5wWorking groups namely:

i)   Capacity development Working group (CDWG)
ii)   Assessment and information management working group (AIMWG)
iii)   Integrated management of Acute malnutrition working group (IMAMWG)
iv)   Micronutrient working group (MNWG)
v)   Infant and young child feeding working group (IYCFWG)

Currently the ToRs, membership, frequency of meeting and workplans of these working groups are be reviewed. The working groups are responsible for technical discussions of both humanitarian and development issues. All the working groups are co-chaired by PND and NGOs. Currently the working groups have been meeting only quarterly except for the AIMWG which meets monthly .There are ongoing efforts to increase the frequency of the meetings as well as increase government involvement, leadership in these working groups.

The cluster currently have one taskforce to develop the cluster advocacy strategy which is almost finalized. The taskforce will continue to exist to monitor the implementation of the advocacy strategy for the coming year.

The Nutrition Response

The nutrition response in Afghanistan is provided by approximately 16 LNGOs, 14 INGOs, 3 UN agencies and MoPH. The UN partners work with all partners and provide technical support, supplies and equipment and work closely to PND to provide enabling policy environment and guidelines for implementing partners. The nutrition services are being mainly implemented as part of the basic Package for health services (BPHS) although there are a few areas where nutrition is implement outside BPHS mostly to cover areas not being covered by BPHS. It is estimated that BPHS services are covering 60% of the population in Afghanistan. From this 40% of the Health facilities providing BPHS are also providing nutrition services. Efforts are ongoing to increase coverage of nutrition services as part of the BPHS.

There are approximately 99 Inpatient Department of Severe acute malnutrition (IPD SAM), 600 Outpatient department of severe acute malnutrition (OPDSAM) and 565 outpatient department for moderate Acute Malnutrition (OPD MAM) sites across the country. This covers all the 34 provinces of the country.

Even though nutrition is part of the BPHS, it is often not prioritized by partners hence the reason why there are still approximately only 40% of the health facilities providing at least one type of nutrition services. Currently all the nutrition supplies, equipment, capacity building of partners, assessments are being delivered using humanitarian funds although through the SEHAT system.

The cluster has clear objectives and is guided by the humanitarian response plan (HRP). The key nutrition cluster objectives for 2015 are:

i) The incidence of acute malnutrition and related deaths is reduced through Integrated management of acute malnutrition (IPD SAM, OPD-SAM, OPD MAM, community outreach) among boys and girls 0-59month, pregnant and lactating women.

ii) Enhance prevention of acute malnutrition through promotion of infant and young child feeding and micronutrient supplementation in children 0-59month, pregnant, and women.

iii) Timely quality community and facility-based nutrition information is made available for programme monitoring and decision making through regular nutrition surveys, rapid assessments, coverage assessments, and operational research.

iv) The capacity of partners to respond at scale to Nutrition in Emergencies, Assessments, Contingency Planning and Coordination is enhanced.

Due to the limited nutrition service provision in the country the cluster is focusing on increasing access of nutrition services to children pregnant and lactating women through, increased community screening and referral, increased health facilities providing services, establishment of mobile nutrition services as necessary, timely assessments of the needs in emergencies, ongoing nutrition situation monitoring as well as enhancing quality of nutrition services delivery through a variety of capacity building approaches.

The nutrition cluster is delivering all its functions as per the cluster reference module although some work is being initiated inorder to get comprehensive feedback from affected populations from all partners in the cluster through the development of a template that partners can adapt and use in their own programmes. The level of cluster activity at national level is different from that at sub-national level. Efforts are being made to strengthen the sub-national cluster coordination. This is the main reason the cluster looked for support for a dedicated deputy cluster coordinator , whose main task is to support the strengthening of the subnational cluster coordination. Currently the subnational cluster coordination has not been performing functions well also due to limited understanding by partners on their roles in emergency response. The national cluster coordination team hopes to address this through training all sub national partners on cluster coordination.

There are current efforts in the cluster to train all partners to be able to respond in emergencies starting from using the RAF, initial rapid assessment, rapid nutrition assessment, and surveys. Tools are available for use and have been adapted from global tools. The cluster has agreed that as a priority that emergency response should be done with existing BPHS implementers in the province and only in the even that the BPHS implementer has no capacity that other partners could be asked for assistance. This approach builds sustainability, capacity and efficient use of resources through reducing the possibility of duplication. The cluster is in the formative stages of setting up a national rapid response team mechanism to be headed by PND with participation from UN and NGO partners. The main purpose of this team is to provide guidance to partners on what type of response is required to respond to an emergency.

Inorder to build partner capacity to deliver standard and quality assessments, the cluster has listed the services of ACF through CHF and UNICEF funding to train and conduct nutrition assessments in targeted emergency

provinces in the country. The envisaged result is that all partners that are trained would be able to do nutrition assessments on their own in future with limited or no support.

Currently the cluster is the process of developing an emergency response /contingency plan for key hazards in the country. Consultations have been made with partners in two regions and the other regions will be covered after Ramadan.

Capacity Review

The National cluster is co-chaired by UNICEF and PND. At sub national level it is co-chaired by UNICEF and the Provincial nutrition officer (MoPH) from the province in which the cluster coordination meetings are held. For example for the north and north eastern (NNE)zone the cluster meetings are held in Mazar so the PNO for Balkh is co-chairing the cluster. There is also an NGO appointed by partners in the zone to support cluster coordination and in the NNE, Norwegian Project Office (NPO) is the NGO co-chair.

PND and PNO currently participate in the cluster response development but currently do not take a very active role except participation. As part of capacity building efforts and eventual transition of cluster coordination to sector coordination the cluster has started to build capacity of the PND appointed staff/focal point to get more involved in the cluster activities more than just participation but to take on leadership role. For instance in the second half of 2015, the national cluster will start to ensure that the UNICEF supported PND staff responsible for coordination start to take a lead in chairing the monthly cluster meetings. Currently there are no other government departments participating I the cluster meetings except PND staff and PNOs at subnational levels.

It is envisaged that once the NPCC has been strengthened with membership increased, working groups strengthen and meet regularly, most of the cluster activities will be transferred to this group and the cluster would be reduced in number and focus strictly on emergency response. The cluster work would specifically only deal with ways to enhance nutrition services in "white areas", respond to additional caseloads during emergencies, support to rapid assessments and surveys in emergencies to identify needs as well advocacy for funding for emergency response.

Cluster transition

In order to ensure that there are no gaps to emergency response the cluster would want to deactivate in the coming 24-36 months if the following key benchmarks are achieved:

i) The leadership of all coordination meetings are fully managed by the government focal points.
ii) The NPCC has been expanded and meets monthly to discuss nutrition programmes needs
iii) All working groups are meeting regularly and with clear participation, minutes, workplans
iv) Nutrition supplies, equipment procurement and distribution as well as capacity building is fully integrated in SEHAT budgets.
v) Nutrition supplies are included in essential drugs list of BPHS and EPHS.
vi) PNOs at zonal levels are fully leading the zonal coordination meetings .
vii) Nutrition is part of the agenda in the provincial health coordination committee meetings.
viii) NGOs are fully trained in conducting emergency assessments using the agreed tools.

Potential risks and challenges in transition include but not limited to:

- Capacity building and prioritization of PND
- Availability of adequate and competent staff within government structures for skills transfer
- Occurrence and severity of emergencies that may occur during the transitional period
- Staff turnover

- Government commitment to the transition ensuring all required resources are always available.

The cluster Recommendation

Nutrition is gaining ground in the government and there is a general agreement to raise the profile of PND within MoPH. Considerations are still going on in MoPH but there are suggestions to get PND into a full Directorate and not to be under the Preventive medicines department. Nothing concrete has come up yet but a few ideas are being considered. As part of the call to action there is strong advocacy to get Afghanistan to sign up to the Scale Up Nutrition (SUN) movement. This would entail strong coordination efforts from the part of the government to bring in different departments to discuss nutrition issues both at policy and implementation levels. This increase in the prominence of nutrition requires strong coordination efforts for nutrition.

The cluster recommends that the nutrition cluster remains as it is now and focus on strengthening it at both national and sub national level as follows:

i) Strengthening the involvement of the government at both national and subnational levels so that they can take over the coordination system in the coming few years once their capacity has been enhanced.

ii) Support government to strengthen development programme coordination so that the cluster increasing only focus on emergency situations coordination and discussions.

iii) Strengthen sub national cluster coordination in all the five zones so that they can fully perform the cluster core functions at their level.

iv) Advocate for inclusion of the nutrition agenda in the HPCC meetings

The Nutrition Cluster Performance Monitoring

The nutrition cluster administered the CCPM questionnaire in the country in April 2015. The results for the CCPM exercise will be discussed with partner on a workshop planned on the 17th of June with participation from the global nutrition cluster deputy cluster coordinator and intercluster information manager. From this workshop key actions will be developed to strengthen the cluster going forward. A report of the outcome of the workshop will be shared with all partners.

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW

NUTRITION CLUSTER
INITIAL RECOMMENDATIONS

PRESENTATION TO EXPANDED HCT

June 4, 2015

Nutrition **Cluster Review**

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

1. Critical coordination needs or gaps being met by the Nutrition cluster
   - Only National platform for coordinated response to Afghanistan's malnutrition crisis
   - Prioritization and strategic planning for comprehensive complimentary response
   - Ensures supplies, equipment, training, technical standards
   - Guides emergency response

2. Level and significance of national and sub-national cluster activity
   - Efforts are being made to strengthen the sub-national cluster coordination (as required)

3. Primary functions being fulfilled by the Nutrition cluster (in line with core functions?)
   - The nutrition cluster is delivering all its functions as per the cluster reference module
   - Work being initiated to improve mechanisms for feedback from affected populations

Nutrition Cluster Review

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

4. Comment on distinct humanitarian focus of cluster and levels of cooperation and coordination with development partners as appropriate

   - Humanitarian & development partners are primarily the same. The nutrition response in Afghanistan is provided by approximately 16 NNGOs, 14 INGOs, 3 UN agencies and MoPH

   - Due to the limited nutrition service provision in the country the cluster is focusing on increasing access of nutrition services to children pregnant and lactating women through:

     ❖ increased community screening and referral,
     ❖ increased health facilities providing services,
     ❖ timely assessments of acute needs in emergencies,
     ❖ establishment of mobile nutrition services as necessary,
     ❖ ongoing nutrition situation monitoring
     ❖ enhancing quality of nutrition services delivery through a variety of capacity building approaches.

   - The cluster works with all partners to provide necessary technical support, supplies and equipment and works closely with PND to provide an enabling policy environment and guidelines for implementing partners.

Capacity Review

Highlights from Cluster Position Paper 2: Analysis of National Coordination Capacity

1. Co-leadership arrangements / participation of relevant national counterparts

   • The National cluster is co-chaired by UNICEF and PND. At sub national level it is co-chaired by UNICEF and the Provincial nutrition officer (MoPH) from the province in which the cluster coordination meetings are held. PND and PNO currently participate in the cluster response development but currently do not take a very active role except participation.

2. Existing Government and other non-cluster mechanisms relevant to coordinating response

   • National nutrition programme coordination committee (NPCC) - ToRs, membership, frequency of meetings is currently being reviewed. The participation in this forum has so far been for UN, Donors, PND and a few NGOS partners. This should be the principle forum to discuss programming for routine nutrition services and the membership needs to be expanded to enable this.

3. National capacity to assume leadership and accountability

   • The cluster has started to build capacity of the PND appointed staff/focal point to be more involved in the cluster activities and take on leadership role.

4. Status of nutrition cluster deactivation / transition strategy

   • It is envisaged that once the NPCC has been strengthened with membership increased, most of the cluster activities will be transferred and the cluster would focus strictly on emergency response. The cluster work would specifically only deal with ways to enhance nutrition services in white areas, respond to additional caseloads during emergencies, support to rapid assessments and surveys in emergencies and advocacy for funding emergency response.

Cluster Coordination Performance Monitoring (CCPM)

Initial summary of cluster performance and capacity

- The nutrition cluster administered the CCPM questionnaire in the country in April 2015. The results for the CCPM exercise will be discussed with partners during a workshop planned on the <u>17th of June</u> with participation from the global nutrition cluster deputy cluster coordinator and inter cluster information manager.

- From this workshop key actions will be developed to strengthen the cluster going forward. A report of the outcome of the workshop will be shared with all partners.

Nutrition Cluster Recommendations

Summary of initial recommendations based on Cluster and Capacity Reviews

- Currently all the nutrition supplies, equipment, capacity building of partners, assessments are being delivered using humanitarian funds (although delivered through the SEHAT BPHS system).

- In order to ensure that there are no gaps to emergency response the cluster would want to deactivate in the coming 12-24 months if the following key benchmarks are achieved:

  - ❖ The leadership of all coordination meetings are fully managed by gov. focal points.
  - ❖ The NPCC has been expanded and meets monthly to discuss nutrition programmes needs
  - ❖ All working groups are meeting regularly and with clear participation, minutes, workplans
  - ❖ Nutrition supplies, equipment procurement and distribution as well as capacity building is fully integrated in SEHAT budgets.
  - ❖ Nutrition supplies are included in essential drugs list of the government.
  - ❖ PNOs at zonal levels are fully leading the zonal coordination meetings.
  - ❖ Nutrition is part of the agenda in the provincial health coordination committee meetings.
  - ❖ NGOs are fully trained in conducting emergency assessments using the agreed tools.

Proposed way forward for Nutrition cluster: Strengthen

Nutrition Cluster Recommendations
Summary of initial recommendations based on Cluster and Capacity Reviews

- The cluster recommends that the nutrition cluster remains as it is now and focus on strengthening it at both national and sub national level as follows:

  ❖ Strengthening the involvement of the government at both national and subnational levels so that they can take over the coordination system in the coming few years once their capacity has been enhanced.

  ❖ Support government to strengthen development programme coordination so that the cluster increasingly focuses on emergency coordination not routine service delivery

  ❖ Strengthen sub national cluster coordination in all the five zones so that they can fully perform the cluster core functions at their level.

  ❖ Advocate for inclusion of the nutrition agenda in the HPCC meetings

Proposed way forward for Nutrition cluster: Strengthen

Thank you.
Any questions?

Afghanistan Protection Cluster

Cluster Review – Primary functions and continued requirements in Afghanistan of the APC

The Afghanistan Protection Cluster (APC) was established in 2008 and has fulfilled protection coordination functions ever since. Clusters are time bound coordination gap-filling solutions. When a national government is capable of fulfilling the coordination functions required in the crisis at hand, a cluster should phase out while the government takes on coordination responsibility. Given the nature and current state of the protracted emergency and the humanitarian response in Afghanistan, as well as the national capacity in the relevant sectors and the APC mandate vis-à-vis duty bearers and parties to the conflict, the APC Coordination Team deems phasing out of the cluster – at national and regional levels, as well as the sub-clusters in thematic sub-sectors – premature.

Coordination role of the APC

The APC is the main forum for the coordination of protection activities in humanitarian action and comprises international and national NGOs, UN agencies, human rights organisations, civil society organisations and other stakeholders. The APC highlights, addresses and advocates for the protection concerns of those affected and/or displaced by conflict and natural disasters. According to the mutually agreed upon APC strategy the '*protection of civilian populations will remain the overarching preoccupation for the APC in particular focusing on the impact of the conflict and insecurity on civilians.*' Secondly, the APC focuses on addressing '*protection issues that have a direct link to concerns arising out of general insecurity, armed conflict, weak governance & rule of law, human rights violations, and natural disasters.*' In order to address these issues – and partially in line with the globally agreed upon humanitarian protection structure – the APC has seven thematic sub-clusters/task forces/working groups: Gender-based Violence (GBV), Housing, Land and Property (HLP), Child Protection in Emergencies (CPiE), Mine Action Coordination, and also a Protection of Civilians Working Group (PoC WG) which is primarily an advocacy group dedicated to highlighting issues in relation to the impact of the conflict on civilians. In 2014 a small Psychosocial Support Technical Working Group designed to coordinate the activities of the few organisations providing psychosocial support services was established. The IDP Task Force (IDP TF) and its regional representations are inter-agency multi-sectoral forums co-chaired by the regional departments of the Ministry Refugees and Repatriation (DoRRs of the MoRR) and UNHCR. They are semi-integrated within the work of the APC and its activities are incorporated in the yearly APC Strategic Response Plan (SRP) and projected budget, however, going forward, their structure should be critically analysed as they surpass roles and responsibilities as detailed in the Transformative Agenda (TA). The APC is coordinated by a UNHCR cluster coordinator who is dedicated to the coordination function, and co-coordinated by a dedicated NRC staff member.

Scale of Protection Response

The APC SRP 2015 identified ca. 1.4 million persons to be targeted for protection activities, however the cluster recognises that the scale of needs and number of people at risk is likely much higher. Regarding internal displacement, the projected number for the SRP was 140,000 newly displaced to be profiled in 2015 by the IDP TFs, a total that will likely be higher in reality. Recently developed population forecast and contingency planning by the IDP TFs in the regions projects over 48,500 families/ 340,000 individuals possibly displaced by conflict throughout 2015.[1] Ca. 60,000 beneficiaries are targeted by cluster members for protection specific services the state is unable to provide, helping the affected populations attain a dignified existence in accordance with their human rights. The mine action sector is engaged in coordination (301 hazards planned for 2015),

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[1] IDP TFs/UNHCR, Note on recent developments on conflict-induced displacement in Afghanistan, 16 July 2015.

mine clearance (21 sq km in total), and mine risk education (ca. 1.2 million beneficiaries). The APC and its subsidiary bodies also engage in intra-cluster consultative processes regarding standard setting, strategic planning, and protection mainstreaming, as well as monitoring of protection violations and advocacy.

The APC has ca. 50 active member organisations engaged in various protection activities in the sub-sectors of the APC throughout the country. Protection service delivery mainly takes place in and around the urban centers or in locations where IDPs are present. Profiling of recent conflict-induced IDPs by the IDP TFs takes place throughout the country, but can be constrained by limitations to the humanitarian access.

Coordination functions – national and regional

The APC and its subsidiary bodies at the national level mainly engage in strategic coordination which entails drafting of a protection cluster submission chapter for the strategic response plan including a vulnerability analysis and planned resource allocation, briefings for donors and the Humanitarian Country Team, establishing and agreeing on minimum standards or SOPs for sector specific (humanitarian) action, contributions to emergency preparedness documents, and the mainstreaming of protection principles in humanitarian activities. Cluster members report to the national cluster on coverage of activities, budget (allocation), and progress towards targets. The national APC provides information management capacity by compiling and mapping this information (on behalf of regional and thematic sub-clusters). The subsidiary bodies (GBV, HLP, CPiE, MA, and partly the IDP TF) meet monthly at the national level to discuss sector specific issues. The coordinators or representatives of these subsidiary bodies brief the national APC on emerging issues and progress during the monthly APC meeting. The chairs of these five subsidiary bodies, with the addition of a number of other parties meet in the forum of the Strategic Advisory Group (SAG) where strategic decision-making discussions are held.

Monthly APC meetings at the regional level, in certain regions co-chaired by the AIHRC, engage in operational information exchange and agree upon geographical and thematic areas where protection interventions are needed. In all regions UNAMA Human Rights / Protection of Civilians (UNAMA-HR) updates the gathered organisations on the state of the conflict and the impact on civilians, and this information is used by the participants for general awareness of the situation in the respective regions and to inform the organisations of possible displacement situations or situations where civilians are in need of assistance. Thematic sub-clusters update the regional APC meeting on issues and requests relevant to the sub-sector, and when needed operational coordination takes place. Examples are the joint CPiE/GBV Rapid Assessment, where assessment locations and participation, as well as identification of possible complementarities in protection projects, were mutually agreed upon by the participants in the regional APC meetings.

Coordination of initial assessments of - and assistance delivery to - newly conflict-displaced groups currently takes place in regional IDP TF meetings led by UNHCR and the DoRR. In practice in the regions the attendance of the IDP TF and APC meetings is similar. Sometimes the coordinator of both meetings is the same UNHCR protection officer, and where this is not the case the UNHCR protection officer attends the IDP TF meetings. Hence, the two meetings complement each other by carrying over of emerging protection issues from multi-sectoral IDP assessments discussed in the regional IDP TF meeting into the regional APC meeting. On occasion the meetings are held back-to-back, with the DoRR representative only attending the regional IDP TF meeting so that discussions in the regional APC meeting can be outspoken. It should be noted that the activities of the IDP TFs currently transcend the designated role of a Protection Cluster as defined in the Transformative Agenda.

Six IASC defined core cluster functions and the APC

The APC has a comprehensive strategy (last updated May 2013) which outlines its focus and priority activities. The strategy comprises and further develops and contextualizes the six core functions of a cluster as defined by the IASC.

Yearly the APC develops a SRP based on an inventory of the protection needs in Afghanistan in the form of the HCT endorsed Humanitarian Needs Overview (HNO). The SRP – more than the APC strategy – is an operational plan which defines concrete deliverable activities for the APC Coordination Team and the APC members for the upcoming year. It also defines a requested budget for the activities incorporated in the plan. The deliverables and targets as defined in the APC SRPs have largely been in line with the six core cluster functions.

1. Support service delivery

The APC maintains a quarterly 4W Reporting Tool (Who, What, Where, When) which maps the amount of cluster members and type of activities throughout the country, thereby allowing for identification of duplications and gaps at a district level. The information gathered is useful at a strategic level, but could be more useful at an operational level if more detailed information on protection specific needs would be available. As protection information is often available on an ad-hoc basis (local knowledge and information sharing by individuals as well as through member organisations' non-coordinated assessments), more detailed coordination – on a sub-district level – takes place via information sharing in regional APC and APC sub-cluster meetings. Reporting by APC members to the 4W is not always consistent in different regions and could benefit from more attention by the APC members and APC Coordination Team.

In the past the APC has developed vulnerability criteria for winterization assistance. It has been recognized that there is a need for the countrywide harmonization of vulnerability criteria for emergency assistance, this will support the targeting process of assistance activities in all sectors.

It should be noted that the IDP TFs coordinate the provision of initial multi-sectoral humanitarian assistance to conflict-induced displaced populations. Increased engagement of other humanitarian actors and clusters in the coordination and provision of this assistance will likely be needed in the future as this falls outside of the purview of the APC (or UNHCR as a single agency) as established in the TA.

2. Inform HC/HCT strategic decision making

Strategic decision making by the HC/HCT is supported by the APC through the consultative process of establishing the yearly HRP. It should be noted that there is a lack of systematically gathered comparable information on protection specific needs for vulnerable groups. This is partially due to the nature of protection assessments which are labour-intensive and require specialist assessors and partially due to a lack of attention and funding by the humanitarian community. In the current HRP structure where countrywide comparable data is used to highlight needs, this results in the under-highlighting of protection problems surrounding women, children, and other vulnerable groups – in and out of displacement.

The humanitarian community in Afghanistan relies heavily on conflict-induced displacement data gathered by the IDP TFs and published by UNHCR on behalf of the IDP TF. Beyond age and gender disaggregated data the IDP TF assessments do not generally result in information on protection needs to a sufficient detail for protection specific programmatic responses. (It should be noted however, that the IDP TF assessment is conducted as an initial multi-sectoral assessment, pointing protection actors to possibly existing protection problems which should be

further assessed). On an ad-hoc basis, and where relevant, IDP TF members relay information on protection issues to the regional APC meetings where, if needed, feasible follow-up actions will be taken. This could include the referring of issues to the national level where the APC coordinator is in a position to inform the HC and HCT. Some protection specific information is gathered in the initial IDP TF assessment, although it has at times proven difficult to disseminate it effectively. Difficulties in gathering of protection information by IDP TFs exist due to practical issues, such as time-pressure of accessing insecure areas, a lack of specialised protection knowledge across actors involved, and the number of people in assessment teams compared to the size of some displaced groups and the number of petitions filed. Trainings of actors involved on protection specific issues could partially solve the problem, as could mutually agreed upon SOPs for the assessment teams and humanitarian community at the operational regional level. Another point of attention is the presence of female staff in assessment teams.

Challenges in regards to the gathering of protection information also exist with the protection section of the Rapid Assessment Form (RAF) which is used in situations of natural disasters. Time pressure and a lack of protection understanding/presence in assessment teams results in the ignoring of the protection specific sections of the RAF (formerly the Protection Checklist and currently a number of protection specific questions). A training on the RAF for assessment teams will again be organised for all organisations using the RAF, and the APC should contribute to this training to elaborate on the protection specific questions, as well as to impress upon the participants the need for and usage of protection specific information.

It should be reiterated that throughout all communities and in all provinces in Afghanistan a plethora of basic rights is being violated in diverse circumstances and by diverse actors. This ranges from negative coping strategies to protracted displacement and urbanisation to harmful societal practices. The APC and its sub-clusters are attempting to identify and map specific issues so that programming can be better informed, more strategic and prioritised. An example of this is the joint CPiE/GBV Rapid Assessment where cluster member organisations have committed to contributing regional staff to the assessment teams in order to survey over 140 locations countrywide.

The APC is planning to develop common protection assessment tools relevant to the context of Afghanistan. The adoption and use of common tools by all cluster members would help build a systematic overview including a baseline on the scale and type of protection needs in the country.

In cases of a sudden localized (regional or provincial level) escalation of violence which results in large-scale displacement the overall humanitarian (and protection) response led by the HCT would benefit from the establishment of SOPs detailing the roles and complementarities of different humanitarian actors. The IDP TFs currently take the operational lead in responding to these types of situations via the assessment of numbers of displaced individuals and the multi-sectoral needs of conflict-displaced, as well as through the coordination of the provision of Non-Food Items, food, and hygiene kits. As mentioned, this role should be critically analysed to enhance the predictability of the response as operational and multi-sectoral coordination would traditionally not be taken on by UNHCR on behalf of the IDP TFs. Information related to the impact of the conflict on civilians is mostly gathered by UNAMA-HR and the UNICEF-led Monitoring and Reporting Mechanism (MRM; the two parties closely cooperate and use each other's information). APC Sub-Clusters are sometimes involved, but do not necessarily coordinate actions or raise issues via established pathways. Therefore, information sharing, horizontally and vertically, is ad-hoc and messaging can be fragmented. This is an inefficient use of resources and could be improved upon by streamlining the actions to be taken by different parties via the establishment of SOPs.

A redefining of roles, including increased coordination and operational involvement of the three immediately relevant clusters (Protection; ES/NFI; FSAC) and OCHA's Operational Coordination Teams or Humanitarian Regional Teams, should also be considered as this would align the humanitarian response in Afghanistan better with globally agreed roles and responsibilities as detailed in the TA, eventually making it more effective and predictive. It should be noted though, that – in line with the responsibility of the GIRoA in regards to internal displacement – the DoRRs need to be involved in the conflict-induced IDP assessment process and that a functioning structure similar to the IDP TFs is likely to be needed to exist.

3. Plan and develop strategy

Based on available information on protection needs, the HNO which uses agreed upon indicators to rank provinces on a vulnerability scale of one to five and details protection issues in narrative format, has been established. Indicators used for the protection HNO are *inter alia* the numbers of civilian casualties in a region, the number of conflict-induced displaced, and the number of conflict incidents in a province. As noted, there is no countrywide comparable information on protection violations faced by women, children, and other vulnerable groups which results in a gap in the overall overview of the protection situation in Afghanistan. Evidence on protection issues is available in studies done by APC members, however, the format of this information is unsuitable for use in the quantitative ranking format of the HNO. A countrywide Rapid Assessment on CPiE/GBV issues is planned to address this gap, although it is acknowledged that information on protection issues particularly difficult to quantify as it often depends on qualitative and contextual analysis.

The SRP, which is established through a consultative process with thematic APC sub-clusters and regional APC clusters, details objectives and priority activities addressing the needs highlighted in the HNO. The SRP also defines indicators related to the proposed activities and has established a related budget for the year. The SRP for the APC incorporates the different activities of the thematic sub-clusters as well as the multi-sectoral assessment activities of the IDP TFs. A third document, the Humanitarian Response Monitoring Framework, which comprises protection specific output and outcome indicators, is used to monitor the progress towards the SRP objectives. All three documents are adopted by the HCT and form the agreed upon humanitarian strategy for Afghanistan. In turn the HRP informs the global community including donors of the humanitarian and protection priorities in Afghanistan.

Missions to the regional sub-clusters as well as increased involvement of the thematic sub-cluster members, channeled through the APC SAG, could improve the consultative nature of the establishment of the HRP. Complicated methodologies and layered processes which some APC members perceive as not transparent adversely affect engagement of the APC members with the process. Another issue is the diversity of protection issues and activities which are all incorporated within the same APC framework – thereby reducing the overall focus of the protection HRP.

4. Monitor and evaluate performance

As noted, the APC has developed a detailed 4W Reporting Tool which tracks activities and geographical presence, as well as project budgets and numbers of beneficiaries. APC member organisations report on their activities which are then linked to the overall HRP and APC strategic objectives. Progress is measured via output indicators mainly. The lack of baseline data on protection issues as well as the nature of protection issues hampers the measuring of outcome indicators. Additional consideration could be given to the nature of protection interventions and the modalities of reporting via output indicators on these activities. Simply referring to the number of beneficiaries does not fully do justice to the comprehensive nature of

some protection projects – including for example project components which incorporate community based protection initiatives.

When progress towards set objectives appears to be slower according to the reporting on relevant indicators the APC coordinator can and should highlight this to the wider humanitarian community with the aim of – when feasible and justified – increasing the engagement of protection actors and donor funding for activities which relate to the specific indicator.

The HRP guides both humanitarian organisations and donors in terms of the priority actions and interventions by the humanitarian community. It should be noted that both parties are not bound by the HRP, especially because there are no predefined projects incorporated in the document. The lack of these predefined projects does complicate the reporting of cluster members on activities and donors on spending, in turn complicating the monitoring of the overall humanitarian response. Trainings of cluster members and increased assistance can address this problem.

5. *Build capacity in preparedness and contingency planning*

The APC contributes via a number of conflict related indicators to the Risk Register (RR) which is designed to eventually form a countrywide multi-sectoral contingency plan under the auspices of the Emergency Preparedness Sub-Working Group (EPSWG) which reports directly to the HCT. For example: a sudden increase in conflict-induced IDP numbers (supplied via the IDP TFs) should be a trigger for increased engagement of the humanitarian community with the situation. Apart from the establishment of the RR indicators no conflict related contingency plan was drafted within the framework of the EPSWG.

The IDP TFs in the field have recently drafted a conflict-induced displacement contingency plan which covers multiple sectors. The fact that the IDP TF has drafted this plan is a direct consequence of the IDP TF lead-role with DoRR involvement in the assessment of newly displaced groups due to the conflict and the operational efficiency in leading the initial humanitarian response. Contingency planning processes should be altered to increase the role of the clusters – in line with the TA – in the initial response to displacement, using the framework of the RR and EPSWG. For the APC this would mean *inter alia* a mapping of protection systems in place (CPiE/GBV/etc.), protection specific capacity in the humanitarian organisations, mine clearance and Mine Risk Education capacity, and establishment of agreed upon cluster wide SOPs on protection information flows towards the HC/HCT especially with UNAMA-HR and the UNICEF MRM as they have the widest field presence as well as protection expertise.

It should be noted that contingency planning eventually will become the responsibility of the GIRoA led provincial displacement-action plans as detailed under the National IDP Policy. The initial discussions are ongoing in a number of pilot provinces.

6. *Advocacy*

The APC has a dedicated PoC-WG where issues surrounding the impact of the conflict on civilians are being discussed with a group of specialised persons and organisations. This group is also responsible for drafting and updating reports on protection issues on behalf of the HC which go to the UN Security Council Group of Experts on Afghanistan and inform debates in the UN Security Council. The APC, through a joint initiative with ICRC and through contributing to an ACBAR conference, has actively contributed to focusing attention on the safety of health workers and facilities. The PoC-WG convenes on an ad-hoc basis and could raise its profile and impact by closer engagement with the state of the conflict. A number of advocacy groups and initiatives are active in Afghanistan, but due to the countrywide structure and amount of

protection expertise gathered, the APC through its PoC-WG could play a bigger role in advocating on behalf of conflict-affected communities. UNAMA-HR and the UNICEF-MRM are active members of the PoC-WG and possible advocacy modalities which complement already existing initiatives should be discussed within the WG. The PoC-WG could be better utilised as a source of information for the HC/HCT, although existing lines of communication between PoC-WG members, notably UNAMA, and the HC/HCT should be taken into account.

Bilateral advocacy on behalf of affected populations takes place and has proven to be especially successful within the Mine Action sector. UNMAS/Mine Action Coordination Center Afghanistan and the APC coordinator have held discussions with ISAF troop contributing states on the subject of the clearance of former firing ranges. These discussions have had clear results. Another example of bilateral advocacy is the taking part in discussions with the GIRoA on enforcement of the Elimination of Violence Against Women Law.

Other examples of advocacy include the APC Coordination Team informing the HC in his decision making process for allocation of funds to sectors via the Common Humanitarian Fund. Advocacy on behalf of cluster members in regards to funding could be improved by – for instance – organising quarterly APC donor briefings. Cluster members have repeatedly acknowledged that they expect advocacy for funding for protection specific projects from the APC Coordination Team; thus, initiatives in this regard could be expanded.

Current context and collective protection coordination need

The situation in Afghanistan can be characterised as a large scale complex and protracted emergency due to regular man-made or natural disasters throughout the country, aggravated by underdevelopment in large parts of the country. Instability and open conflict has been on the rise and the impact on the civilian population and on displacement trends are becoming more severe by the day. Humanitarian actors respond to humanitarian needs on their own and in coordination with the IDP Task Forces, the OCTs, HRTs, and the ICCT/cluster structure. Regularly, the response occurs in conjunction with or in support of GIRoA bodies (Department of Refugees and Repatriation (DoRR); Afghan National Disaster Management Agency (ANDMA); relevant line ministries; etc.).

Basic principles of protection of civilians are regularly violated by parties to the conflict. Cases in point are rising levels of civilian casualties and continuous instances of conflict-induced displacement, as well as structural violations of basic rights experienced by vulnerable groups. UNAMA-HR recorded 8,615 civilian casualties in 2013 and 10,548 civilian casualties in 2014. IDP Task Forces recorded conflict-induced displacement has shown a steadily rising trend over the past years, increasing from ca. 105,000 individuals recorded to be displaced in 2012 to ca. 185,000 recorded individuals displaced in 2014, the year with the most displacement recorded so far. However, in the first half of 2015 already ca. 103,000 individuals have been recorded as having been displaced due to the conflict in the current year, this is an increase of 43% compared to the same period in 2014.[2] The APC Strategic Response Plan (SRP) initially projected 140,000 newly displaced persons to be assessed in 2015 by the IDP TFs, this figure will almost certainly be higher in reality. Recently developed population forecast and contingency planning by the IDP TFs in the regions projects over 48,500 families/ 340,000 individuals possibly displaced by conflict throughout 2015.[3] Explosive Remnants of War (ERW) continue to cause civilian casualties, especially amongst children. An increase in armed engagements results in more ERW-contaminated areas, and more risks for – and impact on – the civilian population. For instance, groups in the civilian population suffer from psychological problems related to negative coping strategies or stress caused by the conflict and / or displacement.

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[2] UNHCR conflict-induced displacement data, June 2015.
[3] IDP TFs/UNHCR, Note on recent developments on conflict-induced displacement in Afghanistan, 16 July 2015.

Afghan citizens, especially groups with specific vulnerabilities and needs (*inter alia* women and girls, children, discriminated minorities, disabled, elderly, chronically poor and vulnerable[4]), also face protection violations not directly related to or caused by the conflict. The number of reported cases of violence against women is enormous.[5] Research into children falling victim to sexual violence also suggest a large prevalence of these incidents.[6] Early marriage is a common phenomenon and a large percentage of children are working one way or another which negatively impacts their safety and development including school attendance.[7] Anecdotal evidence suggests that the incidence of protection violations such as these increase in situations of protracted displacement.

The rights of Afghan civilians are being violated by all parties to the conflict which also implies that, in line with the humanitarian approach of neutral and impartial assistance, the coordination of protection activities by a government body should be carefully approached. Humanitarian assistance should be provided on a needs basis exclusively; political, military, or strategic considerations cannot determine where and to whom assistance is provided.

Protection coordination in acute emergencies

Recent escalations in violence have led to large-scale displacement as well as increased numbers of civilian casualties. Protection responses to these localised crises (which do affect large areas of the country and large amounts of people) include IDP TF-led assessments of the displaced populations and the monitoring of – and reporting on – the protection situation by UNAMA-HR and the UNICEF-MRM which, in turn, leads to advocacy and increased accountability. The IDP TFs also coordinate the provision of initial multi-sectoral assistance to the displaced populations. The IDP TF response generally comprises 5 to 15 contributing organisations involved in the assessment or provision of assistance based on the assessment. The responses to the recent Helmand and Kunduz situations suggest that the regional coordination structure and response mechanism (supported from the national level) of the IDP TF is able to cope with large-scale regional conflict-induced emergencies. However, protection specific / trained actors should get engaged at an early moment to better understand the effects and impact of the crisis, especially in relation to the situation of children and other extra vulnerable displaced groups. This would further improve a protection specific response.

Clearly delineated responsibilities and SOPs (including defining the role of the DoRRs and other involved regional government bodies, increased involvement of OCHA coordination fora and the

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[4] Afghanistan Protection Cluster Strategy, August 2013.

[5] In 2014 the AIHRC recorded 2026 cases of violence against women (incidences range from verbal and psychological violence to physical violence, sexual violence and killings amongst which honor killings). See: http://www.aihrc.org.af/home/daily_report/4172. One study suggests that 87% of women experience at least one form of physical, sexual or psychological violence or forced marriage in their lifetime. See: Global Rights Report, Living with Violence: A National Report on Domestic Abuse in Afghanistan (2008) http://www.globalrights.org/Library/Women's%20rights/Living%20with%20Violence%20Afghan.pdf. Reportedly, violence against women increases in situations of protracted displacement. See NRC and Samuel Hall, Challenges of IDP protection in Afghanistan (2012) http://www.nrc.no/arch/_img/9154086.pdf and NRC and TLO, Listening to women and girls displaced to urban Afghanistan (2015) http://www.nrc.no/arch/_img/9194461.pdf.

[6] For instance, the MoI reportedly recorded ca. 100 cases of sexual violence against children in Kabul province in 2012. See: AIHRC, Children's Situation Summary Report (2013) http://www.aihrc.org.af/home/research_report/2115. For details regarding the practice of Bacha Bazi (dancing boys), please see: AIHRC, Causes and Consequences of Bacha Bazi in Afghanistan (2014) http://www.aihrc.org.af/home/research_report/3324.

[7] Reportedly 46% of Afghan girls get married before they are 18 years old and 15% get married before they are 16 years old. 51,8% of children are reported to be involved in labour, 45% of them are forced to work due to chronic poverty. See: AIHRC, Children's Situation Summary Report (2013) http://www.aihrc.org.af/home/research_report/2115.

relevant clusters, as well as detailing collective assistance allocation procedures and criteria) in these situations, as well as a focus on protection analysis during the assessments, would enhance the effectiveness and response of the APC during large scale escalations of conflict and resulting displacement. Organising the humanitarian response to conflict-induced displacement in line with roles outlined in the TA could improve the predictability and organisation of the humanitarian activities in Afghanistan. After transition the initial and longer term response to displacement crises will ideally be led by dedicated provincial bodies as defined in the National IDP Policy, however, these are currently not operational and need capacity building on the contents of the National IDP Policy as well as on the different durable solutions to internal displacement.

In situations of a large-scale natural disaster such as the 2014 spring floods the APC has advocated for the gathering of protection data through the RAF, as well as increased attention during the response to emerging protection issues. In response to the 2014 floods, the Northern Region APC – in conjunction with the national level APC – created a flood specific protection checklist, focusing on *inter alia* the implications of the floods for children including attention to separated families. During the initial response efforts the APC promoted gender sensitivity in the humanitarian activities, mainly through advocating for gender-segregated latrines in temporary natural disaster IDP sites (after discovery that this was lacking in almost all sites), as well as through the inclusion of sanitary kits in NFI distributions. The initial humanitarian response was coordinated in an ad-hoc manner, with OCHA and NGOs comprising a significant presence on the ground taking the lead. A big gap which hampered the response was the lack of relevant information on protection consequences of the crisis. The need for involvement of protection actors in the response was also highlighted by the design of the land allocation scheme in response to the large landslide in the Argo district of Badakshan province. The modality of the scheme led families to marry their underage children – with other underage children or adults – in order to receive another plot of land. A protection analysis of this scheme could possibly have mitigated these negative side-effects in a well-intentioned response. Unaccompanied minors, psychosocial problems, and other protection-specific issues do highlight the need for protection-specific interventions which apparently currently do not fall within the purview of any disaster response coordination structure.

Protection coordination in the protracted emergency

Some of the issues addressed by protection actors in Afghanistan are not directly caused by the conflict, although they may be aggravated by violence or displacement. Projects and activities addressing the needs of victims of (S)GBV, vulnerable children, disabled, and otherwise vulnerable persons are being supported by the APC. Coordination in this regards mainly takes the form of the setting of standards, establishing referral networks – including with relevant counterparts – and identification of needs and best practices addressing these needs. Part of these coordination activities encompass the capacity building of government line ministries. This can take the shape of establishing SOPs (for instance the adoption of GBV SOPs for health workers in conjunction with the Ministry of Public Health), advocating for the inclusion of more protection relevant data in a national GBV database, as well as the of coordination support to the government led provincial Child Protection Action Networks (CPAN) referral pathways.

Capacity building by the humanitarian actors, for example by UNHCR through the IDP TF and relevant dedicated national and provincial bodies, offered to the GIRoA in implementing the National IDP Policy (mainly through assistance with drafting the provincial action plans) or UNICEF on the recruitment of children into armed forces, should be noted.

The nature of protection issues and the role of the state in addressing these issues by providing legal and practical protection, force the APC and its sub-clusters to work together on improving the working methods of the GIRoA and the county's institutions.

Conclusion

The APC fulfills most coordination functions in relation to protection specific activities and advocacy which respond to needs arising from escalations in violence and displacement, structural protection problems, and to a lesser extent natural disasters. Despite this, the APC could enhance its effectiveness by defining roles and responsibilities of cluster members and coordination bodies better, especially in emergencies and related to the identification of protection specific issues. Appropriate resources should be guaranteed, and capacity building should take place.

It should be noted that the scale of humanitarian protection needs in Afghanistan is larger than the protection-specific response capacity. While the (protection) effectiveness of the APC and its subsidiary bodies, especially in relation to large-scale escalations of localised conflict can be enhanced, current responses and working methods do not suggest that the protection coordination gap can be covered by national bodies. Eventually many protection issues need to be addressed by GIRoA counterparts, currently with varying capacity and engagement, as a matter of urgency their capacity should be further developed.

The role of a protection cluster in a situation of conflict such as Afghanistan in regards to advocacy is vital. The APC can keep a check on the activities of all parties to the conflict and the impact on the civilian population and raise the alarm when any of the parties commit gross protection violations. The APC should improve its cooperation with the Afghan Independent Human Rights Commission and UNAMA-HR to maintain an overview of the conflict and its implications for Afghan civilians.

Afghanistan Protection Cluster

Capacity Review – Government Coordination Capacity and Transition Modalities

Consistent with the Inter-Agency Standing Committee Reference Module for Cluster Coordination at the Country Level, the Afghanistan Protection Cluster (APC) recognizes the necessity and importance of eventual cluster transition and de-activation. However, under the current circumstances in Afghanistan the APC deems it premature to transition any of APC's functions to government parties completely.

The scale of protection needs and prevalence of protection violations is overwhelming, both due to the conflict and due to established practices in Afghanistan. While recognizing that a protection cluster is mandated to keep stock of a conflict and the impact on the civilian population, the APC is working with its local partners and government counterparts to plan for the eventual transfer of some of its responsibilities and functions to several actors and institutions in Afghanistan. As part of this current review of the Humanitarian Architecture in Afghanistan, the APC looks at the possible transition partners below. It should be noted that the APC considers three layers of transitioning corresponding to the breadth of its activities:

1. *AIHRC – Standard setting, developing strategy, monitoring and advocacy*
2. *MoRR / dedicated national body – Assessment of and operational response to conflict-induced internal displacement and caretaker of durable solutions to displacement*
3. *Relevant line-minstries – Operational response to protection violations and adherence to protection principles*

Co-leadership arrangements with national authorities

The APC is unique to other clusters operating in Afghanistan in that it does not invite Afghanistan government ministries and departments to participate in the cluster. The APC takes this position because of the sensitivities involved regarding protection activities and because the Afghan government is a party to the conflict which leads to internal displacement and human rights violations. While the APC does not invite government ministries and departments to participate in the cluster, it is engaged with and does invite the Afghanistan Independent Human Rights Commission (AIHRC) to APC meetings. The AIHRC's involvement in APC would not only be a contribution to APC's activities but would also allow it to better understand the APC's functions and coordination role in the monitoring of the protection situation in Afghanistan and advocating on behalf of affected populations at national level. Presently, the AIHRC participates in the APC in certain regions as the co-chair of regional APC meetings. The GBV sub-cluster is also co-chaired by the AIHRC, and the AIHRC takes active part in the CPiE sub-cluster.

The AIHRC was established in 2005 as an independent body within the framework of the Government of the Islamic Republic of Afghanistan and the law establishing the AIHRC states clearly that it "shall function independently" of the Afghan government. While the mandate of the AIHRC is broad and comprises 35 duties and responsibilities, its overall objective is the promotion and protection of human rights. For these reasons, the APC considers the AIHRC as its logical transition partner to eventually assume the responsibilities of the APC in relation to monitoring the general protection situation in Afghanistan, and in particular in addressing protection violations stemming from possibly enduring conflict. Specific responsibilities would include *inter alia* strategic planning, identification and of protection issues impacting on humanitarian operations and the civilian population, standard setting, and monitoring and advocacy as a "protection watchdog".

The IDP Task Force (IDP TF) at national level is led by the Ministry of Refugees and Repatriation (MoRR) and currently co-chaired by UNHCR (the Departments of Refugees and Repatriation (DoRR) and UNHCR at regional level), with most administrative and substantive coordination issues being handled by UNHCR.[1] The National IDP Policy stipulates a framework establishing provincial action plans on general displacement, and in three pilot provinces humanitarian actors and government actors are cooperating on developing these provincial action plans through which all phases of displacement will be addressed. The AIHRC will fulfill a monitoring role of the implementation of these provincial action plans and report to the Office of the President.

Government and national institution involvement in the APC

The AIHRC does not currently have a co-leadership arrangement with the national APC. However, as noted above, it does assume co-chair responsibilities for some of the regional APC meetings (Herat, Mazar, Jalalabad) and for the GBV sub-cluster at the national level.[2] The AIHRC is not engaged in the development of APC annual Strategic Response Plan (SRP), although some AIHRC reports informed the Humanitarian Needs Overview (HNO) analysis.

Regional IDP TF meetings led by UNHCR and the DoRR currently coordinate initial assessments of - and assistance delivery to - newly conflict-displaced groups.[3] IDP TF meetings and APC meetings are dissimilar in the sense that there is no government representative present in the APC meetings. On occasion the meetings are held back-to-back with largely the same attendance, but the DoRR representative will only attend the IDP TF meeting so that issues can be carried over from one meeting to the other and discussions in the regional APC meeting can be more outspoken in regards to the role of the government. It should be noted that the activities of the IDP TFs currently transcend the designated role of a Protection Cluster as defined in the Transformative Agenda.

In the thematic sub-clusters relevant line-ministries take part in discussions. In the GBV sub-cluster, for example, progress is being made with building the capacity of the national institutions. A High-Level Reference Group for GBV is currently being established which brings together all relevant ministries in regards to GBV. In the CPiE sub-cluster, especially in the regions, work and capacity building is done with the Child Protection Action Network (CPAN), which is a nationally run network of mainly national organisations and institutions referring child protection cases to relevant institutions. The CPiE sub-cluster engages with relevant government entities on minimum standard setting and on coordination of child protection initiatives throughout Afghanistan. The Housing, Land and Property Task Force engages with the relevant national bodies to advocate for and establish an understanding of

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[1] For details see the UNHCR submission to the Afghanistan Humanitarian Architecture Review process, June 2015.

[2] With respect to the national APC, the AIHRC has been invited to attend APC meetings since at least 2009 and has attended APC meetings within the last year; however, it does not currently assume a co-chair or Strategic Advisory Group position within the APC. In an effort to more robustly engage with the AIHRC, with a view towards eventual transition, the APC and the AIHRC met in 2014 to discuss a Co-Chair arrangement wherein the AIHRC would, among other things, co-facilitate APC monthly meetings and Strategic Advisory Group meetings, and participate in strategic and emergency planning and reporting. While a detailed Terms of Reference was developed to memorialize this collaboration, the ToR was never operationalised in a manner that fully realised the vision of the joint collaboration. Nevertheless, this engagement was a first step in the eventual goal of transitioning certain protection functions of the APC to the AIHRC.

[3] For a more in depth discussion see the UNHCR submission to the Afghanistan Humanitarian Architecture Review process, June 2015.

HLP rights. Mine Action is working on transitioning full responsibility to a nationally run MACCA.

State entities such as the Ministry of Justice, Ministry of Public Health, Ministry of Women's Affairs, Ministry of Education, Ministry of Labour, Social Affairs, Martyrs and Disabled, the Independent Directorate of Local Governance, and MoRR with its DoRRs are operational counterparts of the APC and its subsidiary bodies on national and sub-national levels as well as the regional protection clusters.

The APC and its sub-clusters engage in capacity building of these government counterparts through *inter alia* the establishing of minimum standards and SOPs, as well as by involving relevant government staff in the national and regional sub-cluster meetings. Sub-cluster lead agencies further build capacity of line-ministries by sponsoring positions in the relevant ministries, and by organizing capacity building initiatives such as trainings.

Capacity of relevant actors / bodies / institutions

AIHRC capacity

As noted above, the AIHRC is considered as APC's logical transition partner to eventually assume the responsibilities of the APC in relation to the protection monitoring and advocacy role. The Commission has a suitable structure to monitor and report on the human rights situation in the country: one head office, 8 regional and 6 provincial offices throughout Afghanistan located in Badakhshan, Bamiyan, Daikundi, Gardez, Ghor, Herat, Jalalabad, Kabul, Kandahar, Kunduz, Maimana, Mazar, Uruzgan and Helmand. The AIHRC has six program units to fulfil its mandate related to the promotion, protection and monitoring of human rights:

- Human Rights Education Unit (HREU)
- Women's Rights Unit (WRU)
- Child Rights Unit (CRU)
- Monitoring and Investigation Unit (M&IU)
- Transitional Justice Unit (TJU)
- People with Disabilities Unit (PWDU)

Despite the interest and willingness of the AIHRC to assume the leadership and accountability for some of the APC core functions, this remains unrealistic at the present time. The reasons are the insufficient preparedness and capacity of the AIHRC in terms of personnel and understanding of humanitarian protection principles, as well as the duties and responsibilities of the APC within the overall humanitarian response and related planning processes. It should also be recognized that this set of responsibilities of the APC will likely be subsumed not only by the AIHRC, but will be covered by a large number of civil society initiatives and organisations.

The IDP TFs / MoRR

The IDP Task Forces are led by the MoRR and its regional DoRRs, assisted by UNHCR. In transitioning the coordination responsibilities in regards to conflict induced internal displacement, over and above the protection sector, and including contingency planning and overall humanitarian standard setting the MoRR would be a logical counterpart due to its mandated role related to dealing with displacement. However, the capacity of the MoRR is currently not deemed sufficient to take on full coordination of assessments of internally displaced caseloads and the coordination of the ensuing humanitarian response, let aside ensuring a proper protection mainstreaming in the emergency response. Additionally, a

number of national bodies are positioned to deal with internal displacement and the GIRoA would benefit from a clear plan detailing responsibilities, standards, and reporting lines in response to internal displacement. The National IDP Policy should contribute to this process (possibly through a higher profile discussion at national level) but implementation is slow and geographically limited.

UNHCR has launched an initiative to bring the coordination of the humanitarian response to conflict-induced internal displacement in line with the Transformative Agenda. This will offer a chance to revisit the operational coordination structure(s) at provincial/regional level and look at possible national structures best suited to lead (or continue leading) the response to conflict-induced internal displacement. In the intermediate term this process facilitates the transitioning to national structures by creating the opportunity for a redefinement of involvement of national actors, bodies, and structures.[4]

Relevant line-minstries

As discussed, the thematic sub-clusters have developed working relationships with several line-ministries closely related to their areas of activity. Involvement of ministry officials into the sub-cluster meetings with the goal of standard setting, but also operational response to protection related needs. Capacity building and adoption of collectively agreed upon SOPs is ongoing in this regard, it could be further formalized through the setting of benchmarks and goals. Currently it is deemed necessary to maintain the thematic sub-clusters as established coordination bodies due to the experience of these groups with humanitarian activities and coordination structures – understanding and knowledge of which is not always present in the line-ministries.

MACCA is currently engaged in discussions with the GIRoA on how to fully nationalize its operations (be it as an independent government agency, a governmental body related to a ministry, a national NGO, or any other modality deemed the most functional).

Further steps towards transfer of leadership and accountabilities

Considering the nature of issues of the APC its work and responsibilities, the APC views the AIHRC as the only appropriate entity for the transition of the protection monitoring and protection functions of the APC. Although the AIHRC falls under the GIRoA, it nevertheless has the status of an independent body, and is the primary body in Afghanistan to address the human rights situation in Afghanistan. Other state entities do not have these characteristics and are fully dependent on and are accountable to the GIRoA which makes a critical assessment of the GIRoA's actions more difficult. Further, protection of human rights is not prioritized by these other entities.

While transition is not recommended in the near future, the APC believes that with enhanced involvement of the AIHRC in the APC's protection coordination work and with sufficient support towards the increasing of AIHRC's capacity, the Commission will grow to a stronger organization with the ability to perform some of the functions of the APC. Capacity-building would include: (1) familiarization of AIHRC staff with the ToRs of the APC, what the APC does, and how the APC operates within the broader humanitarian landscape – especially in regards to strategic planning, prioritization, and protection monitoring and advocacy towards the international community and GIRoA; (2) inviting the AIHRC to become a member of the APC SAG; and (3) APC and AIHRC joint collaboration in trainings and workshops for the humanitarian aid community, wherein the AIHRC will facilitate sessions

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[4] For further details see the UNHCR submission to the Afghanistan Humanitarian Architecture Review process, June 2015.

on human rights in Afghanistan and the APC will train participants on protection principles related to humanitarian assistance and implementation. All of the above would lay a foundation to have the AIHRC assume the role of co-chair for the APC at national level, with the AIHRC attending ICCT and expanded HCT meetings as an important step towards the eventual goal of substantive and substantial participation in strategic discussions on protection and prioritization in Afghanistan after the deactivation of the APC.

As discussed, the Humanitarian Architecture Review offers a chance for a redefinement of the national involvement in the response to internal displacement. However, currently the most visible initiative runs through the framework of the National IDP Policy. The MoRR and its regional DoRRs, national and provincial governance structures, and line-ministries and provincial departments of line-ministries will be taking part – assisted by the international community – in the establishment of provincial action plans addressing prevention of displacement, the provision of immediate assistance in situations of displacement, and facilitating durable solutions. Sensitization of all actors involved in the National IDP Policy process to protection principles and the human rights standards the Policy builds on would enhance the successful implementation of the Policy. The process of establishing the action plans (initially in three pilot provinces) is closely supported by UNHCR and other relevant UN agencies, NGOs, and the APC Coordination Team. This has the goal of maintaining alignment of the plans with the standards set out in the National IDP Policy as well as guaranteeing continued engagement of the parties involved.

The APC will encourage the thematic sub-clusters to engage in planning processes which would define elements of the work which can be transitioned to government counterparts while recognizing that the thematic sub-clusters are useful bodies which tend to bridge the gap between humanitarian action and the early stages of development action (building frameworks for national responses to protection issues).

Annex: Sector specific groups and development partners

Partners:

Ministry of Justice, Ministry of Public Health, Ministry of Women's Affairs, Ministry of Labour, Social Affairs, Martyrs and Disabled, Ministry of Education, Ministry of Refugees and Repatriation, CPAN, UNDP JHRA Project, UNDP Rule of Law, ANDMA, National IDP Policy WG and provincial action plan drafting committees, HRTs, OCTs.

Handover of medium to longer term issues:

SGBV issues will be addressed by the Ministry of Justice, the Ministry of Women's Affairs and the Ministry of Public Health in cooperation. The High Level GBV Reference Group chaired by MoWA, which is being established, is considered to be the potentially primary structure to address SGBV issues in the long term.

Some Child Protection in Emergencies functions are to be fully transitioned to the CPAN. MoLSAMD as well as the Ministry of Education are addressing other concerns of the CPiE sub-cluster. Capacity building and the setting of minimum standards are under way with the Ministry of the Interior and Ministry of Defence.

Mine Action Coordination is being transferred to MACCA, which is currently supported by UNMAS. The modalities (government entity / independent body / etc.) are being discussed, but the fortified expertise and coordination capacity within MACCA is deemed to be nearly sufficient to undergo a transfer of full responsibilities.

Implementation of the National IDP Policy by MoRR, ANDMA, and all involved line-ministries, as well as international actors, through the creation of provincial bodies which will address the issue of displacement as foreseen under the National IDP Policy. Possibly a dedicated IDP body could also be created.

Emergency coordination functions to be maintained:

- Monitoring and information management on displacement emerging as a result of armed conflict and natural disasters;
- Monitoring of the situation of women, children, disabled and the elderly in emergencies, and flagging of identified protection issues and people's needs;
- Support in coordination of protection service delivery to affected populations;
- Minimum standards setting for GBV/CP in emergencies, and monitoring of compliance and its implementation;
- Identification and clearance of life threatening presence of ERWs after escalations of conflict;
- Guarding of protection principles in the general humanitarian response through mainstreaming, standard setting, and advocacy efforts
- Advocacy towards duty bearers and parties to the conflict;
- Limited capacity-building to relevant entities.

Afghanistan Protection Cluster

Final Recommendations– 2015 Humanitarian Architecture Review

I.   Recommendation

As part of the 2015 Afghanistan Coordination Architecture Review, the Afghanistan Protection Cluster (APC) submits this Final Recommendations Report. In compiling this report, the APC performed a Cluster Review which considered the critical coordination needs or gaps currently being addressed by the APC and analysed the core functions being fulfilled by the APC at national and sub-national levels. The Cluster Review also considered the current context in which the APC functions in Afghanistan.

In addition to the Cluster Review, the APC performed a Capacity Review and reviewed the APC co-leadership arrangements that are currently in place with relevant national bodies. In addition, the Capacity Review considered the presence, structure, effectiveness and resources of the Government of the Islamic Republic of Afghanistan (GIRoA) and other relevant national structures in providing most of the functions of the APC and identified possibilities and constraints for a transition. Finally, the APC Capacity Review outlined several steps that it can take in collaboration with its national counterparts as part of a strategy of transitioning leadership and accountability of the APC core functions.

Finally, the APC performed a Cluster Coordination Performance Monitoring exercise wherein it surveyed APC members on the core functions of the APC. This exercise helps the APC to identify where current coordination structures are performing well and where they are inadequate with a view towards strengthening the existing coordination set-up to ensure improvement.

Having considered the results of the Cluster Review, the Capacity Review, and the Cluster Coordination Performance Monitoring Exercise, taking into account the evolving context in Afghanistan, and recalling the main conclusions of the Core HCT on 17 June 2015, **the Afghanistan Protection Cluster makes a substantiated recommendation that there is a present and continued need for coordination of protection activities on the ground; for strategic guidance and standard setting for protection actors and for the humanitarian response in general; for inputs and support in effectively mainstreaming protection within other Clusters; and for advocacy through the APC and its subsidiary bodies within the context of the cluster framework.[1]**

The following initial recommendations are made:

- *The APC recommends that due to (1) continued and increasing conflict and displacement and (2) the results of the analysis of the current national capacity to fully take over all responsibilities associated with the APC, the current Protection Cluster structure (including regional and thematic sub-clusters) is maintained at least for 2016.*

- *Capacity and dedicated leadership of the APC and its subsidiary bodies – notably the Child Protection in Emergencies sub-cluster, the Gender Based Violence sub-cluster, and the Housing Land and Property Task Force – should be guaranteed in line with the roles and responsibilities*

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[1] In a statement by the Inter-Agency Standing Committee (IASC) Principals on 17 December 2013, titled "The Centrality of Protection in Humanitarian Action", the IASC Principals noted that "the responsibility for placing protection at the centre of international humanitarian action rests with Humanitarian Coordinators, Humanitarian Country Teams, and all Cluster Coordinators. Protection Clusters play a crucial role in supporting humanitarian actors to develop protection strategies, including to mainstream protection throughout all sectors and to coordinate specialized protection services for affected populations." https://interagencystandingcommittee.org/principals/documents-public/centrality-protection-humanitarian-action

outlined in the Transformative Agenda through the allocation of appropriate resources by all involved agencies. This is essential in order to facilitate the fulfilling of core protection and coordination functions by the APC and its subsidiary bodies.

- *Actions to further involve the AIHRC in the protection related information gathering, dissemination, and strategic planning will be undertaken in 2015 and 2016 – both at the national and regional levels. A clear and agreed upon strategy will be developed.*

- *The discussions surrounding coordination of the response to conflict-induced displacement in line with the designated roles and responsibilities as defined in the IASC Transformative Agenda should engage all clusters and agencies (UN and NGOs), as well as relevant government bodies. The proposed way forward would ideally also take into account a final governmental counterpart exercising effective leadership in the coordination of the emergency response to (conflict-induced) internal displacement. The designated government lead will receive support from the APC and protection community in Afghanistan in the areas of Protection Mainstreaming and application of protection principles, as well as operational assistance as required by the situation at hand.*

- *The APC and its thematic sub-clusters will further define response actions which relate to acute emergencies and humanitarian situations caused by more protracted displacement, while also developing plans to further capacitate the government in this regard. Additionally, relevant national bodies, especially related line ministries, will continue to be capacitated through the setting of standards and the establishment of mutually agreed upon SOPs.*

- *In order to make the humanitarian coordination response more streamlined across the protection sub-sectors it has been proposed to merge the different GBV/CPiE and possibly overall APC meetings in the regions into one meeting addressing protection issues. The relevant lead agencies or designated organisations acting as regional chairs will continue to fulfill their functions as needed by its designated lead role within the protection sub-sector.*

II. *Justification for the Recommendation*

A. Current Context

The situation in Afghanistan can be characterised as a large scale complex and protracted emergency due to regular man-made or natural disasters throughout the country, aggravated by underdevelopment in large parts of the country. Instability and open conflict has been on the rise and the impact on the civilian population and on displacement trends are becoming more severe by the day. Humanitarian actors respond to humanitarian needs on their own and in coordination with the IDP Task Forces, the OCTs, HRTs, and the ICCT/Cluster structure. Regularly, the response occurs in conjunction with or in support of GIRoA bodies (Department of Refugees and Repatriation (DoRR); Afghan National Disaster Management Agency (ANDMA); relevant line ministries; etc.).

Basic principles of protection of civilians are regularly violated by parties to the conflict. Cases in point are rising levels of civilian casualties and continuous instances of conflict-induced displacement, as well as structural violations of basic rights experienced by vulnerable groups. UNAMA Human Rights (UNAMA-HR) recorded 8,615 civilian casualties in 2013 and 10,548 civilian casualties in 2014. IDP Task Forces recorded conflict-induced displacement has shown a steadily rising trend over the past years, increasing from ca. 105,000 individuals recorded to be displaced in 2012 to ca. 185,000 recorded individuals displaced in 2014, the year with the most displacement

recorded so far. However, in the first half of 2015 already ca. 103,000 individuals have been recorded as having been displaced due to the conflict in the current year, this is an increase of 43% compared to the same period in 2014.[2] The APC Strategic Response Plan (SRP) initially projected 140,000 newly displaced persons to be assessed in 2015 by the IDP TFs, this figure will almost certainly be higher in reality. Recently developed population forecast and contingency planning by the IDP TFs in the regions projects over 48,500 families/ 340,000 individuals possibly displaced by conflict throughout 2015.[3] Explosive Remnants of War (ERW) continue to cause civilian casualties, especially amongst children. An increase in armed engagements results in more ERW-contaminated areas, and more risks for – and impact on – the civilian population. For instance, groups in the civilian population suffer from psychological problems related to negative coping strategies or stress caused by the conflict and / or displacement.

Afghan citizens, especially groups with specific vulnerabilities and needs (*inter alia* women and girls, children, discriminated minorities, disabled, elderly, chronically poor and vulnerable[4]), also face protection violations not directly related to or caused by the conflict. The number of reported cases of violence against women is enormous.[5] Research into children falling victim to sexual violence also suggest a large prevalence of these incidents.[6] Early marriage is a common phenomenon and a large percentage of children are working one way or another which negatively impacts their safety and development including school attendance.[7] Anecdotal evidence suggests that the incidence of protection violations such as these increase in situations of protracted displacement.

The rights of Afghan civilians are being violated by all parties to the conflict which also implies that, in line with the humanitarian approach of neutral and impartial assistance, the coordination of protection activities by a government body should be carefully approached. Humanitarian assistance should be provided on a needs basis exclusively; political, military, or strategic considerations cannot determine where and to whom assistance is provided.

The APC SRP 2015 identified ca. 1.4 million persons to be targeted for protection activities (with the majority of these – ca 1.2 million – being targeted for MRE activities), with the understanding that the scale of needs and number of people at risk is likely much higher. Ca. 60,000 beneficiaries are targeted by APC members for protection-specific services the state institutions are unable to provide

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[2] UNHCR conflict-induced displacement data, June 2015.

[3] IDP TFs/UNHCR, Note on recent developments on conflict-induced displacement in Afghanistan, 16 July 2015.

[4] Afghanistan Protection Cluster Strategy, August 2013.

[5] In 2014 the AIHRC recorded 2026 cases of violence against women (incidences range from verbal and psychological violence to physical violence, sexual violence and killings amongst which honor killings). See: http://www.aihrc.org.af/home/daily_report/4172. One study suggests that 87% of women experience at least one form of physical, sexual or psychological violence or forced marriage in their lifetime. See: Global Rights Report, Living with Violence: A National Report on Domestic Abuse in Afghanistan (2008) http://www.globalrights.org/Library/Women's%20rights/Living%20with%20Violence%20Afghan.pdf. Reportedly, violence against women increases in situations of protracted displacement. See NRC and Samuel Hall, Challenges of IDP protection in Afghanistan (2012) http://www.nrc.no/arch/_img/9154086.pdf and NRC and TLO, Listening to women and girls displaced to urban Afghanistan (2015) http://www.nrc.no/arch/_img/9194461.pdf.

[6] For instance, the MoI reportedly recorded ca. 100 cases of sexual violence against children in Kabul province in 2012. See: AIHRC, Children's Situation Summary Report (2013) http://www.aihrc.org.af/home/research_report/2115. For details regarding the practice of Bacha Bazi (dancing boys), please see: AIHRC, Causes and Consequences of Bacha Bazi in Afghanistan (2014) http://www.aihrc.org.af/home/research_report/3324.

[7] Reportedly 46% of Afghan girls get married before they are 18 years old and 15% get married before they are 16 years old. 51,8% of children are reported to be involved in labour, 45% of them are forced to work due to chronic poverty. See: AIHRC, Children's Situation Summary Report (2013) http://www.aihrc.org.af/home/research_report/2115.

(CPiE/GBV/HLP), helping the affected populations attain a dignified existence in accordance with their human rights. The mine action sector is engaged in coordination (301 hazards planned for 2015), mine clearance (21 sq km in total), victim assistance, and mine risk education. In addition to coordinating protection-specific activities, the APC and its subsidiary bodies also engage in intra- and inter-cluster consultative processes regarding standard setting, strategic planning, and protection mainstreaming, as well as monitoring of protection violations and advocacy.[8]

The APC has ca. 50 active member organisations engaged in various protection activities in the sub-sectors of the APC throughout the country. Protection service delivery mainly takes place in and around the urban centers or in locations where IDPs are present. Profiling of recent conflict-induced IDPs by the IDP TFs takes place throughout the country, but can be constrained by humanitarian access limitations.

B. Results of the Cluster Review

1. Critical coordination needs and gaps and the national and regional APC

The results of the Cluster Review indicate that the overall structure of the APC is currently covering most of the coordination needs and gaps that exist in regards to humanitarian protection in Afghanistan, this statement is caveated with the remark that with more resources accorded to the thematic sub-clusters, at national and regional levels, and with a better delineation and definition of protection responsibilities in emergencies and humanitarian situations (especially in regard to the alignment of the coordination structure to the TA) the APC could be more effective in its response to protection violations. Capacity building remains a strong need.

The APC and its subsidiary bodies at the national level mainly engage in strategic coordination which entails drafting of a SRP including a vulnerability analysis and planned resource allocation, briefings for donors and the HCT, establishing and agreeing on minimum standards or SOPs for sector specific humanitarian action (minimum standards in Child Protection contextualized for Afghanistan; minimum standards in GBV response for health care workers), contributions to emergency preparedness documents (Risk Register), and the mainstreaming of protection principles in humanitarian activities (Protection Mainstreaming trainings and tip sheets; GBV tip sheets). Cluster members report to the national cluster on coverage of activities, budget (allocation), and progress towards targets. The national APC provides information management capacity by compiling and mapping this information (on behalf of regional and thematic sub-clusters). The subsidiary and affiliated bodies or sub-clusters (GBV, HLP, CPiE, MA, IDP TFs) meet monthly at the national level to discuss sector specific issues. The coordinators or representatives of these subsidiary and affiliated bodies brief the national APC on emerging issues and progress during the monthly APC meeting. Working as a multi-sector entity, particularly in the field, the IDP Task Force briefs the APC (as well as the ICCT and HCT) periodically on developments related to conflict-induced displacement. The chairs of the sub-clusters and the IDP Task Force, with the addition of a number of other engaged parties meet in the Strategic Advisory Group (SAG) where strategic decision-making discussions are held.

Monthly APC meetings at the regional level, in certain regions co-chaired by the Afghanistan Independent Human Rights Commission (AIHRC), engage in operational information exchange and agree upon geographical and thematic areas where protection interventions are needed. In all regions UNAMA-HR updates the organisations on the state of the conflict and the impact on civilians. Impact of the conflict on the activities of humanitarian agencies is also discussed and where necessary relayed to the national level. Thematic sub-clusters update the regional APC meetings on issues and requests relevant to the sub-sector, and when needed operational coordination takes place. The linkages and messaging between the regional APCs and the national level could be further

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[8] APC HRP 2015 SRP Log Frame (November 2014).

strengthened, also by delineating roles and responsibilities in terms of communication flows between the different regional actors and by defining SOPs for regional APC members in response to emergencies.

Coordination of initial assessments of - and assistance delivery to - newly conflict-displaced groups currently takes place in regional IDP TF meetings led by UNHCR and the DoRR. In practice in the regions the attendance of the IDP TF and APC meetings is similar. Sometimes the coordinator of both meetings is the same UNHCR protection officer, and where this is not the case the UNHCR protection officer attends the IDP TF meetings. Hence, the two meetings complement each other by carrying over of emerging protection issues from multi-sectoral IDP assessments discussed in the regional IDP TF meeting into the regional APC meeting. On occasion the meetings are held back-to-back, with the DoRR representative only attending the regional IDP TF meeting so that discussions in the regional APC meeting can be outspoken. It should be noted that the activities of the IDP TFs currently transcend the designated role of a Protection Cluster as defined in the Transformative Agenda.

2. APC fulfilling its primary functions in line with the cluster core functions

The APC has a comprehensive strategy for Afghanistan (developed in 2012 and revised in 2013) which outlines its focus and priority activities. The strategy comprises and further develops and contextualizes the six core functions of a cluster as defined by the Inter-Agency Standing Committee.

Yearly, through the inter-cluster Humanitarian Response Plan (HRP) development process, the APC develops a SRP based on an inventory of the protection needs in Afghanistan in the form of the HCT-endorsed Humanitarian Needs Overview (HNO). The SRP is an operational plan which defines concrete deliverable activities for the APC members and Coordination Team for the upcoming year. It also defines a requested budget for the activities incorporated in the plan. The deliverables and targets as defined in the APC SRPs have largely been in line with the core cluster functions set forth below:

a. Support service delivery

As a common coordination tool for all clusters, the APC maintains a quarterly 4W Reporting Tool (Who, What, Where, When) which maps the amount of cluster members and type of activities throughout the country, thereby allowing for identification of duplications and gaps at a district level. The information gathered is useful at a strategic level. Combined with ad-hoc or assessment gathered information on needs the 4W is a powerful coordination tool.

In the past the APC has developed vulnerability criteria for winterization assistance. It has been recognized that there is a need for the countrywide harmonization of vulnerability criteria for emergency assistance, this will support the targeting process of assistance activities in all sectors.

b. Inform HC/HCT strategic decision making

Strategic decision making by the HC/HCT is supported by the APC through the consultative process of establishing the yearly HRP. The humanitarian community in Afghanistan relies heavily on conflict-induced displacement data and related protection information gathered by the IDP TFs and presented by UNHCR to the HCT and the wider humanitarian community. When relevant, IDP TF members relay information on protection issues to the regional APC meetings where, if needed, feasible follow-up actions will be taken. This could include the referring of issues to the national level where the APC coordinator is in a position to inform the HC and HCT.

Furthermore, the APC informs the HC, HCT and the international community on the protection situation in Afghanistan through briefs regarding the mandate renewal discussions for UNAMA and ISAF/RSM which are sent to the UN Security Council Group of Experts (SCGE) on Afghanistan.

c. Plan and develop strategy

The APC collects and analyses information from its members and publicly available sources to create several key documents – in the context of the inter-cluster/sectoral HRP development process – that inform and guide the strategic response planning of the APC, its members, and the broader humanitarian community. For example, the HNO, which uses agreed upon indicators to rank provinces on a vulnerability scale of one to five and also details protection issues in a narrative format, is established each year. Further, the SRP, which is established through a consultative process with thematic APC sub-clusters and regional APCs, details objectives and priority activities addressing the needs highlighted in the HNO. A third document, the Humanitarian Response Monitoring Framework (HRMF), which comprises protection specific output and outcome indicators, is used to monitor the progress towards the SRP objectives. All three documents are adopted by the HCT and form the agreed-upon humanitarian strategy for Afghanistan. In turn the HRP informs the global humanitarian community - including donors - of the humanitarian and protection needs and priorities in Afghanistan.

d. Monitor and evaluate performance

To monitor and evaluate performance the APC uses the abovementioned 4W Reporting Tool which tracks activities and geographical presence, as well as project budgets and numbers of beneficiaries. APC member organisations report on their activities which are then linked to the overall HRP and APC strategic objectives. Progress is measured via output indicators mainly. When progress towards set objectives appears to be slower according to the reporting on relevant indicators the APC coordinator can and should highlight this to the wider humanitarian community with the aim of – when feasible and justified – increasing the engagement of protection actors and donor funding for activities which relate to the specific indicator.

The APC also monitors and evaluates its own performance, most recently through the Cluster Coordination Performance Monitoring exercise which surveyed cluster members on the APC's functionality, effectiveness, and performance across its core functions.

e. Build capacity in preparedness and contingency planning

The APC contributes to building capacity in preparedness and contingency planning through providing a number of conflict related indicators to the Risk Register (RR). The RR is designed to eventually form a countrywide multi-sectoral contingency plan under the auspices of the Emergency Preparedness Sub-Working Group (EPSWG) which reports directly to the HCT. Further, the IDP TFs in the field have recently drafted a conflict-induced displacement contingency plan which projects displacement trends and covers multiple sectors.

f. Advocacy

The APC engages in advocacy through its Protection of Civilians Working Group, which is *inter alia* responsible for drafting and updating reports on protection issues on behalf of the HC, which are sent to the UN SCGE on Afghanistan and inform debates in the UN Security Council. The APC also conducts bilateral and public advocacy on behalf of affected populations regarding a wide range of issues. An example of successful bilateral advocacy within the Mine Action sector is the 2014 commitment of NATO Troop Contributing Countries to contribute to the clearance of UXOs on their former firing ranges. APC member organisations regularly publicise reports which highlight protection violations and risks in Afghanistan. Further advocacy initiatives include, for instance, the highlighting of a certain issue to donors which could be interested in funding projects addressing the protection concern.

C. Results of the Cluster Coordination Performance Monitoring Exercise

The results of the Cluster Coordination Performance Monitoring (CCPM) exercise show that the APC received favorable scores of "Good" and "Satisfactory" under associated tasks within the core functions of "Supporting service delivery" and "Advocacy", while it received less favorable scores of "Unsatisfactory" under some tasks associated within the core functions of "Planning and strategy development" and "Accountability to affected populations". For the other three core functions, "Informing strategic decision-making of the HC/HC for the humanitarian response", "Monitoring and reporting", and "Contingency planning/preparedness for recurrent disasters", the APC received generally "Satisfactory" scores. APC members indicated that approximately 70% of the tasks performed by the APC within the core functions were "Good" to "Satisfactory", and the APC recognizes the need to continue to improve in these areas to provide even more effective services to its members.

D. Results of the Capacity Review

The results of the APC Capacity Review indicate that, under the current circumstances in Afghanistan, it is premature to transition any of the APC's functions to national parties completely.

1. AIHRC – Standard setting, developing strategy, monitoring and advocacy

The APC Capacity Review identified the AIHRC as the only appropriate national entity in the long run to take over several of the protection functions of the APC (which include *inter alia* strategic planning, identification and of protection issues impacting on humanitarian operations, standard setting, and monitoring and advocacy as a "protection watchdog"). However, the APC notes that at the present moment, the AIHRC is not capable of involvement in protection activities within the boundaries noted above without outside support, both in terms of resources and institutional capacity. It should be noted that a strong civil society also will advocate for the addressing of protection issues in Afghanistan.

While abolishment of the APC and transition is not recommended in the near future, the APC believes that with enhanced involvement of the AIHRC in the APC's protection coordination work and with sufficient support towards the increasing of AIHRC's capacity, the Commission will grow to a stronger organization with the ability to perform some of the functions of the APC. Capacity-building would include: (1) familiarization of AIHRC staff with the ToRs of the APC, what the APC does, and how the APC operates within the broader humanitarian landscape – especially in regards to strategic planning, prioritization, and protection monitoring and advocacy towards the international community and GIRoA; (2) inviting the AIHRC to become a member of the APC SAG; and (3) APC and AIHRC joint collaboration in trainings and workshops for the humanitarian aid community, wherein the AIHRC will facilitate sessions on human rights in Afghanistan and the APC will train participants on protection principles related to humanitarian assistance and implementation. All of the above would lay a foundation to have the AIHRC assume the role of co-chair for the APC at national level, with the AIHRC attending ICCT and expanded HCT meetings as an important step towards the eventual goal of substantive and substantial participation in strategic discussions on protection and prioritization in Afghanistan after the deactivation of the APC.

2. MoRR / dedicated national body – Assessment of and operational response to conflict-induced internal displacement and caretaker of durable solutions to displacement

The IDP Task Forces are led by the MoRR and its regional DoRRs, assisted by UNHCR. In transitioning the coordination responsibilities in regards to conflict induced internal displacement, over and above the protection sector, and including contingency planning and overall humanitarian standard setting the MoRR would be a logical counterpart due to its mandated role related to dealing with

displacement. However, the capacity of the MoRR is currently not sufficient to take on full coordination of assessments of internally displaced caseloads and the coordination of the ensuing humanitarian response, let aside ensuring a proper protection mainstreaming in the emergency response. Additionally, a number of national bodies are positioned to deal with internal displacement and the GIRoA would benefit from a clear plan detailing responsibilities, standards, and reporting lines in response to internal displacement. The IDP Policy which is currently being piloted in three provinces should contribute to this process (possibly through a higher profile discussion at national level) but implementation is slow and geographically limited.

As current coordinator of the humanitarian response to conflict-induced displacement through the role of chair of the IDP TFs UNHCR has drafted its own agency inputs to the Humanitarian Architecture Review process. The vision is centered on a proper application of the Transformative Agenda / cluster approach roles and structures to the current situation in Afghanistan, also to streamline the response to internal displacement, to reaffirm the role of the clusters and of OCHA as facilitator of inter-cluster coordination processes. This current initiative to bring the coordination of the humanitarian response to conflict-induced internal displacement in line with the Transformative Agenda will offer a chance to revisit the operational coordination structure(s) at provincial/regional level; re-emphasize the role of the clusters and their functions; possibly facilitate a more robust intervention of protection actors in the various phases of the humanitarian response to conflict-induced displacement; and look at possible national structures best suited to lead (or continue leading) the response to conflict-induced internal displacement. In the intermediate term this process facilitates the transitioning to national structures by creating the opportunity for a redefinement of involvement of national actors, bodies, and structures.

3. Relevant line-minstries – Operational response to protection violations and adherence to protection principles

The thematic sub-clusters have developed working relationships with several line-ministries closely related to their areas of activity. Involvement of ministry officials into the sub-cluster meetings with the goal of standard setting, but also operational response to protection related needs. Capacity building and adoption of collectively agreed upon SOPs is ongoing in this regard, it could be further formalized through the setting of benchmarks and goals. Currently it is deemed necessary to maintain the thematic sub-clusters as established coordination bodies due to the experience of these groups with humanitarian activities and coordination structures – understanding and knowledge of which is not always present in the line-ministries.

MACCA is currently engaged in discussions with the GIRoA on how to fully nationalize its operations (be it as an independent government agency, a governmental body related to a ministry, a national NGO, or any other modality deemed the most functional).

The APC will encourage the sub-clusters to engage in planning processes which would define elements of the work which can be transitioned to government counterparts while recognizing that the thematic sub-clusters are useful bodies which tend to bridge the gap between humanitarian action and the early stages of development action (building frameworks for national responses to protection issues).

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW

AFGHANISTAN PROTECTION CLUSTER
INITIAL RECOMMENDATIONS
PRESENTATION TO EXPANDED HCT

June 4, 2015

Process
Consultations with members and key stakeholders

- Key consultations, meetings and interviews held
  - *Strategic Advisory Group*
  - *UNMAS*
  - *APC*
  - *Internal UNHCR*
  - *AIHRC*
- Main groups and agencies which inputted into each paper/consultation
  - *Strategic Advisory Group*
  - *UNMAS*
  - *APC*
  - *Internal UNHCR*
  - *AIHRC*
  - *Sub-clusters*
  - *IDP Task Force*
  - *HLP Task Force*
  - *PoC Working Group*

Protection **Cluster Review**

1. Critical coordination needs or gaps being met by the Protection cluster
   - *Identification of and advocacy on emerging protection issues;*
   - *Establishing and maintaining protection networks and coordination of provision of protection services;*
   - *Setting and promotion of standards;*
   - *Assistance to assessments of conflict IDPs through IDP TFs.*

2. Level and significance of national and sub-national cluster activity
   - *Sub-national cluster level – operational coordination, monitoring and reporting, referral, standard setting, advocacy;*
   - *National level – development of strategy and informing strategic decision-making, standard setting, resource mobilization, mainstreaming of protection principles, advocacy.*

Protection **Cluster Review**

3. Primary functions being fulfilled by the Protection cluster (in line with core functions?)
    - *Supporting protection service delivery across protection sub-sector;*
    - *Informing HC/HCT strategic decision making – development of HRP and SRP through a consultative process; conflict displacement data;*
    - *Planning and developing strategy – development of the SRP and the APC Strategic plan done through a consultative process with the sub-clusters and sub-national clusters;*
    - *Monitoring and Evaluating Performance – input, development, and reporting for the Response Monitoring Framework of the HRP to determine if set objectives are being met;*
    - *Building capacity in preparedness and contingency planning – EPSWG/RR inputs, IDP TF conflict displacement contingency plan (multisectoral), cluster members are part of IDP Policy WG;*
    - *Conducting Advocacy – bilateral and public advocacy on behalf of affected populations within the Mine Action sector.*

4. Comment on distinct humanitarian focus of cluster and levels of cooperation and coordination with development partners as appropriate
    - *Engagement with the conflict and its effect on civilians as well as general violations of human rights;*
    - *Development partners: MoPH, MoWA, MoE, UNDP RoL, UNICEF, UNFPA, UNWOMEN.*

Capacity Review

1. Co-leadership arrangements / participation of relevant national counterparts, the role they fulfill in the Protection cluster and development of annual response plans
    - *No functional national level co-leadership arrangement with transition partner at this time. There is an understanding that AIHRC will possibly fulfill this in the future;*
    - *AIHRC engagement on sub-national and national sub-cluster level (co-chair GBV national and sub-national sub-cluster, PC co-chair arrangement in Herat, active membership in other sub-national protection coordination);*
    - *MACCA for mine action.*

2. Existing Government and other non-cluster mechanisms relevant to coordinating response in your sector, status of presence, structure, effectiveness and resourcing
    Three activity groups:
    - *Human rights monitoring and advocacy => AIHRC;*
    - *Implementation of National IDP Policy => MoRR and regional DoRRs, ANDMA, provincial governance structures;*
    - *Sector specific groups and development partners:*
        - *CPiE => Child Protection Action Network, MoLSAMD*
        - *Mine Action Coordination => MACCA (currently supported by UNMAS)*
        - *SGBV => Ministries of Justice, Public Health, Women's Affairs.*

Capacity Review

3. National capacity to assume leadership and accountability for identified continued requirements and core functions undertaken by the cluster
   - AIHRC: Interested and willing to take on some core functions of APC, but lacks capacity
   - MoRR or another relevant body established through the IDP Policy framework. MoRR has not enough capacity as of yet.

4. Status of Protection cluster deactivation / transition strategy
   Exploratory discussions with AIHRC and outline of steps for eventual transition;
   IDP Policy/WG discussions;
   No transition strategy document drafted.

Cluster Coordination Performance Monitoring (CCPM)

Key results and performance considerations from initial/draft of
Protection Cluster Coordination Performance Report

Results:

- *Highest ratings by cluster partners were in the core functions of Supporting Service Delivery and Advocacy with a combination of "Good" and "Satisfactory" scores for these two functions.*

- *Lowest ratings by cluster partners were in the core functions of Planning and Strategy Development and Accountability to the Affected Population with a combination of "Satisfactory" and "Unsatisfactory" scores for these two functions.*

Way Forward:

- *Consultations with Cluster members;*
- *Increased linkages of regional-national level;*
- *Increased advocacy and support for joint and systematic data gathering informing planning, strategy development, project design and funding allocations.*

Protection Cluster Recommendations

Summary of initial recommendations based on Cluster and Capacity Reviews

1. Taking into account the current context and drawing on assessments made in previous slides make a substantiated recommendation in terms of continued requirements for coordination through the cluster mechanism

   - *Ongoing conflict and occurrence of conflict induced displacement requires informed and coordinated protection engagement;*

   - *Scale of needs and response outweighs government coordination and protection service delivery capacity;*

   - *Lack of protection understanding in some government bodies necessitates involvement of protection actors;*

   - *Initiatives are underway within APC and subsidiary bodies to involve and capacitate government;*

   - *Transition is premature at this moment; cluster functioning can be improved operationally in emergencies.*

Proposed way forward for Protection cluster:

   - *APC and its subsidiary bodies will continue to work towards eventual transition with the AIHRC, MoRR and other relevant entities.*

   - *Transition timeline cannot be defined.*

   - *Drafting of an APC vision for eventual transition in this protracted emergency.*

Thank you.
Any questions?

AFGHANISTAN
WASH Cluster
Water Sanitation Hygiene

WASH Cluster Review

- Draft -

The WASH cluster fulfills several important tasks: (1) offers a national platform to coordinate major disasters, (2) provides technical guidance on WASH services delivery in emergencies (cross-cutting issues, rapid assessment, emergency water supply, sanitation and hygiene promotion), (3) monitors and reports on partners achievements, (4) advocates to allocate funding envelope for urgent and critical needs unmet in under-served provinces and (5) works on capacity building of the government counterparts, among other on contingency planning, monitoring and reporting.

The current context continues to warrant sustained collective coordination across the sector, in particular at national level in case of a major disaster. The cluster also ensures that need of vulnerable population affected by malnutrition and high morbi-mortality rates are taken into consideration in identifying priorities. At sub-national level, the cluster relies on existing coordination and response structures often led by government counterparts with support from UN agencies and NGOs. These provincial mechanisms still need significant strengthening before they can operate autonomously, both in human resources as well as in the areas of contingency planning and coordination.

The high cluster partner response rate (78%) at the recent CCPM exercise conducted by the global WASH cluster in April 2015 indicates that the WASH Cluster in Afghanistan is considered an important coordination platform for cluster partners.

Supporting services delivery and response

The WASH cluster is offering a national platform to facilitate the coordination of the major sudden-onset disasters. A recent example is the role played by the cluster in 2014 to support the Refugee Task Force in Khost/Paktika. At the early stage of the emergency, the WASH Cluster called and chaired several ad-hoc meetings to fill the gaps identified and succeeded in involving 6 new WASH partners in the affected provinces and facilitated transfer of emergency items from centralized warehouses to the provinces, in particular for the initial response in the Gulan refugees' camps.

The cluster also emphasize on the importance to propose an integrated approach including safe water supply, access to sanitation and hygiene promotion when delivering emergency services. This role is particularly important in a country where the rural population has limited access to improved sanitation. To support service delivery, the WASH Cluster is also providing support to partners in mainstreaming cross-cutting issues in responses such as gender and environment.

Informing strategic decision making

The WASH Cluster coordination is attending the relevant humanitarian coordination meetings to provide regular updates and advocate on behalf of the cluster's members. This was particularly

important in 2015 to increase the partners' presence and coverage in under-served areas that could not be supported with emergency services delivery in the past 3 years. Through active lobbying, a specific envelope has been allocated to the cluster partners to improve access to 10 provinces, under-served and affected by high malnutrition and morbidity/mortality rates. The participation of the government partners in this process has regrettably been limited. Increased participation and ownership by government partners in the WASH emergency coordination mechanisms should be address as a priority in the coming years by the cluster, while envisioning the transition from cluster to sector.

Planning and strategy development

To respond to the protracted crisis context, the WASH Cluster also contributed to the Humanitarian Response Plan in identifying priority provinces based on high mortality and malnutrition rates. The process was consultative and led by a technical Working Group open to any member of the cluster, including government counterparts. Unfortunately, participation and involvement of the relevant ministries was poor, although broad invitation was launched during cluster meetings.

Monitoring and reporting

In 2015, the cluster partners must report their activities to the national cluster coordination every three months using a standard quarterly reporting format. This new format facilitates the monitoring and reporting process in comparing partner's achievement against the targets sets in the HRP. It is the only known reporting system in place in the country to report on emergency WASH projects achievements.

Although major WASH cluster's partners are capable to report on their achievements using the standard tools, it is less the case for smaller partners and private sector that play sometimes an important role in delivering emergency services. During the initial stages of the emergency response in Khost and Paktika in 2014, several private sector partners provided emergency services, including provision of unsafe water to the vulnerable population. These activities could not be captured by the cluster in the absence of relays at provincial level. The WASH cluster still has an important role to play to continue the training and the strengthening of the provincial PRRD coordination capacities, not only in term of contingency but also in term of reporting and monitoring, to ensure that a strong network is in place to avoid losses of information between both national and sub-national levels.

Contingency planning/Emergency Preparedness/Capacity building

The cluster recently designed a national Inter-Agency Contingency Plan to fill an important gap (absence of national WASH contingency plan) and better prepare the WASH partners to respond to emergencies. The contingency plan is currently being rolled out at sub-national level through a series of training to build up the capacity of the PRRD and ANDMA. Further efforts are required to strengthen the process and ensure appropriateness of the overall process by the government counterparts.

WASH Cluster Transition to National Humanitarian WASH Coordination
- Draft -

This paper draws on a paper prepared late 2013 exploring option for a gradual transition of the Afghanistan WASH Cluster responsibilities to the Water Sector Group (WSG) managed by the MRRD. These ideas were put on hold for a variety of reasons but the desire for a gradual transition of the cluster role and responsibilities to government remains alive with both the MRRD and the cluster partners. This note explores some options for the transition.

Background:

Afghanistan WASH Cluster was activated in 2008 with UNICEF as the cluster lead at the national level. The cluster currently has 51 member organizations comprising of donors, government line ministries, UN and national and international NGOs of which +/-25 are active participants in 2015. The Cluster has been co-led for most of the time since 2008 by DACAAR, the most active and experienced NGO in the WASH Sector. UNICEF has fulfilled the role of WASH Cluster Coordinator with the exception of 2014 when WHO and the NGO Medair led the WASH Cluster. Currently in 2015, DACAAR, WHO and the MRRD serve as Cluster co-leads.

Existing WASH Sector Coordination

The Water and Sanitation Sector Group (WSG), established in late 90s through joint efforts of UNICEF, WHO, DACAAR and Swedish Committee for Afghanistan initiated WASH coordination in Afghanistan outside the country when most of the UN and NGO offices were located outside the country in Pakistan. In 2003 this forum was brought to Afghanistan and the leadership was transitioned from the UN/NGOs to the MRRD. Today, in 2015 the WSG still meets on a monthly basis at the MRRD.

Many WASH cluster partners attend both the WASH Cluster and WSG meetings. They work on common standards, designs and criteria. At provincial level quarterly regional meetings of the WSG and WASH Cluster are held jointly. Some provinces with higher humanitarian case-loads see WASH partners meet more frequently.

At provincial level under the leadership of the Governors, the Provincial Disaster Management Committees (PDMCs) have been established to coordinate emergency response including WASH. The Afghanistan National Disaster Management Authority (ANDMA) is the secretary for this committee at all levels.

Possible basis for transition – the same in 2015 as it was in 2012

UNICEF strategic programmatic shifts coincide with the transformation and convergence of the clusters exercise initiated by OCHA and humanitarian country team (HCT) in Afghanistan after a review carried out in 2012. The 2012 HCT recommended three options for Humanitarian Architecture Review which are similar to those proposed in 2015:

- Continuation of the cluster as it is with brining more improvements
- Merging of WASH. Nutrition and Health as one Cluster
- Cluster transition to sector

Back in 2012 cluster partners reviewed the different options and after a series of meetings and discussions recommended transition of the cluster to the WASH sector's Water and Sanitation Group (WSG) led by the MRRD.

Why was the transition of the WASH Cluster not completed?

Staff turn-over in the lead cluster agencies, a temporary switch in Cluster Leads and a recommendation from the Regional Emergency Cluster Advisor (RECA) not to rush into a transition without properly strengthening and further developing the humanitarian WASH response capacity of the government, led to the temporary shelving of the WASH cluster transition agenda. In hindsight, continuity in leadership, strong personal commitment and a willingness to change were missing in the international community to initiate and see an actual transition through.

Options for strengthening National Humanitarian WASH Coordination

During the first quarter of 2015, the Provincial Disaster Management Councils (PDMCs) with support from ANDMA, PRRDs, ARCS and NGOs, under the leadership of the Afghan President's Special Advisor on Humanitarian Affairs, provided an adequate WASH response to populations affected by natural disasters. The WASH Cluster monitored the situation through UN-OCHA's sitreps and updates from cluster partners from the field. There has been no need for the Cluster to coordinate a response, direct partners to underserved populations or coordinate the distribution of emergency supplies. Government and Cluster partners together have responded adequately to the humanitarian situation. The scale of the humanitarian crisis thus far has been manageable for government partners, aided by the presence of NGOs particularly in the border provinces which received refugees and returnees during the last quarter of 2014. The adequate response during the first quarter of 2015 bodes well for a transition of WASH Cluster responsibilities to government.

In order for the government to coordinate, prepare and respond appropriately and timely to all emergencies with little or no external support to provide humanitarian WASH services to all affected populations a regional consultation on strengthening humanitarian WASH Coordination in 2013 identified the following outcomes:
- Strengthened national ownership, leadership and investment in humanitarian WASH
- Human resources capacity for national humanitarian WASH coordination, preparedness and response developed and engaged.
- Enhanced national humanitarian WASH information management systems and processes
- National humanitarian WASH knowledge management improved
- National capacity for urban humanitarian WASH coordination, preparedness and response enhanced

Under the leadership of provincial governors and the PDMCs, the PRRDs, UNICEF, ARCS and WASH NGOs have been the main responders for emergency WASH. The PRRDs are best placed to coordinate a WASH response. The PRRDs in most provinces on behalf of UNICEF maintain stocks of emergency WASH supplies. With support of the UNICEF zonal office engineers and key NGOs, the PRRDs will be able to establish the provincial coordination mechanisms, and prepare contingency and response plans.

The WASH information management systems and processes will most likely require additional structures and coordination from the MRRD in Kabul to feed into the National Humanitarian reporting.

WASH Cluster response over the coming 12 months in support of a transition process

Early 2015, the WASH Cluster conducted two contingency planning workshops for PRRD and ANDMA staff for a total of 22 provinces which required the participants to prepare a draft contingency plan for their provinces. The MRRD has already indicated their interest in working with the Cluster on mapping out a transition process for the coming two-three years. Elements of such process for the remainder of 2015, could be:

- Capacity assessment of PRRD humanitarian coordination and response capacity
- Strengthening of the regional and provincial WASH coordination meetings through key Cluster partners and visits of cluster lead and co-leads
- Conduct a third contingency planning workshop for the remaining 12 provinces
- Establish a system for effective distribution of emergency WASH supplies through PRRDs and WASH Cluster partners
- Establishment of a WASH Emergency Coordination position at the MRRD to work in parallel to the WASH Cluster Coordinator

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW

WASH CLUSTER
INITIAL RECOMMENDATIONS

PRESENTATION TO EXPANDED HCT

June 4, 2015

Process

Consultations with members and key stakeholders

- Key consultations, meetings and interviews held

  - *WASH cluster monthly meeting with cluster partners*

- Main groups and agencies which inputted into each paper/consultation

  - *Cluster lead and co-lead have produced this submission.*

  - *Cluster has taken up active dialogue with its members on range of issues including contingency planning and capacity building initiatives and the same are reflected in current submissions as well.*

WASH Cluster Review

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

1. Critical coordination needs or gaps <u>being met</u> by the WASH cluster

- *National platform to coordinate WASH response in major situations*
- *Technical guidance to Cluster Partners (assessments, monitoring, technical, preparedness planning)*
- *Monitoring of HRP achievements*
- *Capacity development of the government partners (contingency planning, monitoring)*

2. Level and significance of national and sub-national cluster activity

- *Good buy-in from national Cluster partners*
- *Sub-national Cluster coordination on ad-hoc basis*
- *Response reliant on government leadership with support from UN agencies and NGOs.*
- *Further development of government response and coordination capacity needed*

3. Primary functions being fulfilled by the WASH cluster (in line with core functions?)

- *Capacity mapping of cluster partners – findings: limited operational capacity among partners!*
- *Preparedness and contingency planning – Plans developed and 22 provinces reached*
- *Efforts underway to increase operational capacity or partners and strengthen service delivery*

WASH Cluster Review (continued…)

Highlights from Cluster Position Paper 1: Primary functions and continued requirements in protracted crisis context

4. Comment on distinct humanitarian focus of cluster and levels of cooperation and coordination with development partners as appropriate

   - *Focus: National emergency response capacity development*

   - *Sector coordination led by MRRD through Water and Sanitation Sector Group (WSG)*

   - *Overlap in membership of Cluster and WSG*

   - *Transition of Cluster responsibilities to WSH discussed in 2013*

   - *At provincial level quarterly regional meetings of the WSG and WASH Cluster are held jointly.*

   - *Some provinces with higher humanitarian case-loads see WASH partners meet more frequently.*

Capacity Review

1. Co-leadership arrangements / participation of relevant national counterparts, the role they fulfill in the WASH cluster and development of annual response plans

    - *MRRD actively participates in WASH cluster meetings*

    - *MRRD indicated their continued interest in a transition*

    - *Early 2015, PRRD and ANDMA staff of 22 provinces trained in contingency planning*

2. Existing Government and other non-cluster mechanisms relevant to coordinating response in your sector, status of presence, structure, effectiveness and resourcing

    - *The Water and Sanitation Sector Group (WSG) led by MRRD*

Capacity Review
Highlights from Cluster Position Paper 2: Analysis of National Coordination Capacity

3. National capacity to assume leadership and accountability for identified continued requirements and core functions undertaken by the cluster. Status of WASH cluster deactivation / transition strategy

    - *MRRD is a strong ministry and expressed an interest in the transition of the cluster responsibilities over a period of at least two years*

4. Why was the transition not continued in 2013?

    - *No continuity in leadership*

    - *Doubts about sub-national coordination and response capacity*

Cluster Coordination Performance Monitoring (CCPM)

Initial summary of cluster performance and capacity

1. Summarize key results and performance considerations from initial/draft WASH Coordination Performance Report

   - *19 partners responded from a total of 25 partners*

   - *The high cluster partner response rate (78%) indicates that the WASH Cluster in Afghanistan is considered an important coordination platform for cluster partners.*

1. Supporting service delivery	Good
2. Informing strategic decision-making of the HC/HCT for the humanitarian response	Satisfactory
3. Planning and strategy development	Satisfactory
4. Advocacy	Unsatisfactory
5. Monitoring and reporting	Satisfactory
6. Contingency planning/preparedness	Satisfactory
7. Accountability to affected population	Satisfactory

WASH Cluster Recommendations

Summary of initial recommendations based on Cluster and Capacity Reviews

Elements of transition process for the remainder of 2015:

- *Capacity assessment of PRRD humanitarian coordination and response capacity*

- *Strengthening of the regional and provincial WASH coordination meetings through key Cluster partners and visits of cluster lead and co-leads*

- *Conduct a third contingency planning workshop for the remaining 12 provinces*

- *Establish a system for effective distribution of emergency WASH supplies through PRRDs and WASH Cluster partners*

- *Establishment of a WASH Emergency Coordination position at the MRRD to work in parallel to the WASH Cluster Coordinator*

Thank you.
Any questions?

Humanitarian Architecture Review 2015
UNHCR Coordination – Refugee Response

i)   Map out the coordination requirements that you are fulfilling;
ii)   Articulate how these coordination mechanisms interface with broader humanitarian coordination structures;
iii)   Identify challenges and opportunities / recommendations for streamlining or strengthening current coordination models;
iv)   Detail Government involvement and capacity to assume coordination functions.

UNHCR Refugee Response Coordination Overview
Context: In mid-June 2014, following military operations in North Waziristan Agency, families began crossing from Pakistan into Khost and Paktika provinces, Afghanistan. Many families left suddenly, with few belongings and settled in host communities, or a self-settled camp. Within the first 10 days, an estimated 10,000 families crossed into Afghanistan, while the self-settled camp, Gulan was found to be mined. As a result, food, water, sanitation, shelter, health and mine clearance were identified as urgent priorities for this population. UNHCR immediately deployed staff to Khost to establish the response effort and together with partners have been on the ground since 19 June 2014 conducting assessments, delivering assistance and coordinating response efforts.

Coordination & Service Delivery: At the initial stages of an emergency, it is critical to have a clear and effective coordination mechanism to ensure that assessments are conducted in a consistent manner, assistance is delivered effectively while reducing the risk of duplication, and that gaps can be clearly identified. UNHCR, as the mandated UN agency for refugee response set-up the Khost and Paktika Task Force in Kabul to facilitate the coordination of the response to the refugee families in Khost and Paktika. Meeting on a weekly basis, the Task Force included humanitarian partners directly involved in responding to the arrivals and with current experience in the region.

The members have expanded to include the following UN agencies: FAO, IOM, OCHA, UNFPA, UNHCR, UNICEF, UNMAS, WFP and WHO, as well as national and international NGOs: Afghan Planning Agency (APA), CARE International, the Danish Committee for Aid to Afghan Refugees (DACAAR), Halo Trust, Health Net International (HNI-TPO), International Medical Corps (IMC), International Rescue Committee (IRC), Johanniter International/ACTD, Norwegian Church Aid (NCA), Norwegian Refugee Council (NRC), the Organization for Research & Community Development (ORCD), Oxfam, Solidarités International and The Liaison Office (TLO), as well as the Afghan Red Crescent Society (ARCS). As the situation has stabilized, the Task Force now meets on a bi-weekly basis.

UNHCR is leading coordination efforts in the field and established a presence as well as a task force in Khost, which is co-chaired by the Governor. In particular, UNHCR helps partners organize their distributions, provides the database of beneficiaries, puts them in contact with authorities and refugees, and advises on location/modalities. This helps improve efficiency for all agencies and mitigates the risk of providing double distributions to the same population. Weekly coordination meetings are held in Khost as well as regular bi-lateral meetings to discuss more specific issues regarding distribution and interventions. In addition, three working groups on health, WASH and education have been set-up in Khost to further

identify gaps, operational issues, and implement solutions to problems that require a more nuanced approach.

In Paktika, where access is more limited, regular coordination meetings, co-chaired by the Governor's office and UNHCR, and national non-governmental organizations on the ground take place and have facilitated the coordination of distribution of assistance to refugee families residing in Bermal and Urgun districts of Paktika. Both of the task forces in Khost and Paktika work closely with the relevant government authorities on the national, provincial and district level.

Strategic Direction: In January/February 2015, agencies operating in the camp, Khost communities and Paktika compiled a draft of priorities, gaps, and funding requirements to help outline the overall strategy and resources required. The overall strategy emphasises support to the hosting communities to ensure that they can continue to provide the same level of support to the refugees and prevent secondary displacement, but at the same time recognizes the importance of providing assistance to Gulan camp, as there are limited resources and options for refugees to find support. The initial response strategy focused on providing immediate and life-saving assistance, however as the situation is prolonged, the strategy is shifting to address medium-term needs such as transitional shelter, livelihoods, education and SGBV measures.

Performance & Monitoring: The Refugee Chapter of the Humanitarian Response Plan outlines the activities to address the ongoing refugee crisis, while a 3Ws has been prepared and strategic issues are regularly discussed and decided at the Task Force meetings, as the situation is constantly evolving. Examples of these decisions include; geographic focus areas, priority interventions, and collective action to address operational issues. Finally, UNHCR with input from participating agencies led the drafting of the contingency plan and the initial resource mobilization strategy. Agencies report to UNHCR weekly on assistance distributed and humanitarian actions, which is reflected the weekly Khost and Paktika Update. Funding received and number of people served is also reported quarterly in the Humanitarian Response Plan report.

Advocacy: UNHCR provides situational awareness updates as requested to the Humanitarian Country Team, Humanitarian Donor Group, the National Security Council (NSC), the Ministry of Refugees & Repatriation (MoRR) and the humanitarian community. Based on the information shared at the three Task Forces, UNHCR advocates to donors on behalf of overall funding for the response, the humanitarian community for assistance as well as governmental authorities on areas such as humanitarian access, protection interventions and hosting arrangements.

Accountability to Affected Populations: UNHCR supported the establishment of a refugee *shura*, a women's group composed of refugee women representatives and the Women's Coordination meeting, which includes women's services providers. This has enabled the refugee response to have a direct line of communication with the refugee population to discuss needs, help identify potential PSN cases, determine methods to increase access to women and get buy-in on key interventions. UNHCR also conducted Focus Group Discussions to better understand the context and needs faced by both host communities and refugees, which have also served as a way to provide feedback on assistance.

As there have been concerns regarding reduced WFP food rations and a lack of available food, these mechanisms have proved to be critical in communicating with the refugees on the reduced ration and have helped come to an agreement on how to distribute food: the refugees decided it was better for every family to receive a smaller ration than for some families to receive the intended ration. At the same time,

these focus groups and refugee groups are helping inform the design of the quick impact projects and livelihoods interventions.

Integration into the broader humanitarian architecture
The refugee response (and returnee response – formerly the multi-sector cluster) was included in the 2015 Humanitarian Response Plan as a separate chapter, effectively harmonising (strategic) coordination modalities within the broader framework of the overall humanitarian response in Afghanistan. As UNHCR is the mandated agency on refugee issues, the activities do not fall under the cluster approach for IDP situations; however, UNHCR coordinates closely with other UN agencies, NGOs, government agencies and the relevant clusters on specific issues. UNHCR takes advantage of existing humanitarian mechanisms when present and through task force meetings, the ICCT and updates, informs the cluster coordinators and takes a pragmatic approach to utilizing expertise of the clusters to understand the context and guide sectoral responses. For example, there has been extensive collaboration with the WASH cluster in assessing WASH needs and appropriate interventions in Khost and Paktika, while the Shelter cluster provided technical support to determine strategies and required materials to adequately winterize tents.

The Refugee Response in Khost and Paktika represented the first time that the Refugee Coordination Model and the *Joint UNHCR – OCHA Note on Mixed Situations* was applied in Afghanistan. The Note delineates that in a refugee-only context UNHCR leads the entire cycle of the response, including interagency contingency planning, operational response, resource mobilization and finding durable solutions. As Afghanistan became a country where both refugees and IDPs are present, some debate arose on how this model is applied in a country that could be characterised as an overall mixed situation at the national level. In Khost and Paktika however, there were few IDPs and there is hardly any mixing of IDPs and refugees on the ground. The discussions delayed resource mobilization efforts and created some uncertainty in the initial phases of the coordination of the response effort. It also raised questions within the broader humanitarian context of which agency should lead response efforts when there are limited humanitarian partners, limited operational capacity of key UN agencies and no cluster presence in the relevant geographical areas.

As the situation progressed it became clear that this was a mostly refugee situation (with undocumented returnees currently being addressed by IOM). Accordingly, the humanitarian community agreed that the cross-border influxes to Khost and Paktika must be addressed as a refugee situation. However, the application of the coordination model also transformed in respect to resource mobilization with the Humanitarian Coordinator providing support later into the emergency through the specific allocation of pooled funds for the refugee response and by overseeing the CERF and CHF grant applications for agencies responding to the refugee situation. UNHCR continues to provide the situational analysis, the common vision and strategy as well as the coordination and monitoring of the operational response.

Recommendations
- In regards to a mixed emergency response, it is recommended that the type of situation, lead agency and coordination model be established early on in an emergency in order to ensure a timely and streamlined response, particularly for resource mobilization.
- In addition, how the emergency fits into the current humanitarian framework in regards to reporting, the HRP and strategic planning needs to be clarified at the initial stages, while taking into account agencies' capacity to respond. Although changes can be made to the initial structure as an

- emergency situation evolves, early delineation of roles and responsibilities is needed to ensure effective coordination and timely delivery of assistance.
- In cases when the clusters are not present or physically active, they can assist the response by providing technical support and advice to ensure interventions and assistance are in line with global standards.
- Allocation of funding through pooled mechanisms for the refugee response should have clear and separate allocations in order for the lead agency to maintain its monitoring and oversight capacity.

Government engagement

The Governor of Khost has also set up eleven committees in districts affected by the refugee influx. These committees are headed by various heads of departments and are aimed at helping with registration, coordination of humanitarian organisations and the facilitation of distribution of humanitarian assistance. These 11 committees report to a central secretariat at the provincial level. This secretariat is responsible for ensuring coherence, setting priorities and monitoring performance to mitigate corruption and enhance transparency and receives direct support from UNHCR. The secretariat reports directly to the Governor of Khost.

There are a limited number of humanitarian actors in Khost who were able to cover the most essential needs during the emergency phase. The number of actors is slowly increasing and GoIRA, in collaboration with UNHCR, is coordinating the assistance and repartition of coverage by sectors. Assistance in the areas of WASH, health, shelter and food security is being dealt with by the partners already on the ground, while the Cluster Coordinators are kept informed in Kabul, in order to utilize existing expertise and resources available in-country. UNHCR remains responsible for all protection issues, in coordination with relevant partners.

In Paktika, assistance and support is coordinated by the Governor's office – in cooperation with UNHCR – from Bermal district centre. Remote support to the provincial and district governing authorities is provided. Regular coordination meetings co-chaired by the Governor's office and UNHCR, and national non-governmental organizations on the ground take place and have facilitated the coordination of distribution of assistance to refugee families residing in Bermal and Urgun districts of Paktika. Coordination and liaison between the Governor's office, UNHCR and national and international organizations also takes place at the Kabul level.

At the national level, issues with regard to the displacement were originally dealt with under the National Security Council; the refugee response will now move to under the purview of MoRR and will be included in MoRR's Five Year Strategy. Under the leadership of the NSC and chaired by the Deputy National Security Advisor, a task force monitors ongoing humanitarian activities in Khost and Paktika and provides support to the provincial committees. Members of this task force include representatives from key ministries and the Afghan Red Crescent Society. UNHCR, as the mandated UN agency for refugee responses, is represented at the NSC Taskforce meetings. The purpose of the taskforce is to provide regular reports to the President and the National Security Advisor via the task force Chair.

The Government is developing a policy on refugees while the Cabinet is currently considering a draft refugee law, which would assist the Government in bringing policies and laws in line with its international obligations under the 1951 Convention relating to the Status of Refugees.

Next Steps

UNHCR is strengthening cross-border coordination with UNHCR Pakistan regarding protection, assistance and solutions, including assessments, needs and verification of registration figures in the light of cross-border population movements. UNHCR envisages that some refugees will wish to repatriate and will thus coordinate with the two Governments of Afghanistan and Pakistan to ensure voluntary repatriation in safety and dignity. Future voluntary repatriation movements will be coordinated with NWA IDP returns within Pakistan. For those refugees who do not return, UNHCR plans to reorient the focus towards community-based approaches, in order to promote sustainable local integration and reduce long-term dependence on humanitarian aid.

AFGHANISTAN COORDINATION ARCHITECTURE REVIEW
UNHCR Coordination – Refugee Response
INITIAL RECOMMENDATIONS
PRESENTATION TO EXPANDED HCT

June 4, 2015

Refugee Coordination Review

Highlights from UNHCR Position Paper 1: Primary functions in an emergency response

1. Critical coordination needs or gaps being met by UNHCR

   - *Effective response to unexpected refugee influx*

   - *Assessments*

   - *Delivery of humanitarian assistance*

   - *Identification of gaps*

2. Mechanisms

   - *Khost & Paktika Task Force – Kabul Level*

   - *Khost Task Force*

   - *Paktika Coordination Meetings*

   - *Government Partnership*

3. Accountability to Affected Populations

   - *Gulan Camp Management Committee (includes refugee leaders) & Refugee Shura*

   - *Women's Coordination meeting and Women's Committee*

   - *Focus Group Discussions (host community & refugee)*

Capacity Review
Highlights on Government Engagement

1. Co-leadership arrangements / participation of relevant national counterparts

   - *National Security Council & MoRR leading political discussions at Kabul level*

   - *Full engagement by Khost Governor/Deputy Governor, District Commissioners and line ministries in Khost*

   - *Paktika Governor sporadically engaged*

2. Existing government, non-cluster mechanisms & national capacity

   - *MoRR/DoRR – largely disengaged*

   - *Size and scope of refugee population would tax available government resources*

   - *Political transition/uncertainty*

   - *No refugee/asylum law exists*

   - *Challenges posed by lack of resources for refugees*

3. Status of Refugee Response transition strategy

   - *Government to assume increasingly central role in matters involving refugees following passage of Refugee law*

   - *Difficulties in transferring registration responsibilities to government*

Performance & Monitoring

1. Refugee/Returnee Chapter

2. Funding Mechanisms

3. Coordination with UNHCR

4. Evolution of the response

   - *Adjustment of expectations and needs*

   - *Increased access & more agencies*

   - *Dispersed population*

Overall Humanitarian Structure

1. First time that the Refugee Coordination Model and the Joint UNHCR – OCHA Note on Mixed Situations was applied in Afghanistan

   - *Resource Mobilization*

   - *Lead agency & Coordination structure*

2. Evolution of the model

   - *CERF & CHF funding mechanisms*

   - *Coordination with Clusters*

Refugee Coordination Recommendations

Summary of initial recommendations based on Lessons Learnt

1. Refugee Coordination Model and the Joint UNHCR – OCHA Note on Mixed Situations

   - *Lead agency and coordination model should be established early on*

   - *Initial delineation of how the emergency fits into the Humanitarian framework*

   - *When clusters or agencies aren't present or physically active, they can provide technical support and ensure assurance with global standards*

   - *Allocation of pooled funding should also have separate allocations for the emergency*

Proposed way forward for Khost & Paktika Refugee Coordination: Support, Collaboration, Advocacy

Thank you.
Any questions?

COORDINATION **ARCHITECTURE REVIEW**

Summary Matrix of Cluster Regional Capacity Self-Assessment

BACKGROUND

To date the Coordination Architecture Review process has identified the need for a structure of sub-national cluster focal points to represent the sector expertise in the HRTs and OCTs, lead on planning and coordination of sector specific needs assessments, provide technical guidance to local implementing partners, ensure cluster standards and principles are systematically implemented and ensure timely communication of needs and response gaps between sub-national actors and the Cluster Coordinators.

Currently, Cluster coordination is sporadic at sub-national level. The majority of clusters lack dedicated regional cluster focal point capacity. As a first step to enhancing the structure the HC requested the clusters to undertake a self-assessment of current regional capacity and functionality.

	ES & NFI		FSAC		Health		Nutrition		Protection		WASH	
	Regional Functionality	Priority Regions for Coordination	Regional Functionality	Priority Regions for Coordination	Regional Functionality	Priority Regions for Coordination	Regional Functionality	Priority Regions for Coordination	Regional Functionality	Priority Regions for Coordination	Regional Functionality	Priority Regions for Coordination
Central	National		LOW		LOW		National		MEDIUM	x	N/A	
North	HIGH	x	MEDIUM	x	LOW	Mazar	MEDIUM		HIGH	x	NO RATING	x
North East	HIGH	x	HIGH		N/A	Kunduz	N/A	x	LOW	x	NO RATING	x
West	LOW	x	MEDIUM	x	MEDIUM		MEDIUM		HIGH	x	NO RATING	x
South	N/A	x	LOW	x	MEDIUM		MEDIUM	x	LOW	x	N/A	
South East	N/A		N/A		N/A	Gardez	HIGH	x	LOW	x	N/A	
East	HIGH	x	HIGH	x	HIGH		MEDIUM	x	HIGH	x	NO RATING	x

STRENGTHS

ES & NFI	FSAC	Health	Nutrition	Protection	WASH
	4 staff members -National programme officer supports sub national structures, more than 50% time in the field to support FSAC FPs. June 2014 FSAC identified and trained regional FPs to facilitate coordination in the regions. Government counterparts are active cluster members in the regions. FPs provide monthly info. on FSAC situation for vulnerable groups & details of response.	Training for Emergency preparedness and response provincial committees-conducted in all 34 provinces.	CC visit at least 1 region once a month. All regions have quarterly meetings in the zones and all government provincial nutrition officers for the region attend. Financial support for travel, DSA venue etc are provided by UNICEF.	Herat, Jalalabad and Mazar strong with monthly meetings and regional thematic sub-clusters that report to the regional cluster. Strong linkages exist between the IDP Task Forces and the regional protection clusters. CHF funding has strengthened the cluster system, resulting in increased engagement.	Sub-national coordination has been no problem. Regional CCs all experienced long-term double hatting UNICEF staff; Coordination always done with co-lead DACAAR first responder in most humanitarian situations with a longstanding and excellent track record.

CHALLENGES

ES & NFI	FSAC	Health	Nutrition	Protection	WASH
High rotation of CCs; CC had just 3 field missions; competing coordination structures (IDP TF); no trainings delivered to FPs; insufficient cluster capacity to provide trainings & meet IM duties; FPs double hatting - cluster duties secondary, not able to take neutral role.	In some organization there is no focal person in to regularly participate in the cluster meeting. Participants are not well prepared to share their Programme updates, assessment and case studies.	In area where WHO focal points exist – then the cluster functionality is higher than other areas such as Jalalabad, Kandahar and Herat also these regions/provinces has higher capacity MoPH and NGOs in addition to UN presence.	Activity of NGO co-chairs is minimal - coordination rests with the double hatting FP All regions weak in needs assessment and gap analysis. High staff turnover - need for training in coordination, TA, cluster role and responsibilities Need to strengthen PNO role.	No CC training conducted. Capacity building needed in Kandahar, Maimana, Kunduz, & Gardez (possibly Herat in 2016) Understanding of cluster-system function, roles and responsibilities Protection issues (except access) rarely addressed in regional meetings. Maimana, Kunduz, & Gardez focus on IDPTF functions, Integration of regional clusters in national structure is ad-hoc.	Have not held specific WASH Cluster trainings or meetings with regional WASH Cluster Representatives.

PLANS / RECOMMENDATIONS

ES & NFI	FSAC	Health	Nutrition	Protection	WASH
Common coordination training should be developed; need to ensure accountability of CLAs to fulfil CC responsibilities.	Planning Q4 FP refresher training Will continue on job training and consultations through extensive field mission support.	Plan to undertake refresher training for all EPR committees in 2015.	Need to invest more time in regional cluster coordination trainings.	Inter-sectoral coordination & cluster system training should be conducted by OCHA. Donors should emphasize expectation of engagement with cluster system.	When national CC recruited priority to strengthen link between regional FPs and provincial gov. on humanitarian coordination and response.

Afghanistan Coordination Architecture Review
ESNFI Cluster Self-Assessment – September 2015

OCHA

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE:	DATE:
Walter Bruzzoni, Snr Cluster Coordinator	

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

Cluster leader made 3 Field missions to support regional clusters. Last visit was from 12th to 17th August 2015. Missions were performed to Northern, North-eastern and Eastern regions. Coordination mechanisms were explained, reporting tools (forms and databases) discussed as well as the harmonization of stockpiles. The Cluster also is maintaining its own website with dedicated pages for the regions where information is shared and guidelines/reference documents are available. The main challenges are the lack of dedicated Staff and the overlap/competing coordination framework with the IDP Task Force.

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently? Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

No coordination trainings have been done. It's necessary to roll on these trainings with the agreement of the leading Agency. To present, although recommended, it's not the priority of UNHCR management and it will require additional funds (travel & DSA). Besides, there is not enough national capacity (Cluster Coordinator alone) to provide trainings and fulfil all coordination and information management duties.

All focal points are double-hat staff with primary TORs that differs from the sub cluster duties. This is a serious impediment for a well-functioning network as focal points see the cluster responsibilities a secondary and less important role. Additionally, focal points are not compensated in any way (leave or salary increase) by working extra time on their sub cluster roles. Therefore, there are not motivated to have extra workload with no equivalent compensation.

Besides, some Focal Points cannot be a neutral & independent coordinator as they hold the bias of their own Agencies.

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging? Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

Standards, guidelines, minutes and essential documents/information are both shared by email and published in our Cluster website. They are also being uploaded in the humanitarian response website. By norm, the sub-clusters keep the national cluster informed on the ongoing activities and meetings (also sharing minutes and relevant information). The national cluster keeps informed all cluster partners, donors and relevant coordination network members. The Global Cluster is also informed and a close liaison is maintained to receive technical guidance.

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why?
Identify geographic variability across the country, reasons and needs.

There are four operative sub-cluster structures (CR, NR, WR & ER) with less organized (due to the overlap/interference of the IDP TF) representation on the remaining regions. CR is "merged" for meeting proposes with national cluster but maintains operational independence in terms of assessments, assistance, reporting and M&E. It's envisaged that SR should move to a more "clusterized" coordination on the planned transition phase. The NR until recently had the strongest coordination capabilities (due to the dedicated support of UNHCR HoSO) but declined after coordination responsibility has been transferred to less trained/technical skilled staff. The engagement of cluster partners is remarkable and the ESNFI cluster is already identified some of them who will take coordination lead roles (not the responsibilities) in areas where they are operationally strong.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

Northern, North-eastern, Eastern, Western and Southern regions are the priorities.

Central region is already merged and integrated to national Cluster coordination.

Please add any additional information or comments which you think may be useful:

High rotation of coordinators has weakened the cluster capabilities. It's expected that HC should ensure the leading agencies responsibilities and accountability on the effectiveness of the cluster as the control mechanisms are already in place (see IASC Transformative Agenda guidelines). A common coordination training should be developed to include staff of humanitarian agencies and Government Officials. This will facilitate the field work and positively develop coordination links that are necessary for relief operations.

Please return the self-assessment to the OCHA Cluster Coordination Unit: Charlie Ashley at ashley@un.org

REGIONAL MAPPING OF AFGHANISTAN ESNFI SUB CLUSTERS

	FUNCTIONALITY	RESOURCING	MAIN ACTIVITIES	CHALLENGES	PRIORITIES
	Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?
CENTRAL	• IN Kabul, Sub Cluster has been merged with National Cluster because attending partners were the same and also to facilitate the discussions. At the end of each national cluster meeting 20 minutes are dedicated to Central region issues and can be extended if necessary. • Functionality level is medium as some National actors are not actively engaged. • The cluster is active in the region. CR cluster cover the 7 provinces (Kabul, Logar, Kapisa, Panjsheer, Parwan Maidan Wardak and Ghanzi)	• Fazal Rahman Arghandewal UNHCR Field Unit Kabul, ES&NFI cluster focal point for CR. arghandf@UNHCR.org Phone: 0093 (0) 791990241 • Omer Hashimi, IOM CR Focal point, 0777899991; ohashimi@iom.int	• Disseminating information and guidelines, coordinating assessments and collection of information and reports; providing updates on the ESNFI activities. • CR cluster members join regularly the country level meeting on monthly bases within regional dedicated coordination time. • Medium level attendance	• UNHCR is still providing the assistance and take part in the assessment of the caseload following continue requests from the cluster partners UNHCR is taking active participation in the assistance process. • It is a share responsibility and there is strong needs to keep active all the members for a timely and rapid response to the humanitarian assistance needs.	• CR cluster members must focus more on insecure provinces (Logar, Maidan Wardak and Ghazni) for the displacement issues and provide the assistance for the most vulnerable emergency caseload. • The trend to select Kabul as a safe place for the displacement still remained high, and every month people are leaving their villages in ER, SER, and SR to Kabul. Cluster Partners should be more proactive in the provision of relief assistance.
NORTH	• Yes • Balkh, Jawzjan, Sar e pul, Faryab, Samangan, Baghalan, Kunduz, Takhar and Badakhshan	• Attached the cluster focal points and contact details are indicated in Excel sheet. • UNHCR lead and IOM co-lead for north and northeast region.	• Having the meetings on monthly bases. • Sharing of information and provide updates on activities in the field	• Insecurity in some locations where the cluster members cannot conduct assessment. • Remote assessment and collect information by	• Yes • The entire region is a priority region due to having a large number of conflict-induced IDPs and

[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

	• High – the cluster is very active with several members and activities in the region.	•And working smoothly in monthly bases.	• Coordination among agencies and provide timely responses to the affected families. • Average attendance of organizations, 15 participants	different sources such as community leaders governmental departments and head of NSP/CDC Shuras • Shortfall of funds to cover the needs of natural disaster affected families. • Delay in releasing funds by donors. • Implementation of different type of shelter designs • Harmonization of the shelter design • No timely reporting and responses by some of the cluster members.	natural disaster and affected families.
NORTH EAST	• No • This region is covered by North emergency shelter and NFI cluster.	•NIL	• NIL	• NIL	• NIL
WEST	• Yes. In Hirat Province and overseeing the activity in 3 other provinces (Farah, Badghis and Ghor). Functionality in in Hirat Province is high and the rest is rather low.	Main cluster focal points: UNHCR Co-Lead: IOM Agencies: NRC, DRC, UNICEF, IRC, ACF, AHDAA, CRDSA, ARAA •Responsibility and % allocation to cluster is depending case by case and the cluster relies on the presence of the main members in each area for information sharing and/or coordination	• Some of the key functions are still overlapping with IDP Task Force (however the members of the Cluster and TF are the same, so it doesn't really bother the coordination) especially in regards to needs assessment. The Cluster plays active role in the planning and coordination of response, supporting gap analysis, monitoring response activities and coordination with Gvt and other actors. • Medium level attendance from 6 to 12 partners depending on the situation	1. Being part time lead especially in big caseloads that the lead cannot put 100% time and focus on the cluster having other responsibilities. 2. The absence of cluster focal points in the other 3 provinces of the region affects the coordination capacities. 3. Coordination with national Cluster needs to be improved Solution: 1. Additional support from Cluster members 2. Appointing cluster focal points for each province in order to liaise with Cluster Leads in Herat	Yes, Herat is one of the provinces with big numbers of IDPs. In addition, Badghis is also prioritized at the moment due to a big recent caseload. Recommendation: • Orientation given to the lead/co-lead of the cluster especially in coordination role (training, workshop) • Regular meeting with national cluster to share information/challenges and solutions
SOUTH	• NO ACTIVE CLUSTER. • IDP TF Chaired by DoRR/HCR and members are: WFP, OCHA, UNICEF, WHO, UNMACCA, UNAMA, IOM, HI,	•Ahmad Dost, Ph: 0791990368, Email:dosta@unhcr.org. UNHCR Kandahar	• Gather information on displacement • Share, discuss and cross check the information obtained	• Access to conflict areas where displacement is reported • Less and/or insufficient support by the authorities	• Yes • Kandahar, Helmand, Zabul, Urozgan and Nimroz

	DRC, NRC, SCI, ICRC, ACF (recently joint), ARCS, AIHRC, OHW, HRDA, HAPA, AURC, APA • Kandahar • High • Southern Region is affected by continuous armed conflict	•Kandahar, Helmand, Urozgan, Zabul and Nimroz provinces • No co-lead appointed	• Coordination/Decide on the Joint Assessment • Coordination of Humanitarian Response to the newly conflicted IDPs after the assessment is done • Distribution of assistance • No active cluster as the IDP TF is taking the lead in coordinating the overall relief assistance to displaced populations.	• Unnecessary interference by some authority's representatives • Identification of IDP hosting families • Authorities pushing to assist already assisted IDPs • Poverty in IDP Settlements • Delay of the assessment after displacement due to security and some official procedures	• The humanitarian response providers are recommended to speed up the provision of assistance procedures
SOUTH EAST	• NO sub cluster presence • IDP TF provide coordination	•NIL	• NIL	• NIL	• NIL
EAST	• Activated properly in all four provinces at the ER (Nangarhar, Kunar, Laghman and Nuristan). • High level, due to presence of displacements (conflict, natural and refugee like populations).	•**Lead:** Abdul Wali, UNHCR SoJ, contact no-0791990201. ER • **Co- leads:** Mohammad Fahim Safi, IOM contact number, 0799360370. • Access measure 85% across the region.	• Organizing/arranging cluster meetings. • Continual planning and coordination with members and government. • Proper assessment. • Response prevision together with NFIs distribution. • Shelter provision (emergency and transitional). • Update of 3Ws, NFIs distribution and NFIs stock matrix. **Meeting schedule** • Monthly or bimonthly including Ad-hoc in case of emergencies with interest participations.	• Insecurity. • Limited operation zone of counterparts. • Shortage of NFIs sometimes for natural caseloads. • Late assessment/response of some caseloads. • Lack of regular shelter assistance for natural affected population. **Solution:** • Proper coordination. • Pre-preparedness measure.	• High priority due to high level of incidents. • High number of displacements (conflict natural and refugee like displacements). • Flood prone areas. • River erosion and seasonal floods. **Recommendations**: • Budget allocation for natural disaster caseloads. • Proper follow up over the prevision of dignity package under the NFIs. • Strengthen of coordination mechanism.

References:

Active Sub-Cluster
Inactive Sub-Cluster (Focal point/ IDP TF)

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE: Abdul Majid FSAC Coordinator	**DATE**: 10th September, 2015

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

FSAC Structure: FSAC secretariat is hosted by FAO with a simple structure of 4 staff members (cluster coordinator, national programme officer, Data base associate and information management officer). National programme officer is responsible for the support to sub national level structures. National programme officer spent more than 50% time in the field to support FSAC focal persons. Cluster coordinator spends 10% of the time in the field and visit field twice in a quarter. Last visit of national FSAC coordinator to Hirat happened in mid-September 2015.

The FSAC is also operational at sub-national level in all 4 regions of active humanitarian response in Afghanistan with the support of cluster partners and cluster lead agencies. Cluster can't afford to hire dedicated staff in all 4 regions and with an understanding that field cluster coordination is not a full time job; FSAC identified and trained regional focal persons to facilitate coordination in the regions. Government counter parts are active cluster members in the regions. At current most of the regional networks are chaired or co-chaired by relevant government line departments.

Support Provided: National FSAC is providing support in consultations for HNO and CHAP. We are accessing current coordination situation and needs for the future. Visits are focused to identify humanitarian partners and verify 3W information.

Feedback Received: FSAC received very positive feedback from partners and OCHA at field level. Our 4 out of 5 regions are very active in coordinating response activities with an exception of South region. Government counter parts are regularly participating in the meetings and average participation is quite encouraging. FSAC partners still see allot of significance in coordination and willing to continue with existing resources.

Challenges Addressed: Subnational clusters requested support on making meetings productive for the partners to enhance participation. Low interest of the partners because of only food assistance focus. They are also concerned about the funding to the region through cluster mechanisms and capacity building needs. Most of the times government has low HR and financial capacity and is unable to participate and share their plans.

FSAC is supporting regional focal person by training, providing support on designing clear agenda and presentation, time management, providing current FSAC situation analysis through different reports (PHA, SFSA, IPC, Market price information and early warning information. Identifying regional government focal person and encouraging them to participate with clear information by providing them technical support. Funding situation and focus of the response depends upon donor interest which is very low across the country so we are trying to realize them about the national

and global needs and importance of prioritization. At the same time they are supporting us in advocacy with donors to attract more funds for our cluster.

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently?

Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

Cluster coordination training: FSAC provided training to all focal persons in June 2014 in Kabul. They were oriented on the role of the area focal person and provided very clear TOR's for area cluster coordination. We still have all those area coordinators in 6 regions working for WFP/FAO and some NGO's. They are continuously receiving assistance from national programme officer FSAC on daily basis via emails and in the form of field missions as and when required.

Gap in Capacity: In current capacity analysis we identified some gaps in understanding the role and its diversity. FSAC is planning to have refresher training with focal person in the last quarter of 2015. We will continue on job training and consultations through extensive field mission support.

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging?

Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

Communication upward /downward: FSAC structured its communication with sub-national points since June 2015. We have designed a simple format for monthly update where focal points provide information on current food security and agriculture situation for different vulnerable groups with details of response. They receive support in finalising agenda for the meeting on simple format, meeting minutes and information from national level to strengthen agenda of the meeting.

Frequency, content and modality: Frequency of the meeting is different in different area ranging from monthly to quarterly depending on needs in the area. They have specific format for producing agenda, presentation and minutes of the meeting and send it up to national FSAC for support. National FSAC provide inputs and put this agenda on the FSAC Afghanistan webpage for wider coverage and use. Apart from that whenever we need ad-hoc information we provide proper format and sub-national focal points provide information on that.

Since June 2015 all subnational focal persons are providing update on monthly basis to be shared in the national cluster meetings and shared with partners via email. We share all assessment reports, production estimates, early warning information and agreed standards with local partners and focal persons as and when required. National FSAC is producing monthly bulletin and updating its cluster websites on daily basis with updated information to keep partners and focal persons updated on the performance. They have national cluster 6 monthly plans to monitor and predict type of support coming from national level.

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why?

Identify geographic variability across the country, reasons and needs.

Clusters in all field locations are functioning almost same except South region. Central region is taken care by national FSAC so we are no more conducting separate meetings or coordination in central region. Different geographical areas have different dynamics and it really depend on the seriousness shown by FSAC partners, government line agencies and leadership from FAO/WFP/OCHA. In ranking starting from the best Jalalabad, Badakhshan, Hirat and Mazar are performing well whereas South region is in the process of reactivation. Central as explained above is no more required.

As per the recent consultations with the regional focal points, partners in the regional FSAC meeting and relevant line ministries in above mentioned 4 regions and they are committed and willing to continue FSAC coordination in regions

with the support from national FSAC. There are allot of needs and humanitarian funding is shrinking so whatever minimum resources they have should be very well coordinated to address priority needs.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

Most of this information is provided in below regional table. FSAC priorities keeping in mind the caseload, number of partners and strategic importance is as follows.

1. **North Region** (Mazar-e-Sharif) because of the recent high number of conflict IDPs came from Kundoz and other northern provinces & natural disaster caseload is high in North region. According to IPC acute analysis Samangan province is the most insecure province (IPC Phase-3) so, FSAC recommend coordination mechanism for north region (Mazar) to coordinate the response, monitor the food security situation, identify needs & gaps. As most of the partners main offices located in Mazar so, Mazar is the best place for coordination mechanism.
2. **North East Region** (Badakhshan): looking at high number of conflict IDPs came from Kundoz and nearby districts & high number of natural disaster affected people further more Badakhshan is the most food insecure province in the country (IPC-phase-3), the regional coordination is required to monitor the food security situation in Badakhshan & Takhar, coordinate the response and identify the needs & gaps.
3. **East Region** (Jalalabad) looking at high number of conflict IDPs /undocumented returnees in Nangarhar province & natural disaster case load in the region further more Nuristan province is one of the most insecure province (IPC Phase-3) FSAC Coordination mechanism is require to monitor the food security situation in all 4 provinces, coordinate the response and identify needs & gaps
4. **West Region** (Hirat): According to the recent SFSA-2015 assessment Ghor province is one of the most insecure province in Afghanistan (IPC phase-3) and high number of conflict IDPs in Hirat and natural disaster usually affect the region so, FSAC Coordination mechanism is require to monitor the food security situation in Ghor and other provinces, coordinate the response, identify needs and gaps.
5. **South Region** (Kandahar): looking at high number of conflict IDPs and natural disaster FSAC coordination mechanism is require to monitor the food security situation, coordinate the response and to identify needs and gap.

Note: The CR, CHR and SER food security related issues will be coordinated through National FSAC Coordination mechanism already exist in Kabul.

Please add any additional information or comments which you think may be useful:

Food security and agriculture cluster is co-lead by WFP and FAO and it's the prime responsibilities of our head of offices in different regions to conduct FSAC coordination as part of their major responsibility. Our FAO and WFP colleagues with the support of line ministries and OCHA representation are willing to continue coordination in four regions and we are reactivating our cluster west region. They already received training and ad-hoc support from national cluster as mentioned above. This support is more formalised now to get quick and updated information on monthly basis for wider sharing.

Please return the self-assessment to the OCHA Cluster Coordination Unit: Charlie Ashley at ashley@un.org

REGIONAL MAPPING OF AFGHANISTAN FSAC CLUSTERS				
FUNCTIONALITY	**RESOURCING**	**MAIN ACTIVITIES**	**CHALLENGES**	**PRIORITIES**
Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?

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[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

CENTRAL				
• No, cluster was active in 2012, 2013 & 2014. covering 3 sub-regions (CR, CHR and SER) almost 11 provinces. Most of the partner in CR they attend National FSAC monthly meeting so no need to call separate meeting for CR. Cluster was co-led by FAO and WFP and co-chair by SI. • Functionality: low • It was co-led by two UN agencies and INGO, Usually 15 to 20 participants were attending the cluster meetings . • CR OCHA were also participating in the meetings	• Cluster is co-led by FAO, WFP • Focal person: Hamid Hamdard email hamid.hamdard@wfp.org Contact No: 0706004882 • Focal person 2 FAO: Ziaurrahman, email: zia.rahman@fao.org , contact No: 0729829151	• Cluster is inactive	• National FSAC Coordination mechanism already exist in CR so, no need to organize too many meetings in Kabul National FSAC and OCHA to encourage FSAC partners at regional level to attend regularly National FSAC and update partners on the situation. • High number of conflict IDP's and exposure to natural disaster drought, flood. • Low capacity of the national NGO's especially in the areas where UN agencies and INGO's access is limited or almost zero. • Solutions: National FSAC should focus on capacity building of the national NGO's with the support of existing networks in the country. • Closely monitoring the IDP's and natural disaster affected & high food insecure people.	• Yes, this is a priority area for cluster coordination at national level especially looking at the number of conflict IDP's, and natural disaster affected communities so, they should regularly attend National FSAC meeting in Kabul.

NORTH				
• Yes, cluster is active in the region covering 7 provinces Balkh, Faryab, Samangan, Jawzjan, Saripul, Kundoz and Baghlan. • Cluster is co-led by FAO and WFP. They are looking for NGO co-chair to support FSAC in the region. • Functionality: medium level • Its co-led by two UN agencies and INGO, Usually 15-18 participants attend cluster meetings and regularly share their update both at regional and national level. • OCHA and government line department regularly participate in the meetings and provide updates on humanitarian situation.	•Cluster is co-led by FAO, WFP. •Focal person: Ahmad Fahim email ahmad.fahim@wfp.org Contact No: 0706004718 •Focal person 2 FAO: Ahmadzia Aria, email: AhmadZia.Aria@fao.org , contact No: 777355355 •Being Regional Coordinator for FAO & Sr. Program Asistant WFP VAM, it is their responsibility to coordinate FSAC activities. At current they are spending 15% of their time on cluster coordination.	• Coordinating response, assessment, shared lesson learnt, follow-up on response, linking NGO's and UN response with government, conduct coordination meetings, finalize and share minutes of the meetings, participate in national level assessment and analysis like IPC. • Bi-Monthly basis meeting, adhoc meetings are conducted when required. • Attendance is the meeting is quite encouraging as we have between 15 to 18 partners regularly participating in the meeting.	• Information is not collected/coordinated from provincial line departments. Difficult to contact them as they are in remote location to attend the meeting in Mazar and don't have access to communication tools. It can be resolved by asking some partners visiting those areas to bring that information. • Security issues and harsh winter . no access during winter season in all 10 food insecure districts to response on time and collect information from remote and insecure area. • High number of conflict IDP's and exposure to natural disaster floods, earth quick. • Low capacity of the national NGO's especially in the areas where UN agencies and INGO's access is limited or almost zero. • Solutions: Cluster need to focus on capacity building of the national NGO's with the support of existing networks in the country. • Closely monitoring the IDP's and natural disaster affected & high food insecure people situation in the region.	• Yes, this is a priority area for cluster coordination especially looking at the high number of conflict IDP's, and natural disaster affected communities. Faryab, Samangan, Saripul, Jawzjan, Baghlan and Kundoz are in SFSA phase 3 while Samangan is in IPC phase-3. • No access during winter to all districts. The situation may further worse due to current conflict in Kundoz province. • More conflict IDPs is expected because of security reasons. Taliban is very active in the region.

NORTH EAST					
	• Yes, cluster is active in the region covering two provinces Badakshan and Takhar. • Cluster is co-led by FAO and WFP and co-chair by Shelter for Life • Functionality: high level • Its co-led by two UN agencies and INGO, Usually 15 to 20 participants attend cluster meetings and regularly share their update both at regional and national level. • UNAMA and government line department regularly participate in the meetings and provide updates. • OCHA focal points for North East Region some time attend the meeting provide update on humanitarian situation.	• Cluster is co-led by FAO, WFP and co-chair by SFL. • Focal person: Rahmatullah Mowahid email rahmatullah.mowahid@wfp.org Contact No: 0797662299 • Focal person 2 FAO: Dr. Nazifa Natique, email: nazifa.natique@fao.org , contact No: 0799431937 • Being head of office for FAO & Sr. Program Officer WFP VAM, it is their responsibility to coordinate FSAC activities. At current they are spending 15% of their time on cluster coordination. • SFL is chairing the meeting with FAO & WFP.	• Coordinating response, assessment, shared lesson learnt, follow-up on response, linking NGO's and UN response with government, conduct coordination meetings, finalize and share minutes of the meetings, participate in national level assessment and analysis like IPC. • Bi-Monthly basis meeting, adhoc meetings are conducted when required. • Attendance is the meeting is quite encouraging as we have between 15 to 20 partners regularly participating in the meeting.	• Information is not collected/coordinated from Takhar provincial line departments. Difficult to contact them as they are in remote location and don't have access to communication tools. It can be resolved by asking some partners visiting those areas to bring that information. • Security issues and harsh winter limit access during winter season to collect information from remote and insecure area. • High number of conflict IDP's and exposure to natural disaster floods, earth quick, Badakhshan province is one of the high food insecure province. • Low capacity of the national NGO's especially in the areas where UN agencies and INGO's access is limited or almost zero. • Solutions: Cluster need to focus on capacity building of the national NGO's with the support of existing networks in the country. • Closely monitoring the IDP's and natural disaster affected & high food insecure people.	• Yes, this is a priority area for cluster coordination especially looking at the number of conflict IDP's, and natural disaster affected communities. Badakhshan is in IPC/SFSA phase 3. High food insecure province, no access during winter to all districts. The situation may further worse due to current conflict in Kundoz province and nearby districts of Badakhshan. • More conflict IDPs is expected because of security reasons. Taliban is very active in the area.

WEST				
• Cluster is active in the region, led by WFP in Hirat covering all the provinces. • Functionality level (Medium) • Cluster meetings at monthly level, have good relation with govt line departments. • Participation is high 15 to 20 participants in each meeting.	• Focal point: Mr. Qadir Assemy from WFP Hirat. Email: qadir.assemy@wfp.org Contact No. 0706004302 • Four provinces in west region (Farah, Hirat, Badghis and Ghor). • Cluster coordination is part of job being member of cluster lead agency. Time allocation to coordination is 10%. • No co-lead at the moment but DACAAR, Christen aid and ARAA support to chair the meeting as and when required.	• Coordinate response, assessment, shared lesson learnt, follow-up on response, linking NGO's and UN response with government, collecting update from the government from different provinces on phone and sharing with all partners. • Monthly basis meeting, adhoc meetings are conducted when required. • Attendance is the meeting is quite encouraging as we have between 15 to 20 partners participating in the meeting.	• In some organization there is no focal person in organizations to regularly participate in the meeting. • Participants are not well prepared to share their Programme updates, assessment and case studies. • OCHA to share updated humanitarian situation. Active role of OCHA on HNO/HPC etc • Capacity building needs are not identified and address Solutions: FSAC need to work with national level partners to create more awareness on cluster role, identify cluster capacity need assessment and work with different NGO's on capacity building. Support partners in finalizing agenda, sharing format to capture inputs on current programme.	• Yes this a priority region for FSAC. • Ghor is one of the worst in the country looking at different food security indicators so it need to be closely monitored both interim of need and response. • There is a history of cyclic droughts in Ghor and Badghis. These are also prone to natural disaster. • Have IDP's and undocumented returnees. • Access issues because of security and weather. • FSAC will continue its coordination in the region with the support of WFP and FSAC partners in Hirat.

SOUTH	• No, cluster was active in last quarter of 2012, 2013 till 1st Quarter of 2014. covering 5 provinces Kandahar, Zabul, Hilmand, Urozgan and Nimroz due to low interest of the partners FSAC regional co-leads decided to deactivate the cluster in the region. • Cluster was co-led by FAO and WFP and co-chair by Islamic Relief. • Functionality: low • It was co-led by two UN agencies and INGO, Usually 12 to 15 participants were attending the cluster meetings . • OCHA and government line department were also participating in the meetings	•Cluster is co-led by FAO, WFP •Focal person: Niamatullah Hayat email niamatullah.hayat@wfp.org Contact No: 0786800916 •Focal person 2 FAO: Salahuddin Khan, email: nazifa.natique@fao.org , contact No: 0799431937 •Being head of office for FAO & WFP, it is their responsibility to coordinate FSAC activities. At current they are not conducting cluster coordination in the region. •	• Cluster is inactive	• Low interest of FSAC partners in the region to participate in the meeting. National FSAC and OCHA to encourage FSAC partners at national level to assign their focal points for FSAC. • High number of conflict IDP's and exposure to natural disaster drought, flood. • Low capacity of the national NGO's especially in the areas where UN agencies and INGO's access is limited or almost zero. • **Solutions**: Cluster lead to decide for activation of the Cluster again and should encourage partners to regularly attend the meeting and provide update on the situation. WFP Head of Office recently committed to support coordination mechanism in the region. Closely monitoring the IDP's and natural disaster affected & high food insecure people.	• Yes, this is a priority area for cluster coordination especially looking at the number of conflict IDP's, and natural disaster affected communities. Hilmand, Nimroz, Zabul and Urozgan are in SFSA phase 3., no access to all districts due to insecurity. The situation may further worse due to active presence of Daish ISL/Taliban. • More conflict IDPs is expected because of the current conflict. Taliban & Daish ISSL are very active in the area.
SOUTH EAST	• No	•	•	•	•

EAST					
EAST	• Yes, FSAC is functional in the region led by FAO/WFP and DAIL of Nangarhar. • East region covered Nangarhar, Laghman, Kunar and Norestan. • Functionality: high level • Its co-led by two UN agencies and government line department, Usually 15 to 18 participants attend cluster meetings and regularly share their update both at regional and national level. • IOM and OCHA regularly participate in the meetings and provide humanitarian updates.	•Cluster is co-led by FAO, WFP and DAIL. •Focal person: Dr. Nasir Attai email nasir.attai@wfp.org Contact No: 0700166552 •Focal person 2 FAO: Khushal Asifi, email: Khushal.asifi@fao.org , contact No: 0798410572 •Focal person DAIL: Ataulhaq Bashary, Email: Basharyataulhaq_15@yahoo.com , Contact No: 0777606853 •Being head of office for cluster lead agencies, its their responsibility to coordinate FSAC activities. At current they are spending 15% of their time on cluster coordination. •Government DAIL is chairing the meeting with FAO & WFP.	• Coordinating response, assessment, shared lesson learnt, follow-up on response, linking NGO's and UN response with government, conduct coordination meetings, finalize and share minutes of the meetings, participate in national level assessment and analysis like IPC. • Bi-Monthly basis meeting, adhoc meetings are conducted when required. • Attendance is the meeting is quite encouraging as we have between 15 to 18 partners regularly participating in the meeting.	• Information is not collected/coordinated from different provincial line departments. Difficult to contact them as they are in remote location and don't have access to communication tools. It can be resolved by asking some partners visiting those areas to bring that information. • Security issues and harsh winter limit access to information in most of the area. • High number of IDP's, undocumented returnees and exposure to floods. • Low capacity of the national NGO's especially in the areas where UN agencies and INGO's access is limited or almost zero. • Solutions: Cluster need to focus on capacity building of the national NGO's with the support of existing networks in the country. • Closely monitoring the IDP's and undocumented returnees coming from different areas especially cross border.	• Yes, this is a priority area for cluster coordination especially looking at the number of IDP's, undocumented returnees, cross boarder migrants and natural disaster affected communities. Laghman and Norestan are in IPC/SFSA phase 3 and Nanghar is hosting highest number of IDP's and returnees. This is further increasing because of push from Pakistan. • Further migration is expected because of security reasons. ISIL and Taliban are very active in the area.

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE:	DATE:
Iman Shankiti HCC	**15 October 2015**

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

Since January 2016 – we have visited Herat 2, Jalalabad 3 for eastern region

The last time was 20-26 July in Jalalabad

Support during last visit

1- Technical assessment and support for CCHF outbreak and supported the cluster to develop response plan.

2- Hands on training on infection prevention , this was done in close coordination between WHO health and WASH officer in two hospitals (JRH and JPH)

3- PPP of assessment results and infection prevention teaching aids

Feedback received included detailed planning for Waste management , isolation ward and awareness campaign in the 2 affected districts

Challenges:

1- implementation of the detailed response plan was costly and some funding was rechannelled from CHF funding to WHO

2- Due to insecurity WHO team couldn't visit affected districts

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently?
Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

We conducted the following trainings

1- Training for Emergency preparedness and response provincial committees- conducted in all 34 provinces. It included Risk analysis, 3 Ws, Cluster coordination role and responsibility of different partners, compilation and analysis of surveillance data, weekly recording and reporting of events, planning for disaster in its 4 stages.

Currently we are receiving regular report from Jalabad (Eastern region 4 provinces), Herat (Western region- 4 provinces) , Kandahar (Southern region 5 provinces) + 3 provinces of Central region . the EPR committee (chaired by CDC and technical support from WHO) includes provincial MoPH officers, (PPHO), EPHS and BPHS implementers, and other health NGOs ARCs, UN (WHO and UNICEF)

2- Regional Health cluster meetings on quarterly bases chaired by WHO (3 in JBD, 3 HERAT, KDH 3). Membership includes Health NGOs, PHDs, DEWS officers, CDC officers and UN agencies including OCHA.

WHO focal points have been exposed to the roles and responsibilities of Health cluster coordination as part of the EPR training in 2014, still there is room for improvement. There is a plan to undertake refresher training for all EPR committees in 2015.

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging?
Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

In Kabul the Health cluster / WHO is receiving weekly EPR and surveillance reports, these are analysed and in many instances clarifications are sought from the field. The feedback goes through WHO / cluster focal points to partners and MoPH.

The identified channel of communication ensures common and standard messaging is maintained.

Through trainings, and messaging and sharing of documents standards are maintained.

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why?
Identify geographic variability across the country, reasons and needs.

In area where WHO focal points exist – then the cluster functionality is higher than other areas such as Jalalabad, Kandahar and Herat also these regions/provinces has higher capacity MoPH and NGOs in addition to UN presence.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

Priority regions for the Health cluster

1- Kunduz (North Eastern region Baghlan, Kunduz, Takhar and Badakshan) – BDN, CAF,SC, AKDN, Johaniter, ARCs.
2- Gardiz (South Eastern region Paktia, Paktika, Ghazni and Khost)- IMC, HNITPO, MRCA, AADA, ORCD, MMRCA.
3- Mazar (Northern region Samangan, Balkh, Jawzjan,saripul, Faryab) AADA, BDN.

Please add any additional information or comments which you think may be useful:

REGIONAL MAPPING OF AFGHANISTAN <Health > CLUSTERS

FUNCTIONALITY	RESOURCING	MAIN ACTIVITIES	CHALLENGES	PRIORITIES
Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?
CENTRAL • Central level- National coordination going on well. Central region- comprising 8 scattered provinces – Low 1) Regular participation in ICCT/expanded HCT meetings. (2) Consistent participation or leading of assessments and review/analysis of findings (3) risk analysis and prioritization of needs (4) Monitors and reports cluster activities (5) Ensures implementation of cluster standards/guidelines with partners	• Iman Shankiti HCC 50% time - WHO • Dr Rafiqi Ghulam 50% of time – WHO • Dr Qudratullah –ORCD • Dr Farahman – ACTD	Providing needs analysis, helping with prioritization. (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.	needs for additional support/strengthening, strengthen linkages with PDMS at national level	• Priority region yes • Kapisa, Parwan, Daikundi, wardak and logar – due to conflict and geographical impediments HCC should be enhanced.

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[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

NORTH	• Cluster activated but at a low level there is room for improvement • **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings • (2) Provision of needs analysis and prioritization to national cluster – infrequently	• Newly appointed Dr Ghani As WHO National Health Coordinator will be representing WHO as the HCCC focal point. – 30% of his time will be included in cluster business	We expect with the appointment of Dr Ghani that the below will be undertaken Providing needs analysis, helping with prioritization. • (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.	Consider needs for additional support/strengthening, .	• Yes now it's a priority region due to ongoing conflict especially Jawzjan, Saripul and Faryab.
NORTH EAST	• Cluster not activated due to lack of adequate staff, current staff in the NE region are focusing only on polio. • We are currently trying to appoint a Focal point to cover this region.	•	•	•	• High priority
WEST	• Cluster activated – medium level • **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings (2) Consistent participation or leading of assessments and review/analysis of findings (3) Provision of needs analysis and prioritization to national cluster (4) Monitors and reports cluster activities	•Dr Rasooli – WHO National Health Coordinator 30% of his time	Needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.	Consider needs for additional support/strengthening,	• Medium priority
SOUTH	• Cluster activated – medium level • **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings (2) Consistent participation or leading of assessments and review/analysis of findings	•Dr Roohullah – 100% of his time •Dr Sailab NHC WHO – 30% of his time	Needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and	• Consider needs for additional support/strengthening,	• High priority

	• (3) Provision of needs analysis and prioritization to national cluster (4) Monitors and reports cluster activities		coordination with other sectors/actors. •		
SOUTH EAST	• Cluster not activated and WHO staff focusing on polio	•	•	•	• High priority
EAST	• Cluster activated – High level • **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings (2) Consistent participation or leading of assessments and review/analysis of findings • (3) Provision of needs analysis and prioritization to national cluster (4) Monitors and reports cluster activities	• Dr Shamsullah -100% of his time • Dr Aimal Alokozai NHC WHO – 30% of his time	Needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors. •	• Consider needs for additional support/strengthening,	• High priority

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE: Leo MATUNGA, Cluster Coordinator	**DATE**: 19 September 2015

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

I usually visit at least 1 region once a month. The last one was in Gardez for the South Easter region on 24-26 August. The other one was in Herat 9-11 August. I had a full day meeting with partners, Provincial nutrition Officers as well as the UNICEF cluster focal point. I presented the Cluster contingency plan, and conducted and IMAM programme coverage evaluation as well as asked partners to present on their first 6 months of the year achievements and challenges. Most notable challenges were, not enough supplies for MAM programme, inadequate staff for nutrition programming, inadequate nutrition services in the provinces.

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently? Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

I have held cluster coordination training with partners in Jalalabad and Kandahar. The other regions have not been covered. There is a lot of changes of partners and also focal points and I feel I need to invest more time in these trainings as the understanding of the cluster approach, transformative agenda is still not adequate.

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging? Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

All the field focal points are part of the national emailing list so whatever we distribute at national level reaches them. We keep a field meetings schedule, meetings tracking matrix to follow up on coordination meetings in the regions. We provide inputs on the meeting agenda and whenever possible travel to support the cluster meetings in the zones.

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why?
Identify geographic variability across the country, reasons and needs.

Cluster coordination mechanisms are set up in ER, SR, WR, NR, SER. The CR cluster partners meet together with the national cluster as most partners have presence in Kabul. All regions have quarterly meetings in the zones and all government provincial nutrition officers for the region attend. Financial support for travel, DSA , venue etc are provided by UNICEF. Generally the clusters work well although there is need for continued capacity building in the areas of needs assessments, gap analysis, cluster coordination, roles and responsibilities of partners mainly due to constant saff turnover.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

I would maintain cluster coordination in all zones as currently the case due to hazards that are experiences in these zones. However needs are greatest in the north east, Southern, South east and eastern zones of the country. There is an urgent need to establish a cluster coordination mechanism in the north eastern zone as currently meetings are done jointly with northern zone in Mazar and on a quarterly basis. The current conflict in Kunduz, the harsh winters coupled with flooding and landslides usually experienced in Badhakhshan province warrant a nutrition cluster in the area.

Please add any additional information or comments which you think may be useful:

1. Even though all field focal points have appointed co-chairs from NGOs, there is little that they do and most of the cluster coordination work rests with the focal point who is also double hatting.
2. There is a general need to strengthen all clusters to perform timely needs assessments and gap analysis for their regions.
3. Due to staff turnover in the country there is need for training in cluster coordination, transformative agenda , role and responsibilities for all partners.
4. There are no regional PNOs in the government structure making it impossible for instance for the PNO in Mazar to be playing the role of co-chair and be seen as above other PNOs in the zones. These PNOs only support in the administrative arrangements for the meetings but do not have an additional task to coordinate the zone/region.

Please return the self-assessment to the OCHA Cluster Coordination Unit: Charlie Ashley at ashley@un.org

REGIONAL MAPPING OF AFGHANISTAN <NUTRITION> CLUSTERS

	FUNCTIONALITY	RESOURCING	MAIN ACTIVITIES	CHALLENGES	PRIORITIES
	Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?
CENTRAL	No. partners participate in the national cluster	• Dr Nafisa Qani, nqani@unicef.or UNICEF doublé hatting. With support from national nutrition cluster coordinator.	• Monthly	• N/A	•
NORTH	• Yes. Medium. Cluster meeting is done in Mazar for all 9 provinces. Partners indicate that they can only come once a quarter. More work required in needs assessment and gap analysis for the region.	• Dr Atiqullah Amiri aamiri@unicef.org , UNICEF-Double- hating • Dr Satar, npomazar@hotmail.com , RRAA. Voluntary <5% to cluster	• Quarterly with attendance from all nutrition partners and government nutrition officers in all 9 provinces. UNICEF provide the funds. Planning and sharing response activities, monitoring response activities. Liaison with government and support to gap analysis	• Coordination of the North eastern provinces from Mazar is challenging. Considering establishing a cluster in NE. Needs assessment and gap analysis is weak in the cluster. Need for training in needs assessment tools for all partners	• Yes it is as it currently covering provinces with recurrent conflicts as well as floods. Break it to focus only on Balkh, Jawzjan, Faryab, Saripul and Samangan provinces.

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[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

NORTH EAST	• No	• N/A	• N/A	• No nutrition cluster coordination in the zone. All partners and government participate in Mazar on a quarterly basis. Needs assessment and gap analysis is weak in the cluster. Need for training in needs assessment tools for all partners	• To focus on Kunduz, Baghlan, Takhar and Badhakhshan. Appoint an active partner to host and coordinate the cluster meetings
WEST	• Yes . Medium.Cluster meetings in Herat on a quarterly basis for all four provinces (Herat, Ghor, Farah and Badhis) More work required in needs assessment and gap analysis for the region.	• Dr Qadria Afzal, qafzal@unicef.org , UNICEFdouble hatting • Dr Shakib Popal, ahmad_shakib@wvi.org , World Vision,	• Quarterly meetings with attendance from all partners and government provincial nutrition officers. UNIECF pays the transport costs. All 4 provinces of Herate, Ghor, Farah and Badghis. Planning and sharing response activities, monitoring response activities. Liaison with government and support to gap analysis	• Costs associated with bringing in partners for meetings in Herat. Needs assessment and gap analysis is weak in the cluster. Need for training in needs assessment tools for all partners	• Yes due to insecurity in Ghor and Badghis and additionally IDPs in Herat.
SOUTH	• Yes. Medium. Cluster meetings in Kandahar on a quarterly basis for all the 5 provinces (Nimroz, Helmand, Kandahar, Zabul and Uruzgan). More work required in needs assessment and gap analysis for the region.	• Dr Muzlifa Khan, mukha@unicef.org , UNICEF-double hatting. • Dr Ahmadullah Faizee, afaizee@inbox.com , DoPH,	• Quarterly meetings with attendance from all partners and government provincial nutrition officers. UNIECF pays the transport costs. All 5 provinces of Zabul, Uruzgan, Helmand, Kandahar and Nimroz. Planning and sharing response activities, monitoring response activities. Liaison with government and support to gap analysis	• Costs associated with bringing in partners for meetings in Kandahar. Needs assessment and gap analysis is weak in the cluster. Need for training in needs assessment tools for all partners	• Yes due to IDPs and conflict in Kanadahar, Uruzgan, Zabul.
SOUTH EAST	• Yes. High. Cluster meetings in Gardez on a monthly basis for Paktya and quarterly basis involving the other provinces of Paktika, Khost and Ghazni.	• Dr Bismillah Enayat, benayat@unicef.org , UNICEF double hatting • Dr Sher Mohamad, DoPH, paktia.pno@gmail.com	• Quarterly meetings with attendance from all partners and government provincial nutrition officers. UNIECF pays the transport costs. All 4 provinces of Ghazni, Paktya, Paktika and Khost. Planning and sharing response activities, monitoring	• Costs associated with bringing in partners for meetings in Gardez. Needs assessment and gap analysis is weak in the cluster. Need for training in needs assessment tools for all partners	• Yes due to refugees in Khost.

			response activities. Liaison with government and support to gap analysis		
EAST	• Yes. Medium. Quartely cluster meetings involving Nuristan, Kunar, Nangahar and Laghman provinces. More work required in needs assessment and gap analysis for the region.	•Dr Jabakhail Zabadshah, zjabarkhail@unicef.org , UNICEF Double hatting.	• Quarterly meetings with attendance from all partners and government provincial nutrition officers. UNIECF pays the transport costs. All 4 provinces of Laghman, Nangahar, Kunar and Nuristan. Planning and sharing response activities, monitoring response activities. Liaison with government and support to gap analysis	• Costs associated with bringing in partners for meetings in Jalalabad.	• Yes due to conflict in the area.

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE: Matthijs Zeilstra / APC Coordinator	**DATE**: 20/10/15

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

Visits are irregular, mainly due to demands on time of APC Coordinator in Kabul, but also because of fairly well developed capacity in the regions (UNHCR protection officers double-hatting as regional protection cluster coordinators). Last visits were in March/April, and on occasions throughout 2014. Support provided mainly takes the form of training sessions for regional cluster members. Participation and guided discussion sessions in meetings regarding HNO/HRP development processes also have taken place. From Kabul, support is offered in terms of 4W maintenance and targeted guidance / assistance with specific ad-hoc issues. Visits are appreciated, strengthen cooperation and streamline coordination.

In this regard, a gap is the more remote locations where offices are present, but capacity is lower and logistics are more complicated. Additionally, more support could/should be offered from the national level to regional thematic sub-clusters.

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently? Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

No dedicated cluster coordination training has been conducted with regional protection cluster coordinators, however often the UNHCR protection officers have previous experience working in the cluster system (Mazar, Jalalabad, Herat, Kabul).

Trainings with national staff in regional cluster coordination positions are in the process of being planned. In Kandahar, Maimana, Kunduz, and Gardez (with possibly Herat in 2016) capacity building will be needed. In addition to the APC regional coordinators, staff of cluster member organisations needs to be trained as there is often limited understanding

in the regions of how the cluster-system functions and what roles and responsibilities are (this is also relevant for the thematic sub-clusters).

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging? Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

Communication both via telephone and email. Minutes of the regional monthly or bi-monthly meetings are regularly shared (and compiled in a matrix for distribution during the national APC meeting). When necessary topical update emails are sent so that all involved in cluster coordination are aware of ongoing issues (for instance on the HRP process). Regional cluster coordinators receive all APC emails and are when necessary copied on communication, this is similar for the thematic sub-cluster coordinators.

Quarterly updates of 4Ws and reports on progress are initiated from the national level and reporting mostly (but not exclusively) takes place from head offices in Kabul.

Feedback on cluster functioning (joint responses etc.) is mostly anecdotal and verbal. Communication is fairly regular, and more intensive when the situation demands it (issues to be addressed at head-office level; issues to be addressed through advocacy).

Linkages between the operational regional clusters and strategic center could be improved, especially in terms of assessments conducted by cluster members or reports of site visits in a cluster context (rare).

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why? Identify geographic variability across the country, reasons and needs.

Herat, Jalalabad and Mazar clusters operate in fairly similar manners, with monthly coordination meetings and regional thematic sub-clusters that report to the regional cluster. Strong linkages exist between the IDP Task Forces and the regional protection clusters. Emerging protection concerns, including access, are discussed. Jalalabad and Mazar (especially with the current situation in Kunduz) are strongly focused on recent displacement and an operational protection response, with attention to the situation of prolonged displaced.

In Herat the regional protection cluster focuses – in addition to ongoing displacement in the Western Region – strongly on protracted displaced and durable solutions in and around the city (also, in Herat and to a lesser extent Mazar and Jalalabad, the GBV and CPiE sub-clusters are very much involved in case-management and referrals of extremely vulnerable individuals in need of specific assistance; currently referral pathways are being strengthened in Jalalabad). The Central Region protection cluster in Kabul is mostly focused on Kabul city issues (and on instances on access issues to the provinces), with more attention to IDP TF functions for displacement in the provinces (no sub-clusters are active solely focused on the Central Region, a consequence of the presence of national level structures in Kabul).

Kandahar meets irregularly and protection issues (except for access) are rarely addressed in regional protection cluster meetings despite a prevalence of concerns. Regional protection clusters in Maimana, Kunduz, and Gardez are mainly focused on IDP TF functions, with occasional protection issues discussed (again, mainly access). Integration of these

four regional clusters in the national APC structure is ad-hoc, with room for strengthening. Reasons for the discrepancies between regions are capacity of cluster members and training of focal points of regional and thematic sub-clusters. In all regions, protection clusters function as meeting platforms for protection engaged agencies, with beneficial effects for networking and coordination.

However, joint assessments are difficult to set-up outside of the IDP TF context, cluster member capacity and engagement is often not consistent. Not all cluster members are geared towards a coordinated emergency response. Understanding of the cluster system is low amongst regional cluster members, which makes consultative strategic planning sessions less effective than they could be. This also impacts on the alignment of HRP strategic objectives and activities. It also has negative effects for reporting on project implementation to the cluster. The APC coordinator and regional cluster coordinators – perhaps in addition to capacity building exercises conducted by OCHA - will need to address this. One of the most pressing identified needs is capacity building of organisations at national level, as well as in the regions.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

In all regions protection concerns are prevalent, the conflict is expanding and displacement increasingly affects civilians. GBV, HLP and CPiE specific concerns are omnipresent, in relation to newly displaced, but also for more prolonged displaced who mainly congregate on the outskirts of population centers.

Mine and ERW contaminations are present throughout Afghanistan and Mine Action actors are engaged in clearing contaminations according to the UNMAS/MACCA prioritisation system (contaminations impacting on populations and populated areas are prioritised).

Provinces affected by large-scale displacement, and presence of large groups of IDPs are found in all regions (Herat, Faryab, Balkh, Kunduz, Maydan Wardak, Kabul Province, Ghazni, Nangarhar, Kandahar, Helmand). Areas of increased attention at this moment in time would be high conflict affected provinces (Nangarhar, Helmand, Kunduz, Faryab) where targeted protection assessments are highly needed (in addition to the emergency (food/NFI/Water response to new displacement). Protection concerns in relation to IDPs in prolonged displacement situations are more present in and around the population centers (Kabul, Jalalabad, Mazar, Kandahar and Lashkar-Gah, Herat) where sizeable caseloads are present.

Cluster members are mostly present in and around provincial capitals, with most protection specific interventions (CPiE, HLP, GBV) taking place in conflict-affected communities in these areas (including accessible neighbouring districts). With many actors involved, coordination is necessary, especially in regards to case management.

Coordination of joint protection assessments should be strengthened, however this requires capacity building of cluster members and increased strengthening of the cluster-system buy in of humanitarian organisations.

Please add any additional information or comments which you think may be useful:

Trainings on inter-sectoral coordination and on the cluster system should be conducted by OCHA. Donors should emphasize to organisations that they expect engagement with the cluster system. CHF funding allocations also aim to

strengthen the cluster system, and results for increased engagement after the last allocation can be witnessed in the protection cluster at national level. Following from this the protection specific response capacity of protection cluster members in emergencies – in terms of joint assessments and coordinated response – should be strengthened.

Please return the self-assessment to the OCHA Cluster Coordination Unit: Charlie Ashley at ashley@un.org

REGIONAL MAPPING OF AFGHANISTAN PROTECTION CLUSTERS				
FUNCTIONALITY	**RESOURCING**	**MAIN ACTIVITIES**	**CHALLENGES**	**PRIORITIES**
Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?
CENTRAL • Cluster covers all provinces, but is severely hampered by access. Most activities take place in and around Kabul City. Functionality is medium, improvements could be made in integrating CRPC activities in the broader coordination framework. • 1. participation in regional meetings • 2. Irregular assessments of KIS sites, through IDP TF participation in assessments of newly displaced caseloads • 3. Communication of protection specific concerns to the national cluster	UNHCR • Ahmad Najeeb Nooryar nooryar@unhcr.org • Storay Sayeed sayeed@unhcr.org Limited time is dedicated to cluster coordination (ca. 20/30%). Covers all Central Region provinces, severely limited by access issues in some provinces.	• Monthly or bi-monthly meetings, with fairly strong attendance (although NGO participation could be improved). • 1. Conducted assessments are presented and shared, could be increased. • 2. Strategies are presented, but actual coordination of response activities takes place within the IDP TF. • 3. Through a 4W a gap analysis is conducted, however, this is not detailed enough and needs improvement (due to the	Challenges: • Low capacity and engagement of protection focused NGO cluster members. • Changes in NGO representative's attendance. • Inconsistent access to provinces. • Predominant focus on Kabul. Capacity building on coordination, also of sub-clusters. Stronger support from the national level.	• Priority region: protection concerns/risks are prevalent, conflict is active in certain provinces, Kabul receives many IDPs. • Kabul province, Maidan Wardak, Ghazni, Logar, Parwan, Kapisa. • Strengthened engagement with national cluster and national sub-clusters. Capacity building of cluster members. Pilot a joint assessment of protection concerns in prolonged IDP sites.

[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

	• 4. Monitors cluster activities through 4Ws, sparse physical project monitoring visits • 5. Works on adherence to humanitarian principles, mainly through IDP Task Forces. • HLP TF is active in regards to KIS issues, CPiE and GBV are not very focused on areas outside of Kabul. Sub-Cluster activities take place in and around Kabul mainly.	No co-lead, although the intention is to involve the AIHRC.	complexity of protection issues). The IDP TF response to displacement actively coordinates and identifies gaps. • 4. Responses are monitored (IDP TF led distributions), protection specific responses are monitored through 4W reporting and ad-hoc physical visits. • 5. There is strong liaison with the government (Kabul municipality/DoRR). The AIHRC is irregularly involved. Coordination with MoWA on GBV issues, and CPAN/MoLSAMD on CP cases.	Overlapping mandate with the KIS TF and IDP TF (to be addressed in IDP coordination transition process).	
NORTH	• Cluster covers all provinces of the NR, lack of access to remote areas limits coverage. Cluster activities focus on displacement (often but not exclusively) around population centers (Kunduz, Maimana, Mazar). Functionality is high, with good leadership and fairly active cluster members. During the Kunduz crisis gaps were identified (for instance, difficulties in carrying out protection assessments / coordinated assessments; challenges which are present in all regional clusters) and addressed ad-hoc or marked as a lessons learned. • 1. Regular participation. • 2. Irregular protection assessments (apart from regular IDP TF assessments). • 3. Communication of protection specific needs to national	UNHCR • Francesca Vigagni vigagni@unhcr.org • Rehma Kauma kauma@unhcr.org Limited time dedicated to cluster coordination (normally 20/30%; during Kunduz crisis ca. 70/80%). Covers all northern region provinces (with a low-functioning sub-sub-cluster in Maimana and a slightly more active sub-sub-cluster in Kunduz). Access issues in parts of NR. AIHRC is a co-lead, but is not very much involved in practical coordination.	• Monthly meetings, with strong attendance. • 1. Conducted assessments are presented and shared, especially during the Kunduz crisis, could be increased outside of the acute emergency situation. • 2. Fairly strong liaison of organizations with the cluster on planned activities, further response activities are coordinated through IDP TF (although there was a different approach during the Kunduz ciris). • 3. Gap analysis through the 4W, way forward highlighted by Kunduz crisis. • 4. Responses are monitored (IDP TF led distributions), protection specific responses are monitored through 4W reporting and ad-hoc physical visits.	Challenges: • More engagement of cluster and thematic sub-cluster members on the emergency response (protection specific) needed. • Changes in NGO representative's attendance, hampering continuity. • Inconsistent access to provinces. Capacity building on coordination and protection in humanitarian emergencies of cluster members (also for GBV and CPiE).	• Priority region: active and escalating conflict; large-scale displacement. Capacity building of cluster members.

	cluster, sharing of assessment results. • 4. Monitors through 4W reporting with infrequent field visits (not per se in cluster context). • 5. Works on adherence to humanitarian principles, mainly through IDP Task Forces. Thematic-sub clusters cooperate frequently with government bodies • HLP TF is not very active and needs strengthening, GBV functions mainly as a referral network, CPiE in the cluster framework could be strengthened.		• The AIHRC is irregularly involved. Coordination with MoWA on GBV issues, and CPAN/MoLSAMD on CP cases. Further coordination with provincial governors, mainly for IDP TF issues.		
NORTH EAST	• Cluster (more IDP TF) covers all provinces, but is severely hampered by a lack of access to remote districts – especially since early summer. • Functionality is low in cluster sense, with limited actors (main protection actors are in Mazar), focus is on IDP TF activities. • 1. Regular participation • 2. Leading of assessments, through the task force, very few protection specific challenges (although this is slightly different in light of the current escalation). • 3. Limited communication with Kabul on protection cluster issues, regular communication within the framework of the IDP TF. • 4. Cluster activities are monitored through 4W. • 5. Ensures adherence to humanitarian principles through IDP TF. • Lack of presence of sub-clusters.	UNHCR • Dawood Salimi salimi@unhcr.org 90% of time is spent on IDP TF work, in challenging circumstances, with limited protection cluster functions.	• Monthly IDP and ad-hoc TF meetings. • 1. Needs assessments are carried out within the framework of the IDP TF, regularly shared. • 2. Prior to the Kunduz crisis, through IDP TF, complete coordination of assessments and response. • 3. No gap analysis in terms of protection needs. Gap analysis in light of access to displaced populations. • 4. No regular monitoring of protection cluster activities. • 5. Liaison with government through IDP TF is strong, engagement with relevant line ministries/departments. Attendance of a dedicated group of IDP TF members is strong.	Challenges: • Protection capacity should be strengthened (already quite present), cluster coordination capacity strengthened. Current main challenge is access due to active conflict. • Given the current and expected developments, a cluster focal point in the UNCHR office is absolutely essential. Stronger multi-sectoral coordination is needed.	• Priority region, active conflict, protection violations. Kunduz, Badakshan, and recently Takhar and Baghlan. Better integration of NGOs present in cluster system, capacity building.

WEST				
• Cluster covers all provinces but access hampers full coverage. Majority of activities of cluster members take place around Herat city. Functionality is high, coordination with different actors including government and national level is fairly strong. • 1. Participation in regional meetings. • 2. Consistent participation in assessments of newly displaced within the framework of the IDP TF. Assessments of protracted IDP caseloads takes place in IDP populated sites. • 3. Provision of needs analysis and prioritization to the national level cluster is ad-hoc. IDP TF data informs the humanitarian response. • 4. Monitoring of cluster members' activities is mainly based on 4W reporting and sporadic field visits. • 5. Works on adherence to humanitarian principles through the IDP TF and works on building capacity through training of cluster members. • HLP TF is active and strong, GBV functions, mainly as a referral network though, CPiE in the cluster framework could be strengthened.	UNHCR • Bola Han hanb@unhcr.org Limited time is dedicated to cluster coordination (ca. 20/30%). Covers all Western Region provinces, in more remote areas limited by access issues. AIHRC is the co-lead and is engaged in WRPC affairs to a limited extent, the focus of the AIHRC lies more in GBV specific activities.	• Monthly meetings with reasonably strong attendance of protection actors. • 1. Conducted assessments are presented and shared, could be strengthened. • 2. Main coordination forum for coordination of response to displacement is the IDP TF, the WRPC focuses more on protection risks as a consequence of displacement (and overall protection concerns), for newly displaced and protracted caseloads. • 3. Through a 4W a gap analysis is conducted, however, this is not detailed enough and needs improvement (due to the complexity of protection issues). The IDP TF response to displacement actively coordinates and identifies gaps. • 4. No regular physical monitoring missions are undertaken. Response monitoring mainly takes place through the quarterly 4W reporting. • 5. Frequent engagement with the provincial governance structures, especially in relation to the protracted IDP caseloads (also via the forum of the HLP TF). The AIHRC is engaged. CPAN functions in Herat city for CP referrals. The GBV sub-cluster coordinates with relevant government departments.	Challenges: • Limited capacity and engagement of cluster members • No consistent representation of organizations in cluster meetings, hampering continuity. • Limited participation of national NGOs. • Lack of humanitarian access. Capacity building on coordination and protection in humanitarian emergencies of cluster members (also for GBV and CPiE). Overlapping mandate with IDP TF.	• Priority region: protection concerns/risks are prevalent, conflict is active in certain provinces, Herat receives many IDPs and undocumented returnees. • Herat city, Badghis, Farah, Ghor. Capacity building of cluster members to guarantee increased participation in strategic planning and coordinated assessments. Pilot a joint assessment of protection concerns in prolonged IDP sites.

SOUTH	• Cluster should cover all provinces but access limitations in certain districts. Main focus on Kandahar, with some activities around the provincial centers of the other provinces (Uruzgan, Helmand). Functionality is low, and focuses strongly on IDP TF functions, with a slight protection focus. Coordination with other actors could be improved.
	• 1. Needs assessments mainly take place in IDP TF context, with irregular increased protection focus.
	• 2. Response activities focus mainly on IDP TF issues, with limited sub-cluster activities (CPiE).
	• 3. Outside of the IDP TF functions few needs analyses are conducted.
	• 4. 4W monitoring is conducted, some visits to cluster partners' programmes have been undertaken. No consistent monitoring.
	• 5. Works on adherence to humanitarian principles through the IDP TF.
	• CPiE sub-cluster is present, not very active in coordination. No GBV sub-cluster and very limited HLP TF activities.
		UNHCR
		  • Ahmad Dost dosta@unhcr.org
		  • Sher Ahmad Shakir shakirs@unhcr.org
		
		All provinces of the Southern Region within the area of responsibility.
		
		20% of time to cluster role, much more if IDP TF is taken into account.
			• Bi- or tri-monthly meetings, IDP TF regularly. Attendance is consistent, similar actors as in IDP TF.
			• 1. Outside of IDP TF, few coordinated protection assessments conducted.
			• 2. No protection specific planning apart from small scale protection projects and IDP TF functions.
			• 3. Gap analyses are made ad-hoc and communicated, mainly related to access issues and also IDP TF functions.
			• 4. Limited physical monitoring takes place. Reporting on the APC 4W is consistent.
			• 5. Liaison with government takes place through IDP TF, cluster is not very regularly engaged with the government.
				Challenges:
				  • No strong functioning coordination structure outside of IDP TF.
				  • Limited capacity and engagement, especially on protection coordination (few capable actors).
				  • Difficult operating environment, limited engagement with national level.
				
				Capacity building on joint assessments and protection analysis.
					• Priority region, ongoing conflict in Helmand. Displacement waves, prolonged IDPs. Helmand, Uruzgan, Kandahar.
					• Overall coordination capacity building to be carried out throughout Kandahar.

SOUTH EAST	• Low cluster functionality, only IDP TF functions, few protection specific partners. Coverage of all provinces, with low presence and some access limitations. • 1. Participation in regional fora. • 2. Outside of IDP TF framework no joint protection assessments. • 3. IDP TF assessments, with overall needs analysed.	UNHCR • Mohammad Ashraf Niazi niazi@unhcr.org All provinces in South Eastern Region. No specific time dedicated, focus on IDP TF.	• Rare ad-hoc meetings, with similar actors as in the IDP TF. • 1. Outside of IDP TF, no coordinated protection assessments conducted. • 2. No protection specific planning.	Challenges: • Few protection specific actors • Little engagement with the cluster system Capacity building on coordination / cluster system.	• Some displacement and protection violations, although unpredictable situation. • Maintain presence and build capacity, no priority compared to other regions.

	• 4. Monitoring through 4Ws, few cluster partners. • 5. Promotes upholding of humanitarian principles through IDP TF. • No sub-clusters present.		• 3. Gap analyses are made ad-hoc and communicated. Mostly IDP TF functions. • 4. Limited physical monitoring, few protection specific projects. • 5.. Liaison with government takes place through IDP TF, good relations.		
EAST	• High cluster functionality, strong leadership, more engagement and increased capacity of members could be beneficial. Cluster members manage to gain access to difficult areas, although recently more limited. • 1. Consistent participation in regional meetings. • 2. Structural leadership in assessments of newly displaced within the framework of the IDP TF. Assessments of protracted IDP caseloads takes on occasion place in IDP populated sites. • 3. Strong communication on emerging issues and needs assessments. • 4. Monitoring and reporting takes place, ad hoc of cluster members' activities. • 5. Works on adherence to humanitarian principles through the IDP TF and works on building capacity through training of cluster members. • HLP TF is active, GBV is present, CPiE in the cluster framework could be strengthened, also focused on Torkham (UAMs).	UNHCR • Marta D'Agosto dagosto@unhcr.org All provinces in Eastern Region. 30% of time, sometimes more.	• Consistent, well-attended, monthly meetings. A large number of engaged actors. • 1. Conducted protection assessments (and also the IDP TF assessments) are presented and shared, could be strengthened. • 2.Fairly strong liaison of organizations with the cluster on planned activities, further response activities are coordinated through IDP TF. • 3. Gaps are identified and highlighted, attempts are made to address them within the limitations of access. • 4. Monitoring takes place via the 4W reporting, and sparse field visits (not recently due to security concerns). • 5. Via IDP TF and PG contacts and liaison with the government.	Challenges: • More engagement of cluster and thematic sub-cluster members on the emergency response (protection specific) needed. • Inaccessibility hampering full engagement. Capacity building on coordination and protection in humanitarian emergencies of cluster members (also for GBV and CPiE).	• Area of concern with large numbers of IDPs and other conflict-affected populations, increasing conflict including the emergence of IS/Daesh linked groups. • Nangarhar, Kunar, Laghman, Nuristan. Capacity building of cluster members, strengthening of coordination structure.

In consideration of the limited available resources for cluster coordination at national and sub-national levels, and the widespread levels of humanitarian need across Afghanistan, the Humanitarian Country Team has identified the need to better **understand how clusters are currently working at the sub-national level to determine and improve functionality**. This is meant to be an introspective, self-reflective exercise to determine challenges affecting performance, realistic sectoral coordination needs across the regions, and **identify those high-risk regions or provinces where sector coordination gaps and humanitarian needs are highest**. It was agreed at the expanded HCT that it is not realistic to have clusters established in each location, thus requiring an honest review of current structures and **reprioritization based on available resources**. Cluster Coordinators were tasked with leading this exercise, in cooperation with sub-national structures, in time for the next expanded HCT in October.

Cluster Coordinators are requested to provide an overview of sub-national cluster support and capacity, flow of information, comparative analysis of functionality, and prioritization of areas for sub-national cluster coordination. The table at the end of the document should be used to inform key markers of functionality of sub-national clusters in each of regions.

NAME/ROLE:	DATE:
Rolf Luyendijk, Cluster Coordinator a.i. With inputs from co-leads	11 October 2015

CLUSTER SUPPORT

How often do you visit the regions and support each focal point? When were the last visits? Describe support provided, feedback received, challenges addressed.

At least once a year in their respective regions and at least twice a year the WASH Cluster regional focal points come to Kabul. Since the focal points are double-hatting – only limited time is spend on WASH Cluster issues with the focal points. Typical support provided revolves around conducting of quarterly regional WASH Cluster meetings, the contingency planning training for 23 provinces, reporting against the HRP-2015, the 4Ws especially the prepositioning of emergency WASH supplies etc.

Visits conducted by CC:
January 2015: Herat
February 2015: Mazar-e-Sharif
April 2015: Mazar-E-Sharif by Co-lead
September 2015: Kandahar
October 2015: Mazar-e-Sharif

CLUSTER CAPACITY

Have you held cluster coordination trainings with sub-national focal points? All/which regions? How many/recently?
Do you feel that the focal points adequately understand and fulfill their coordination roles and responsibilities?

Yes: Contingency planning workshops in the North and Central region of Afghanistan for government partners from the Provincial Rural Rehabilitation and Development departments and Provincial Disaster Management Authorities of 23 provinces.

We have not held specific WASH Cluster trainings or meetings with our regional WASH Cluster Representatives.

FLOW OF INFORMATION

How do you communicate with sub-national clusters/ focal points to ensure flow of information upwards and downwards? How do you ensure focal points receive updated information and there is common messaging? Describe any structured method you use to guide communication frequency, content and modality (e.g. how are standards shared, how do you receive feedback on cluster functioning?).

Regional Cluster Coordinators submit the quarterly WASH cluster minutes of meeting to the CC. Further communication has been ad hoc and on a demand-response basis when a humanitarian situation occurs or develops.

When the national Cluster Coordinator will be on board, a priority will be to strengthen the relationship of the regional cluster coordinators and provincial government actors on coordination and response in times of a humanitarian crisis

FUNCTIONALITY

How do the clusters operate differently by region? What works where and why?
Identify geographic variability across the country, reasons and needs.

The regional cluster coordinators are all UNICEF staff who are double hatting as UNICEF WASH engineers. They switch hats as priorities switch e.g. when natural disasters occur of when conflict results in IDPs. PRRDs are quite responsive in most provinces and UNICEF already works through PRRDs under its development program. Current regional cluster coordinators in the North, West and East are experienced long-term UNICEF staff who are well known in the WASH Sector. Close coordination is always done with DACAAR – a co-lead and first responder in most humanitarian situations with a longstanding and excellent track record and broad acceptance and recognition by different groups in society, including other cluster partners. Sub-national coordination therefore has been no problem.

PRIORITY AREAS

Which regions or provinces would you prioritize for sub-national sectoral coordination with limited resources, or strengthening of cluster coordination in high-risk provinces? Consider humanitarian caseloads, size and type of sector response, number of sector partners, and need for specific sector coordination.

We have prioritized the North, Central and Southern regions for our contingency planning workshops as these are most often affected by natural disaster or conflict. The number of partners was no consideration.

Please add any additional information or comments which you think may be useful:

Please return the self-assessment to the OCHA Cluster Coordination Unit: Charlie Ashley at ashley@un.org

REGIONAL MAPPING OF AFGHANISTAN WASH CLUSTERS

	FUNCTIONALITY	RESOURCING	MAIN ACTIVITIES	CHALLENGES	PRIORITIES
	Is cluster activated in region? Any/ which provinces? Assign functionality level: high, medium, low?[1] Why?	Main cluster focal point(s)? Include agency, contact details, geographic responsibility and % allocation to cluster role. Detail any co-leads.	Main functions performed[2]? How often do they meet? Strong attendance?	Main challenges/ issues with this cluster? Reason? What are the realistic solutions[3]?	Is this a priority region for cluster activity? Any specific provinces? Your recommendation for this cluster?
CENTRAL	• No, not lately	• UNICEF: Eng. Habib Haziq • hrhaziq@unicef.org • Time allocation: needs based • Central region	• No activities in 2015	• N/A	• No (not yet)
NORTH	• Yes - quarterly	• UNICEF: Eng Sibghatullah Salimi (ssalimi@unicef.org) • Time allocation: needs based • North + North East	• Quarterly meeting or more when needs arise	• N/A	• Yes
NORTH EAST	• Yes Quarterly	• See above	• Quarterly meeting or more when needs arise	• N/A	• Yes

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[1] Proposed **level of functionality measurements** include: (1) Regular participation in OCT/HRTs and/or regular sectoral meetings? (2) Consistent participation or leading of assessments and review/analysis of findings? (3) Provision of needs analysis and prioritization to national cluster? (4) Monitors and reports cluster activities? (5) Ensures implementation of cluster standards/guidelines with partners?

[2] Should be providing needs analysis, helping with prioritization. **Key field functions** could include: (1) Conducting/reviewing needs assessments and sharing analysis, (2) Planning and coordination of response activities, (3) Supporting gap analysis, (4) Monitoring response activities, (5) Government liaison and coordination with other sectors/actors.

[3] Consider needs for additional support/strengthening, merging of cluster with another cluster or government/humanitarian coordinating structure, or deactivation if deemed not critically necessary without resources. Humanitarian cluster topics can also be covered by OCT or HRT meetings outside of emergency situations which don't necessarily require dedicated sectoral coordination functions.

WEST	• Yes Quarterly	•UNICEF: Eng. M. Qasim Nazari • mqnazari@unicef.org • Time allocation: needs based • Western region	• Quarterly meeting or more when needs arise	• N/A	• Yes
SOUTH	No, not lately •	•UNICEF: Eng. Qutbuddin Nezami qnezami@unicef.org • Time allocation: needs based • South and South-East region	• No activities in 2015	• N/A	• No (not yet)
SOUTH EAST	•	•	•	•	•
EAST	• Yes Quarterly	•UNICEF: Eng. Muhammad Ibrahim mibrahim@unicef.org •Time allocation: needs based • Eastern region	• Quarterly meeting or more when needs arise	• N/A	• Yes

UNHCR Submission to the Humanitarian Coordination Architecture Review

1. General Overview

- Since 2005 UNHCR has exercised a coordination and operational role in relation to conflict-induced internal displacement in Afghanistan through dedicated inter-agency and multi-sector coordination fora (IDP Task Forces co-chaired by UNHCR and MoRR). UNHCR exercised this role before and after the introduction of the humanitarian reform/Cluster Approach to Afghanistan in 2009. As a result, IDP Task Forces coexisted with Clusters and with the inter-cluster coordination mechanisms, both at national and at regional level. This coordination model continues nowadays.

- After the humanitarian reform was globally introduced, this configuration remains unique to Afghanistan; in the context of the Cluster approach, it represents an exception, rather than the rule.

- The IDP task Forces, while in some aspects effective in coordinating and mobilising resources for needs assessment/profiling and assistance to population newly displaced by conflict, also tend to create a parallel system to the Clusters. In general, the system tends to deprive the Clusters of part of their functions, such as contingency planning, standard setting, and advocacy. As opposed to the humanitarian response to natural disasters, the response to conflict-induced displacement in Afghanistan is less organised along the Cluster structure and parameters. The necessity to streamline humanitarian operational structures both at national and at field level in line with the humanitarian reform/Transformative Agenda is giving the opportunity for UNHCR to critically look at its role vis-à-vis conflict-induced internal displacement in Afghanistan.

- UNHCR plans to refocus its role on conflict-induced internal displacement in Afghanistan. This does NOT mean an operational disengagement. It rather means a change in UNHCR role by:

  i. RELINQUISHING the additional and Afghanistan-specific overall interagency coordination role in responding to situation of conflict-induced internal displacement;
  ii. REFOCUSING its areas of interventions in line with the Cluster accountability that UNHCR has assumed worldwide;
  iii. CONCENTRATING its operational and coordination role in the protection and emergency shelter/ NFI sectors, by leading the respective Clusters and calling for an overall multi sector coordination function to be exercised by OCHA;
  iv. PROPOSING a coordination structure that recalls principles and roles that are more in line with the Humanitarian Reform/ Transformative Agenda.

- This internal reflection and proposal is well-timed in that it coincides with the Afghanistan Humanitarian Country Team (HCT) discussion on the humanitarian coordination review. It is clear that this transition cannot happen at once and that the current year 2015 can be effectively used to lay the ground for a revised coordination structure. This paper represents a contribution to the overall discussion about the Afghanistan Humanitarian Coordination Review, in parallel to other analysis and proposals formulated by the Clusters and by other humanitarian actors.

2. Background

- Since 2005 UNHCR has exercised both a coordination and operational role in relation to conflict-induced internal displacement in Afghanistan. This engagement translated in supporting the Government of Afghanistan in emergency response and provision of protection and humanitarian life-saving assistance. It also took the form of an engagement in facilitating durable solutions, largely by assisting the process of organized IDP return and – more limitedly – through supporting other forms of durable solutions such as local integration for protracted IDP situations. UNHCR involvement grew as conflict-induced internal displacement increased, particularly after 2009. In parallel, the declining rates of organized return brought a natural focus of UNHCR coordination and operational activity on the emergency response to new conflict-induced displacement.

- From the inception, the engagement of UNHCR was largely framed in an inter-agency context. UNHCR and MORR co-chaired a National IDP Task Force at Kabul level, as well as several IP Task forces at regional level where UNHCR had offices. While recognising that the primary responsibility in providing protection and assistance to IDPs rested with the national authorities, the IDP Task Force's main tasks were:

  (1) *To develop a comprehensive and coordinated understanding of the number, profile, location and protection and assistance needs of IDPs in Afghanistan; and*

  (2) *To coordinate responses to assistance and protection needs of IDPs in Afghanistan, including emergencies, with the ultimate objective of providing sustainable and durable solutions.*[1]

- The introduction of the Cluster Approach to Afghanistan in 2009 did not alter this configuration. While Clusters took shape at national as well as at sub-national level, a national IDP Task Force continued to exist, co-chaired by MORR and UNHCR[2]. In parallel, at regional level, Regional IDP ask Forces, co-chaired by DoRR and UNHCR and attended by the main UN Agencies and other key humanitarian actors (INGOs and NGOs), assumed the main responsibility to coordinate the emergency response to new conflict-induced displacement. Largely, the coordinated action focused on the collection and sharing of information on new conflict-induced internal displacement; assessment of the situation of the new IDPs, including population profile analysis and broad needs assessment; agreement on findings; decision and coordination of the delivery of emergency assistance; follow-up monitoring.

- The parallel existence of Clusters and IDP Task Forces in the context of conflict-induced IDPs emerged as a unique feature of Afghanistan, a hybrid system whereby elements of the pre-humanitarian reform co-existed with the application of the Cluster approach.

- This system continues nowadays and determines a **situation whereby most of the coordinated action to support the Government in assisting conflict induced IDPs is carried out through the IDP Task Forces and a double role of UNHCR as coordinator and as operational partner. Clusters often have a residual or subsidiary role.** This configuration seems to differ from the coordination of internal displacement in the context of natural disasters, where the engagement of the Cluster lead agencies and the coordination role of OCHA seem to be much more consolidated.

3. Current Coordination Mechanisms
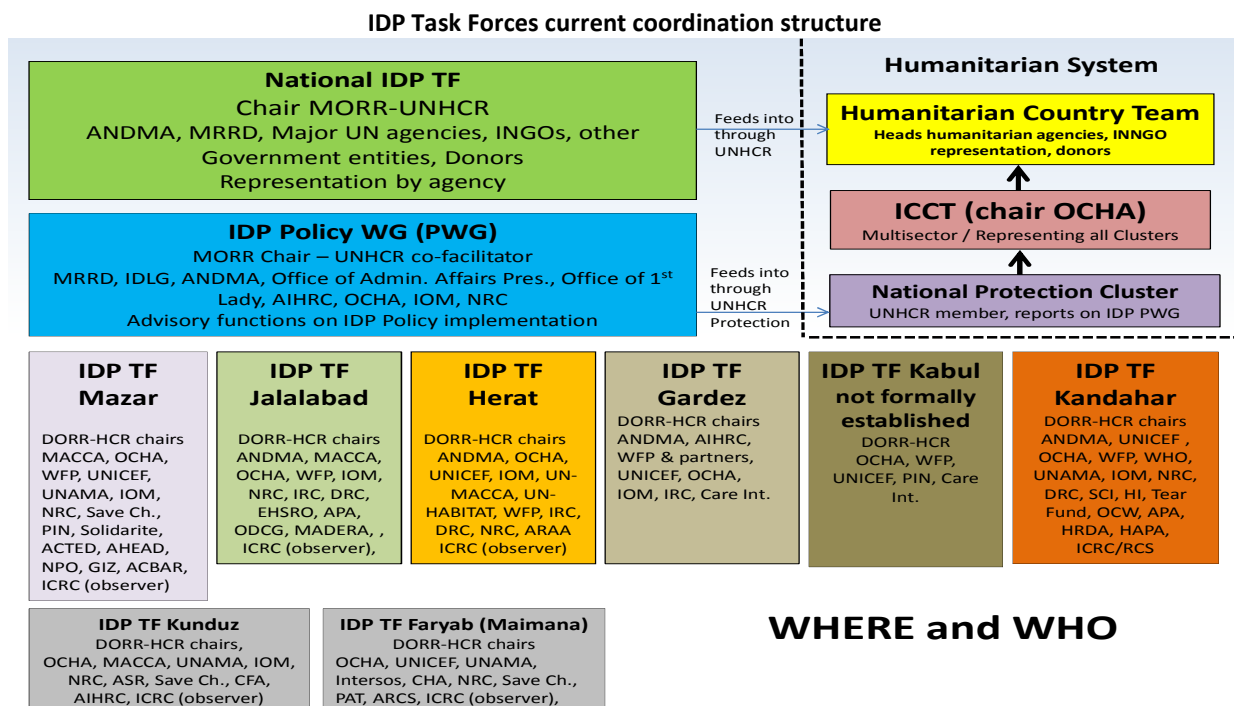
IDP Task Forces current coordination structure

- **At field level, the IDP Task Forces carry out the operational coordination of the response** to conflict-induced internal displacement by:
- Monitoring conflict-dynamics in the region and identifying new displacement trends, directly or through information received by the authorities and the communities;
- Analyzing/triangulating the information and coordinating joint assessments in affected areas where population are reportedly displaced;
- Validating the results of the assessments;
- Coordinating the delivery of humanitarian relief assistance by mobilizing emergency stocks available for delivery and distribution/response according to priorities identified during the assessment;
- Delivering the assistance.

- While there may be slight variations according to the region, the IDP Task Forces generally coordinate the response as follows:

PROCESS

Collection of information	• **Notification of dispalcement** through community information, petitions from IDP Representatives to DORR, Government requests to humanitarian community in the field, field reports from humanitarian agencies/ IDP TF Partners
Initial screening verification	• **DoRR offices confirm the primary information with the district authorities**, community structures and the source of information • **DoRR notify UNHCR** as the IDP TF Secretariat • **IDP Task Force Screening Committee** examines the petition and triangulates the information (some TF e.g. Mazar, Kunduz, Herat)
Coordination of Assessment	• **IDP Task Force mobilised to coordinate joint assessment** (accessibility, participants, organisation/logistics) • **Joint assessment takes place**: information from key informants and HH (where possible), vulnerabilities, priority emergency needs identified, immediate referral (if needed)
Coordination of assistance	• **IDP Task Force validates the results** • **IDP Task Force coordinate the delivery of assistance** • Assistance is jointly delivered • **Result of the assessment included in the PMT system** (population tracking)

- At national level, the necessity and the opportunity to gradually transfer the leadership of the National IDP Task Force to MORR, and the capacity gap still evident in this governmental institution, has contributed to render the IDP Task Force more of an information sharing than a standard setting body, without the latter role fully replaced by the Clusters.

4. Current challenges

a. Challenges related to the humanitarian coordination system

- **Despite their effective role exercised throughout the past years, the existence of the IDP Task Forces at national and at regional level have de facto assigned to UNHCR an overall coordination role in the humanitarian response to conflict-induced internal displacement in Afghanistan which goes beyond the accountability and responsibility that the Agency has assumed within the humanitarian reform/ Transformative Agenda worldwide.** UNHCR is still effectively carrying out this function, either through its protection staff or through its Heads of Offices at field level and through its small IDP Unit within the Protection Section at national level.

- **Ambiguity continues to affect the function, reporting lines and position of the IDP Task Forces in relation to the Clusters, and in particular the Protection Cluster.**

    ### i.   In relation to the Protection Cluster

    The IDP Task Forces, particularly at field level, are de facto multi-sector fora, where the emergency response to new conflict-induced internal displacement is analysed and assessed, modality of assistance is agreed amongst humanitarian actors and assistance delivery coordinated. The protection dimension (protection-oriented analysis, assessment of persons with specific needs, agreement on protection activities as part of the overall response), is only one of the aspects and realm of activity for the IDP Task Forces and – as visible – not always the primary one in practice.

    Often, due to the profile of their members, the protection dimension in the activities of the IDP Task Forces tends to be less prominent than the overall operational coordination aspects (i.e. access to areas where displacement is reported; verification of the size of displacement; agreement on the extent of the humanitarian response; coordination amongst humanitarian actors to guarantee coverage of the response; logistic aspects in the delivery of assistance etc). In addition, in the IDP Task Forces, most of the discussion and coordination efforts are centred on the delivery of food, non food/ hygiene items and – at times – health. As a result, it is currently inappropriate to consider the IDP Task Forces as exclusive Areas of Responsibility of the Protection Cluster. In fact, at national level, UNHCR as the Agency with the overall coordination responsibility for conflict-induced IDPs, merely briefs the Protection Cluster on the developing situations and the related response via the Task Forces, including protection challenges, if indentified.

    It is considered that a more robust coordination of protection analysis, monitoring and design of the response is needed, and the contribution of a wider range of specialised protection actors will be better guaranteed if the coordination of the protection response is undertaken within the Protection Cluster than within a multi-sector IDP task Force.

    ### ii.   In relation to the other Clusters

- The existence of the IDP Task Forces in parallel with the Clusters, and the fact that the IDP Task Forces de facto coordinate several aspects of the humanitarian response to conflict-induced displacement, is often seen as a duplication of the Cluster coordination structures or even as a coordination mechanism that risks to sideline the Clusters3. This situation in turn risks diminishing the Clusters' role, their meaningful engagement in conflict-induced displacement and their main functions, including in contingency planning, standard settings, and advocacy with the HCT and with the national authorities on conflict-induced IDPs.

- There is also a need for a better clarity on the relations of the IDP Task Forces, with their representation by Agency rather than by Cluster, and the other humanitarian fora currently chaired by OCHA at Provincial level (the Operational Coordination Teams) and at regional level (Humanitarian Regional Teams), particularly in those provinces and regions where displacement is prominent and the all these coordination fora in one way or another address the issue of internal displacement. There is a risk of duplication and meeting fatigue. While one of the agreed advantages of the IDP Task Forces, as opposed to other coordination fora is the presence of the Government, this is largely limited to DORR and does not normally include the various line Departments that are engaged in the humanitarian response (ANDMA, MRRD, MoH, Provincial Governors and their Offices).

- The same can be said at national level for the National IDP Task Force. While for natural disaster-conflict induced displacement the cluster regime has been consistently applied and most of the discussion on standard settings, contingency planning, response, and advocacy occurs at the ICCT level, in the case of conflict-induced displacement the link with the ICCT – and therefore with the broader Cluster representation – is more of an information sharing nature. Strategic decisions for humanitarian actors are expected to be taken at the level of the IDP Task Force. This creates an imbalance of roles and structures which is difficult to justify, especially when considering that the HNO, the HRP, the IDP Policy equally covers natural disaster and conflict induced displacement and when considering that the HNO and HRP are mainly coordinated through the Clusters.

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[3] This has been remarked also in the Protection and Emergency Shelter / NFI Clusters.

b. Challenges related to Government Institutions

▪ **At field level, IDP Task Forces largely exist as regional fora,** with the exception of Kunduz and Maimana, given the size of the Northern region. They do discuss provincial situations of internal displacement, often with the participation of the corresponding DoRRs. However, the IDP Task Forces at field level remain structures that are not fully integrated with the governance structure of Afghanistan regulating the response to natural and man-made disasters:

- The IDP Task Forces are not foreseen nor explicitly mentioned in the current governmental system of disaster management and response (2012 National Law on Disaster Management);
- The IDP Task Forces limit the participation of Governmental institutions largely to the DORR (and in few cases ANDMA), without including a broader range of authorities normally involved in addressing disaster and internal displacement (e.g. MOH, MRRD, Municipal authorities in case of urban displacement);
- The IDP Task Forces do not at present have a strong institutionalised connection to the PDMCs. PDMCs are the governmental coordination structures at provincial level in disaster management and response[4], under the responsibility of the Provincial Governor, with ANDMA as Secretariat and with a wide range of governmental Departments, including DORR. It should be also noted how, for the Government at provincial level, the PDMC remains the main stricture for coordination of the response to disasters, including internal displacement, with DORR reporting lines to the Provincial Governor other than to MORR (and often with stronger lines to the Provincial authorities). This has been visible in many recent situations of both natural disasters and conflict-induced internal displacement.

▪ **A serious lack of clarity characterises the division of responsibilities and the leadership function in addressing internal displacement amongst various authorities at national level.** The IDP Policy has not contributed to clarify the situation, possibly due to the fluid political situation at the time of drafting and due to the necessity to conclude a delayed process of endorsement. The IDP Policy in fact considers multiple coordination fora and does not establish any primacy amongst them[5]. Presently, there is a plethora of institutions and bodies at national level claiming or more or less effectively exercising a coordination role.

i. <u>High Disasters Management Commission</u> → Foreseen by the 2012 National Law on Disaster Management, it is chaired by the CEO[6], with ANDMA as a member and Secretariat, and with several Ministries, including MORR, as members. By law, the Commission is tasked to "lead, organize and coordinate the activities related to disaster management throughout the country", including in the pre and post disaster phase (reconstruction/ rehabilitation). It is to note that the definition of disasters includes "conflict" amongst the man-made disasters[7], thus implicitly including conflict-induced internal displacement. It is also to note that the law explicitly foresees budgetary allocations to address disasters and tasks the Ministries to adequately budget for disaster preparedness, management and response[8]. Also to note that the Law explicitly sets forth a coordination with the humanitarian community in general, and the United Nations in particular, by foreseeing that (a) the resources to respond to disaster be funded also by "Cash and in-kind assistance from the national and international agencies"[9]; and (b) by stating that The Government of the Islamic Republic of Afghanistan shall fully support the United Nations decisions with regard to disaster management and shall cooperate with UN agencies[10].

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[4] As per 2012 Law on Disaster Management Art 11
[5] See National Policy on Internally Displaces Persons, Section 4.3
[6] To note that due to the time of drafting the Law reports that the Commission is chaired by the Second Vice President. It is however understood that this competency now falls on the CEO.
[7] See Art 3 and Art 7 of the Law
[8] See Art 14 and Art 16 of the Law
[9] See Art 13
[10] See Art 18

ii.   <u>National Security Council</u> (NSC) → Although there seems not to be a public legal document clarifying the competencies and responsibilities of such body on issues pertaining to internal displacement[11], the NSC has been overseeing all responses to the most recent internal displacement crisis in 2015 from the central level. The NSC tasks ANDMA and MORR to report on situations of natural disasters and conflict-induced displacement respectively, but also tasks and coordinates the response of MRRD and requests OCHA, IOM (on natural disasters-induced displacement) and UNHCR (on conflict-induced displacement but more recently also on refugee issues) to report on the coordination of the response.

iii.   <u>High Level Commission on Migration</u> → Recently established by Presidential Decree, chaired by the President and with MORR acting as Secretariat, it foresees the participation of several line ministries, although the participation of ANDMA is not foreseen. Although it has a broad focus on refugees, returning refugees and "other migrants", it includes responsibilities on internal displacement such as "endorsing the National Policy of IDPs and its implementation plan for solving the problems of displacement"; and "making decision on solving the basic problems of returnees and IDPs"[12]. Although the TORs may suggest so, it is not clear if this new structure replaces the "Inter-Ministerial Coordination Committee on Refugees, Returnees and IDPs", which was envisaged by the IDP Policy as a ministerial coordination body to ensure a common understanding of the IDP situation, of the IDP needs and of the obstacles in achieving solutions to displacement; to ensure a clear division of responsibilities among governmental bodies related to addressing IDP situations; to recommend budgetary provisions for the implementation of the IDP Policy[13].

iv.   <u>National IDP Task Force</u> → It remains a body not foreseen in any law or policy, "under the overall strategic leadership of the Humanitarian Coordinator"[14], co-chaired by UNHCR and MORR, and with the presence of ANDMA (although ANDMA is not in a position of Co-chair). The Task Force at national level is tasked to develop a comprehensive and coordinated understanding of the number, profile, location and protection and assistance needs of IDPs in Afghanistan; and to coordinate responses to assistance and protection needs of IDPs in Afghanistan, including emergencies, with the ultimate objective of providing sustainable and durable solutions. At national level, the IDP Task Force has lost momentum as a strategy setting body, largely due to the choice of putting the responsibility of its management on the MORR as its chair, where capacity is clearly not adequate, including in the communication with the DORR at field level and in its relation with ANDMA. In addition, its role remains largely "non-institutionalised" in that it is not explicitly included in any provision of the Law on Disaster Management or in the IDP Policy.

▪   As visible in recent displacement situations, the humanitarian community is in fact dealing with most of these structures, often simultaneously. A relatively more institutionalised set-up may be seen in the humanitarian coordination in situations of natural disasters-induced internal displacement, with the National Security Council and ANDMA as main interlocutors at national level and with the PDMCs as interlocutors at provincial level.

▪   **While this may vary, from sector to sector, overall, the capacity of national and local authorities to respond to situations of internal displacement remains below standards, both in terms of humanitarian emergency response and in terms of facilitating durable solutions.** This applies particularly to the MORR/ DORRs but also to other institutions. Despite several prolonged capacity-building efforts by various actors, national institutions dealing with humanitarian coordination and response still demonstrate:

-   scarce understanding of humanitarian principles, including the necessity to respect the neutrality and impartiality of the humanitarian community in providing assistance in situations of conflict-induced internal displacement;
-   general absence of standards in several spheres of humanitarian activity;
-   weak logistic capacity to deliver aid to disaster-affected communities;

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[11] Several attempts to research and to obtain such Act by UNHCR have been so far unsuccessful
[12] TOR of the National Migration Board, unofficial translation
[13] IDP Policy Art 4.3.1
[14] Afghanistan National IDP Task Force Strategy 2009 to 2010, 30 August 2009

- very low capacity in protection approaches, including due consideration for age/gender/diversity
- low capacity in coordination, including serious flaws in internal communication at various levels and in particular between the national and the regional/provincial level (e.g. communication between DORRs and MORRs);
- a general tendency adopt a governance approach to the coordination of the State apparatus and action in protecting and assisting its citizens based more on personal political and ethnic connections than on a clear sense of institutional responsibility;
- a marked tendency to consider the action of the humanitarian community as a substitution rather than a contribution to the obligation of the State to protect and assist.

5. Proposed way forward – for discussion at HCT level and with the authorities

- **The current scenario in Afghanistan will be unlikely to change in the next two years** and will remain a prevailing complex emergency and humanitarian situation in most of its territory; sustained trends of conflict-induced internal displacement are expected to continue; the country will remain prone to natural disasters, producing periodic internal displacement; the capacity of State institutions will still need support to provide humanitarian assistance, protection and solutions to internal displacement. **In this light, UNHCR believes in the necessity for the cluster approach to continue to be applied at national and at field level.**

- The permanence of the Cluster approach should not be looked as a stalemate in the progress towards national responsibility, but as an opportunity in the course of the next two years to support and strengthen via the Clusters the capacity of State institutions, including through strengthened co-leadership, dedicated joint training programs, initiatives geared to the full assumption of responsibility by the national institutions in the coordination of the emergency/humanitarian response.

- **At the same time, UNHCR would propose a review of the humanitarian coordination structure based on a clearer and fuller implementation of the humanitarian reform/ Transformative Agenda. In this respect, UNHCR would propose**

  (a) **To relinquish its overall and multi-sector coordination responsibility in conflict-induced internal displacement, so far exercised via the national and regional/field IDP Task Forces;**
  (b) **To refocus its role and full engagement in all situations of conflict-induced displacement along the responsibility assumed via the IASC Cluster structure, i.e. by prioritising its coordination and operational role in the Protection and Emergency Shelter/NFI Clusters in a strengthened Cluster structure;**
  (c) **To strengthen the engagement of all Clusters in conflict-induced internal displacement, in line with what is already occurring in situations of natural disasters;**

- It is proposed a realignment of the overall humanitarian coordination function in natural disasters with a strengthened role of OCHA, as already occurring in the context of natural disasters, with the initial support of UNHCR throughout 2015 as a period of transition. The upcoming process of the humanitarian coordination review would be used also to discuss with the national and field authorities the impact and the opportunities of this shift.

- UNHCR will maintain its role of facilitator in the process of implementation of the IDP Policy, encompassing both natural disasters and conflict-induced displacement, through the National IDP Policy Working Group, while also suggesting in increase engagement and spearheading by OCHA.

- **A discussion on the continuing function and possible redefinition of the IDP Task Forces at field and national level should be undertaken,** in light of the highlighted opportunities and challenges of such structures, as analysed above. **The following possibilities can be explored in the current discussion on the humanitarian coordination review.**

  i.   <u>At field level</u>
- <u>**At provincial level**</u>**, where IDP Task Forces do not in principle exist, the function of coordination of conflict-induced displacement can de facto be absorbed by the Operational Coordination Teams (OCTs)**

chaired by OCHA. This may be possible considering the nature of the OCTs, as operational fora where practical arrangements in the emergency response can be discussed and agreed upon by humanitarian actors/ Cluster Lead Agencies, DORRs and ANDMA as well as additional governmental institutions engaged in the humanitarian response.

- **At regional level, the role of the IDP Task Forces can be absorbed by the Humanitarian Regional Teams (HRTs), chaired by OCHA, to be structured along an increased presence of Cluster lead agencies and NGO representation.**

- **Alternatively, at regional level the IDP Task Force may remain as a sub-group of the HRT. They can be chaired by OCHA, attended by the most operational Cluster lead agencies** (UNHCR for Protection/ES-NFI, WFP for food, UNICEF for WASH/ Child Protection, WHO for health, MACCA for Mine action, IOM) and with the possible participation of key humanitarian NGOs mostly engaged in emergency response, and of Government representatives, specifically DORRs, ANDMA, DOH, DOE. **The focus of this revised IDP Task Force would be largely to support to the OCTs at provincial level** in the organisation of the joint assessments of new displacement situations along commonly agreed tools (e.g. currently revised PMT form); the validation of the findings of these assessments; the support to an initial coordination of the assistance; the drafting and revision of contingency planning; all these aspects, however, should be more widely discussed at OCT and HRT level.

- **Specific sectoral issues in the humanitarian response, to be brought to the attention of the OCTs and of the HRT, should be addressed within the Cluster meetings at regional level, in coordination with the respective Cluster at national level.** This will be particularly relevant for protection issues, since a composition of the Protection Cluster without the presence of the Government would possibly allow a more in depth and open discussion on protection needs, challenges, alleged violations by both parties in conflict etc.

- **Regardless of the agreed alternative, an operational link should be strengthened between the OCT/HRT and the PDMCs through the participation of OCHA and Cluster lead agencies in the PDMCs. This will improve coordination between the humanitarian actors organised through Clusters and a broader spectrum of Government authorities at provincial level engaged in the response, over and above DoRR.** This will also allow for a progressive transfer of knowledge on coordination and operational issues in the context of emergency response to internal displacement from the Clusters to the authorities.

ii.   At national level

- In line with the transition of the IDP Task Forces at field level, with an increased coordination of the humanitarian response through Clusters, and with an already existing situation in the response to natural disasters, **the ICCT and the respective Clusters should increase their focus also on conflict-induced displacement, through an increased role in contingency planning, standard setting (e.g. assistance and vulnerability criteria), and advocacy on key humanitarian issues to be brought to the attention of the HCT.** This should take into consideration also the IASC principle of centrality of Protection in the humanitarian action.

- Since the ICCT presently does not include the Government, unless the humanitarian community would consider appropriate to change its composition[15], **a national forum for an operational dialogue between the humanitarian actors and the national authorities needs to be maintained.** The multiplicity of actors at national level claiming a responsibility/ leadership in the coordination of the humanitarian response to disasters and internal displacement (see above) does not facilitate this task.

o   Considering the National Security Council as the forum for coordination of humanitarian assistance, particularly in the case of conflict, may not be a preferred option. This is largely due to the nature of the forum (largely an information sharing forum rather than an strategic one, and a forum for the Presidential

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[15] Examples of countries in the region where a participation of the Government in the ICCT/ICCM has been attempted, including with a two-tier meeting, only partially attended by the Government, has generally not succeeded (e.g. Pakistan). Dedicated fora for discussion between the humanitarian community and the Government have generally been preferred. The nature of the conflict would also suggest the importance to maintain neutrality and no to associate all humanitarian coordination structures with the Government.

executive to task other national authorities), as well as due to its membership, which may jeopardise the principle of neutrality of the humanitarian action (the National Security Forces are an integral part of the NSC, but also party to the conflict);

o The High Disasters Management Commission and the High Level Commission on Migration may be too high level bodies to discuss with the necessary frequency all operational issues related to the coordination of humanitarian response to disasters and internal displacement.

o A National IDP Task Force can be maintained, co-chaired by the Humanitarian Coordinator (or by the Head of OCHA on its behalf), by MORR and by ANDMA, and with the presence of other governmental counterparts (MOH, MRRD, MOE, IDLG as the link with the Governor's Offices). The composition from the humanitarian side can include Cluster Lead agencies (Coordinators and Lead agencies senior Representatives), INGOs and NGO representation (by consortia, along the HCT representation). Donor representation can also be considered and maintained. This reinvigorated National IDP Task Force will represent and information sharing but also an operational forum with similar tasks as already foreseen in the original ToRs.

o In the preparatory discussion leading to this concept note, proposals have been made to follow the example of other States where IDP Policies have been enacted and create an ad hoc IDP "Executive/Operational Authority/Unit for IDPs" as the designated institutional focal point on internal displacement. Such "Units" have been designated as institution in charge for analysis, data collection, guidance and policy setting, oversight on the implementation of the IDP Policy, coordination with the humanitarian community, implementation of the strategic decision of an inter-ministerial higher body solely dedicated to internal displacement issues[16]. This choice, however, would entail a complete revision of the IDP Policy of the Government of Afghanistan and risks to bring the whole coordination review to a stalemate, considering the complex political and institutional situation in Afghanistan and the time necessary to bring changes and create new institutions.

▪ In a context where the humanitarian coordination structure through the Clusters becomes increasingly engaged in the overall response to <u>all</u> situations of internal displacement, ANDMA will not be anymore the sole focus of capacity building efforts and strategic dialogue. In the proposed coordination structure and institutional set-up, **MORR will have to increasingly become an interlocutor for the broader humanitarian community and not only a sole interlocutor of UNHCR in matters pertaining to conflict-induced internal displacement and humanitarian response**.

▪ **Finally, in a perspective of gradual transition of responsibility to the Government in humanitarian/emergency coordination and response, the IDP Policy needs to be considered.** The Policy in fact encompasses the whole cycle of displacement, including the humanitarian response and the durable solution phase. If the gradual implementation of the IDP Policy has to become the natural phasing out of the Cluster approach, the necessity to enlarge the participation to the National IDP Policy WG to other actors such as UNICEF, WFP, WHO needs to be considered to provide a concrete contribution in the design of action plans and in the transfer of knowledge to the national institutions to best address humanitarian emergencies in Afghanistan, regularly associated to internal displacement phenomena.

UNHCR Afghanistan, 15 June 2015

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[16] See "National Policy for Addressing Internal Displacement in Yemen", July 2013

As part of the Coordination Architecture Review now underway in Afghanistan, all key humanitarian stakeholders will be engaged through various means to establish broad perceptions regarding the functioning and efficiency of existing coordination mechanisms as experienced by partners participating in response operations. It is our understanding that different methods and models of coordination are in use across the country and coordination mechanisms activated to support emergency operations are sometimes ad hoc, varying between provinces and the nature of the response. Through the coordination architecture review we hope to map out these various models and streamline and strengthen coordination in order to improve the timeliness and efficiency of future emergency response.

The Red Cross and Red Crescent Movement (ARCS, IFRC and ICRC) play a vital role in National disaster response efforts. ARCS is recognized by the government of Afghanistan as an auxiliary to State agencies, and has been assigned specific responsibilities under the NDMP. If emergency needs exceed the capacity of local authorities, the PDMC and ANDMA, then additional support is requested from UN agencies, Red Cross & Red Crescent Societies, and NGOs. The Red Cross Movement (RCM) in Afghanistan is invited to share experience, lessons learned and suggestions for improving the inter-agency coordination and response mechanisms in these scenarios as well as identifying gaps and opportunities for improved coordination in developing annual humanitarian strategic response plans for the country.

Kindly consider the guidance notes below, adding any additional information you believe relevant:

1. Outline RCM coordination mechanisms and how the RCM interface with broader humanitarian coordination structures i.e. participation and status in routine humanitarian coordination structures (HCT, Clusters, Humanitarian Regional Teams (HRT) Operational Coordination Teams (OCTs) plus any other information sharing or coordination meetings undertaken on a routine basis).
   - *IFRC works closely with ARCS and participates in the following country level humanitarian coordination meetings:*
     o *UN-OCHA and Inter-Agencies meetings – IFRC HoD and ARCS Secretary General at national level*
     o *Clusters Coordination meetings – Shelter/NFIs, Emergency Preparedness, Health and WASH clusters participated by IFRC and ARCS program/operational staff at national level. No participation in Protection and Nutrition cluster but receiving meeting notes regularly.*
     o *AD HOC meetings - bilateral coordination meetings organized/participated – MoPH- EPR, ANDMA-NDMC by ARCS.*
2. What is the primary benefit of this participation to the Movement? Please detail.
     o *Map humanitarian actors competencies, gaps to define our strategic roles*
     o *Information of what others are doing and where (www) to avoid duplication*
     o *Information sharing*
3. What are the Movement's current humanitarian priorities and do you see these as being complimentary to the Afghanistan inter-agency Humanitarian Response Plan? Is there scope for improved coordination and information sharing in developing strategic response plans and priorities for Afghanistan?
     o *Assist ARCS to implement disaster response operations and strengthen roles and capacities in government and overall country humanitarian response.*
     o *RCRC Movement response are complementary to Afghan inter-agency humanitarian response plan.*
4. What is your interaction with key government counterparts? Which ones? At what level? What is your assessment of their engagement and coordination capacity? How does this vary at different levels?
     o *IFRC interact with relevant government line ministries through ARCS such as ANDMA, MoPH, Ministry of Refugees at all levels.*
     o *Interaction of ARCS at all levels – national is strong and with variation of interaction at regional and provincial – ANDMA, PDMA, MoPH, PPHC,*

5. Summarise the involvement of the RCM in supporting National Disaster Management policy and implementation.
   - ***Work through ARCS as active member of the government body.***
6. The DM law expressly introduces the **Secretary General (SG)** of ARCS as a member in the NDMC as well as its representatives in provincial and district DM commissions. To what extent does ARCS participate in these commissions? How effective is this level of disaster management organization?
   - ***ARCS is an active member of National Security council Technical Group on humanitarian issues, active member of NDMC, PDMC.***
   - ***ARCS SG actively participated in NDMC lead by ANDMA. ARCS Regional and provincial branches Head actively participates at regional and provincial coordination meetings – PDMC***
   - ***Effective mechanism at all levels – to share information, coordination, avoid duplication***
7. In your experience is there absolute clarity around the expectations and responsibilities of the RCM in an emergency response both in terms of your role and responsibilities vis-à-vis local authorities and when cooperating with UN and NGOs? How have your experiences differed by region / province and what do you see as the cause of this?
   - ***RCRC Movement mandate, roles and responsibilities to work with ARCS/NS in emergency response is clear and is known by UN-OCHA at national level.***
   - ***Not to all NGOs and government local authorities.***
8. Does the RCM have Standard Operating Procedures guiding your roles, responsibilities and coordination procedures in emergencies? - *YES*
9. During emergency response does ARCS generally participate in coordinated inter-agency assessments or undertake independent assessments?
   - ***ARCS participates in inter-agency assessment at provincial level through PDMC coordination meetings using multi-sectoral rapid assessment form (adapted by clusters, government).***
   - ***In insecure areas, ARCS is requested/tasked to do the assessment.***
   - ***In major disasters – IFRC/ARCS undertake independent assessment***
10. Does ARCS share assessment results and communicate identified gaps with UN and NGO humanitarian coordination bodies? How is this usually undertaken?
    - ***ARCS shares all damage and casualties assessments with all coordination mechanism meetings.***
    - ***OCHA is all the time in direct contact with ARCS especially DD (Disaster Management) to share information regularly. The development of inter-agency rapid assessment form was shared to ARCS by OCHA for comment.***
    - ***ARCS shared to NDMC and IFRC/ARCS shared to humanitarian coordination meetings.***
11. Based on your experiences, how effective are inter agency coordination mechanisms? What are the major challenges, gaps and constraints that you have experienced and what recommendations would you propose to strengthen current coordination models. –
    - ***Inter-agency coordination mechanism – Effective- sharing information, coordinate resources***
    - ***Gaps/challenges***
      - ***No follow up on action points***
      - ***Different people attended the meetings; Decision makers not participating***
      - ***Priorities of support – focus on the interest of donors and government but to the interest of beneficiaries. Limitations of accurate information and assessment report from the ground due to security constraint.***
      - ***Humanitarian response focus its attention on the media coverage and neglecting other priority areas for support.***
      -
12. Detail your experience of Government involvement in disaster response and how you view National capacity to assume disaster response and coordination functions.
    - ***ARCS is working with government***
    - ***Presence of disaster response mechanism structure at all levels; leading multi-sectoral and inter-sectoral coordination functions by the government needs to be improved.***

IOM Submission to the COORDINATION **ARCHITECTURE REVIEW**

Government Counterpart	Role & Responsibilities	Existing Coordination Mechanism	Existing SOPs/ Legal Framework / Policies and Plan	Key Challenges/Gaps/ Constraint	Capacity Building Done/Planned	Recommendation
National Disaster Management Commission – NDMC	1) To determine the major directions for disaster preparedness and management; 2) To convene meeting when any major disaster strikes in the country. 3) To declare National Emergency Situation in the country, and declare the end of it at the appropriate time. 4) To adopt measures to save lives and eradicate causes that lead to disasters. Take steps for prevention, relief, recovery and rehabilitation using the available resources from the concerned Government Ministries and Departments; 5) To undertake immediate measures to save people and eradicate the causes	The coordination at national level is carried out by the office of the Chief Executive Office overseeing the National High Commission for Disaster Management (NHCDM) Activation of the National Emergency Operations Centre through NHCDM (including emergency response and international appeals), in the event of large scale disasters that fall within the calamity or catastrophic levels as enshrined in the thresholds for response. Declaration of State of Emergency or Disaster as well as mobilization of international assistance led by the Chief Executive Office.	Disaster Management Law			

	emanating from and or related to disasters 6) Allocate funding to the concerned agencies and provincial government from the National Emergency Fund. The National Commission will convene its meeting, when necessary and when any major disaster occurs in the country, at the request of Afghanistan National Disaster Management Authority (ANDMA).				
Afghanistan National Disaster Management Authority - ANDMA	1) The Afghanistan National Disaster Management Authority (ANDMA) is the principal institution at the national level with the mandate to coordinate and manage all aspects related to disaster mitigation, preparedness, and response through its national and provincial offices. 2) ANDMA Directorate provides the secretariat	ANDMA provides the secretariat support for PDMC/NHCDM and coordinates the humanitarian response along with line departments/ministries and humanitarian actors.	• Disaster Management Law • Strategic National Action Plan (SNAP) • Afghanistan Environmental Law • National Risk and Vulnerability Assessment in Afghanistan, (NRVA)	1. Budget limitation 2. Low capacity of government officials. 3. Lack of awareness 4. Lack of staff especially technical staff 5. No proper coordination in practice. 6. Lack of leadership within ANDMA	IOM: • ANDMA Equipped with IT equipment and software • IT training conduced for ANDMA staff. • Internet Service provided to ANDMA DG • One Consultants provided • ANDMA staff trained on information data	• Disaster management law needs to be reoriented to address the issue of DRR in comprehensive way along with the better defining the financial planning and resources mobilization from the resource acquisition point of view for better

support for PDMC/NDMC and coordinates the humanitarian response along with line departments/ministries and humanitarian actors.		• National Disaster Management Plan • Standard Operational Procedure (SOP) • Disaster Management Strategy – 5 years 5 100 days plan	and ongoing politics within ANDMA. 7. Weak coordination and information sharing among local authorities and communities. 8. Lack of financial resources as well due to climate and insecurity in the region. 9. There are major gaps in establishing the effective disaster risk management system at the country level. 10. No specific policy and hazard specific guideline to work across minimizing the different risk of	collection at central and provincial level • On job training on use of RAF at provincial level. The following activities planned through NDMIS in 10 provinces. ❖ Needs assessment and planning ❖ Developing database along with SOPs and a web-based portal site ❖ Implementation of the NDMIS and training ❖ Continues on job training for ANDMA on NDMIS business process. **UNDP:** ❖ Policy, strategy development and advisory support	disaster management framework. • Disaster management system is well institutionalized to govern the processes of disaster management in the country. It is appropriately placed from National to local level. It needs to be strengthening by way of providing systematic capacities to the functionaries to respond in better way and may be places some department within the system to support governance of disaster management under the leadership of ANDMA.

				disasters for Afghan society.	UNICEF: Website development.	• ANDMA requires substantive capacity to strategically assess all kinds of disasters, as well as policy and institutional aspects to be able to provide an enabling environment by framing and activating appropriate policy and legal instruments. In addition, ANDMA requires enhanced capacity to coordinate DRM with the government and non-government organizations.
				11. Having single mandated institution for disaster response and DRM, lack clarity in the role and responsibilities and overlap of gov't led coordination forums.	ARC: planned training and IM activities	
						• Revision of existing laws, policies and strategies and tailoring these to the contextual of the country. ANDMA to take

						greater and clearer role in coordination of the humanitarian and DRM activities.
Provincial Disaster Management Commission - PDMC	Provincial Disaster Management Committees (PDMCs) at provincial level to support emergency response. It is at provincial level where the operations take place in support of the district(s) and affected community. Provincial level coordination ensures that the PDMC is activated and coordinates effectively with the other organizations within the province and the national level	❖ Activates and mobilizes the PDMC which is comprised of government officials from the key ministries and the humanitarian/development community if there is a need, to carry out an initial assessment on the extent of the damage and to identify needs for immediate relief and humanitarian response gaps. ❖ Under the guidance of Chairperson of PDMC, joint rapid assessment team(s) comprised of (ANDMA, Departments of Water Regulation, Rural Rehabilitation, Public Works, Agriculture, Refugee and Repatriation, Public Health, ARCS, NGOs, UN Agencies, ICRC/IFRC) to be sent to the field for impact and needs assessment. (Team composition depends on	• Disaster Management Law • National Disaster Management Plan		• ANDMA staff trained on information data collection • On job training conduced on how to do rapid assessment and reporting	• Eliminating similar coordination structures as there are several overlaps of coordination forums at provincial and regional level. Instead a single coordination forum needs to be strengthened

		the available capacity within each province).				
		❖ Discusses the assessment report with the PDMC and determines the magnitude of the disaster, level of response needed and who has the capacity to provide relief assistance. ❖ Disseminate the assessment report to all relevant humanitarian partners through ANDMA.				
Ministry of Rural Rehabilitation and Development – MRRD	Ministry of Rural Rehabilitation and Development focuses on social protection, mitigation and long term recovery/development for the affected community aimed at resilience building.	The Department/Ministry of Rural Rehabilitation and Development focuses on social protection, mitigation and long term recovery/development, in extreme situations or during major disasters,	• Disaster Management Strategy -		• MRRD staff trained on information data collection • On job training conduced on the use of rapid assessment	
Ministry of Refugees and Repatriation - MoRR	Ministry of Refugees and Repatriation (MoRR) coordinates an influx of conflict induced internally displaced people (IDPs), undocumented migrants and refugee returnees. This includes attending to the protection related issues of these individuals.	Ministry of Refugees and Repatriation (MoRR) works closely together with ANDMA in the event of population displacement or mass population movement. An inter-governmental support is called for depending with the scope of the disaster and the disaster evolution.	• National IDP Policy		• MORR staff trained on information data collection • On job training conduced on how to do rapid assessment	
Other Ministries	• MAIL takes part in food security assessments,	Air transportation and search and rescue services are	Emergency Preparedness and		Mock drills by MOI and M0D on	

food provision and drought response coordination. • Ministry of Public Health provides health assistance to the affected, emergency sanitation and safe water; establishment of mobile clinics, surveillance and disease control. • Department of Meteorology provides weather related information and early warning information. They will work closely with ANDMA, Ministry of information and culture, the media and mobile telephone companies in disseminating information. • Ministry of Transport and Aviation – provides transport and logistic support.	provided by the Ministry of Defense and Interior for the affected community aimed at resilience building. Ministry of Public Health coordinates response to epidemics and emergency nutritional needs, and conducts diseases surveillance system.	Response Policy (MoPH)		emergency scenarios at national and provincial level.

CLUSTER ARCHITECTURE REVIEW
SUBMISSION FROM EMERGENCY RESPONSE MECHANISM (DRAFT)

Emergency Response Mechanism

Funded by the European Commission's Humanitarian Aid Department (ECHO), the Emergency Response Mechanism was established to respond to emergencies triggered by ongoing conflict or sudden-onset natural disasters. The ERM program ensures that a network of aid organisations with operations across Afghanistan have sufficient resources (staff, cash reserves and stockpiles off goods) to respond to localised small scale disasters and help beneficiaries meet immediate basic needs including food, drinking water and health.. Current ERM partners are Action Contre la Faim (ACF), Danish Committee for Aid to Afghan Refugees (DACAAR), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC) and People in Need (PIN). The ERM is not a consortium; nonetheless partners meet on, at a minimum, a monthly basis and coordinate responses closely. The ERM is now (2015) in its fifth year of operation; the process of coordinating response has proven effective and partners hope this mechanism extends into the future.

ERM partners commit to carrying out an assessment within 5 days of receipt of notification of a disaster. They commit to start carrying out a response within five days after the reported assessment. The primary response modalities for ERM partners are unconditional cash transfers, provision of non-food items (NFIs) and basic WASH services. ERM interventions are designed to support households for a period of 1 month in the immediate aftermath of a shock; supplementary distributions after 1 month take place only in exceptional circumstances. The cash amount (8000 AFG) is calculated to cover the food need of a family of 7 people for 30 days at least (2100 Kcal per day per person) while the NFIs package include Kitchen/Hygiene/Cooking set/Tents/Mattress/Blankets. The preferred ERM response is a combination of the two.

INGOs participating in the ERM mechanism are committed to work closely with UN agencies and other humanitarian actors in the framework of local coordination mechanisms. In particular, they are required to (1) show evidence of participation in joint assessments, (2) work in close coordination with both government actors and UN agencies. ERM partners are not permitted, however, to supplement interventions conducted by other partners; in other words, ERM partners cannot provide top-ups (in terms of cash or NFIs) for beneficiaries who receive partial food packages or NFI packages.

ERM and Coordination Mechanisms

ERM partners engage regularly in UN-led coordination mechanisms, both in terms of participation in meetings and in terms of reporting. These mechanisms include but are not limited to:

- *IDP Task Force*. ERM partners engage with the IDP task force at national and provincial levels through regular participation in meetings. Where the IDP task force coordinates joint assessment and response, ERM partners are committed to participate in task force meetings.

- **Clusters**. ERM partners participate in the ES/NFI cluster, the FSAC cluster and the WASH cluster at national and provincial levels. ERM partners disseminate the ERM guidelines and standards, and participate in initiatives to develop standardised response modalities.
  - **Cash and Voucher Working Group**. Unconditional cash transfers are a priority intervention for ERM partners; the partners therefore play a central role in the Cash and Voucher Working Group (held at the national level). NRC, an ERM partner, chairs the CVWG.
  - **Technical Working Group**. To support initiatives to standardize intervention modalities and standards, ERM partners are co-chairing the ES/NFI cluster Technical Working Group, held at the national level. ERM partner co-lead WASH Cluster and Chair Water Technical Working Group.
- **OCHA**. ERM partners are in regular contact with OCHA at national and local levels to coordinate responses with other actors. The partners participate in a variety of forums organised by OCHA, including the HCT, ICCT and OCT.

At a government level, ERM partners engage primarily at a local level with

- **Governor`s Offices**. Where the Governor's office takes the lead in organising emergency response (eg Kandahar), ERM partners liaise closely with the Governor.
- **MoRR and DoRR**. At both national and provincial level, ERM partners have close relationships with the MoRR or DoRR. This relationship can present both opportunities, in terms of expanding response, and challenges, in terms of meeting intervention standards.
- **ANDMA and PDMCs**. ANDMA and PDMCs coordinate responses to natural disasters. ERM partners liaise closely with PDMCs; ERM response to natural disasters is contingent on pre-approval by the relevant PDMC.

Coordination Challenges

In previous project phases, ERM partners have identified several challenges associated with existing coordination mechanisms:

- **Inconsistent assessment tools and methodologies.**
  Currently, UN agencies use a common tool (the Rapid Assessment Form) when responding to natural disasters. No similar common tool exists for conflict-induced displacement; different areas currently use different formats and tools for conflict induced displacement. There is therefore inconsistency between assessments for natural disasters and those for conflict-induced displacements, and also between assessments for conflict induced displacement in different regions All UN assessment forms are designed to collect data at the community level whereas ERM partners need to verify all data at a household level. This verification takes place in order to ensure robust programming and distribution to the most vulnerable individuals. . Following the joint assessment, ERM partners conduct household verification, using standardised tools. This process differs from the UN process and, although it helps to ensure transparency and accountability, it has occasionally met with resistance from various stakeholders. Moreover, conducting two consecutive assessments within a very short time-frame might lead to assessment fatigue among beneficiaries.

- *Inconsistent coordination mechanisms following joint assessments*.
  Currently there are no standardised and widely distributed SOPs for coordination of response. As a result, the quality of coordination taking place post-assessment varies. In some cases, there is clear division of responsibility, either in terms of geographic areas or in terms of sectors. In others, however, roles and responsibilities between the ERM consortium and other responders are not clearly defined. This increases the risk of double-distributions to some beneficiaries, and non-distribution to others.

- *Speed of Response*.
  ERM partners have committed to assess displaced populations within 5 days of notification of the displacement, and to respond within 10 days of notification. Joint assessments can often take longer than 5 days to organise; it has taken as long as 30 days to organise assessments. The slow organisation of joint assessments creates a dilemma for ERM partners, who have contractual obligations both to participate in joint assessments and to respond within 10 days of notification off a disaster or displacement.

- *Lack of clarity about response thresholds.*
  ERM is designed to target both: 1) small scale displacements/disasters, and 2) coordinated responses to larger scale displacement or disasters. Within the ERM framework, it iss clearly stated that partners can respond, without authorisation or reference to other actors, to cases less than 100 families, and donor approval is needed for caseloads greater than 100 families. However, thresholds set by other agencies, including local authorities, are often not clear; this is often related to lack of clarity about the response capacity of actors in various government agencies. It is therefore often unclear whether the relevant government authority, UN agency, or ERM partner is responsible for a distribution. Response thresholds can also differ between one province and another; in some cases, they can vary between caseloads. This lack of clarity lengthens response time and creates tension between stakeholders.

- *Lack of guidelines and clear prioritisation between response modalities.*
  ERM offers primarily UCT and NFI distributions in the aftermath of a crisis, but can only provide this support to beneficiaries who have not received other forms of assistance. UN agencies often respond to beneficiaries with limited resources; in order to manage these resources, they can provide partial or incomplete rations or packages. Currently there is no commonly agreed upon prioritisation mechanism; as a result, it is possible for beneficiaries to receive incomplete packages from UN agencies. ERM partners are sometimes requested to complement these incomplete distributions, but these top-ups are considered cost-inefficient and poor practice by ECHO. ERM partners are therefore unable to distribute any assistance at all to beneficiaries who have received incomplete packages.

Recommendations

- *Common tools & forms*. While the RAF tool is effective for natural disasters, it is not systematically used in conflict settings. It is also a community level, rather than a HH level, tool.

It could be possible for UNHCR, IOM and ERM partners to work together to make a standard set of forms to ensure standardisation of response and information collection through the country, and between NGOs and UN agencies, sussing the proven and effective ERM tools as a starting point. Similarly, it could be possible to develop standardised beneficiary verification mechanisms that collect data at a household level; this would help to improve accountability and transparency for all actors responding to humanitarian crises.

- *Guidelines for distribution priorities*. ERM partners and UN agencies have distinct comparative advantages. ERM partners have higher levels of speed and flexibility compared to UN agencies through cash-based mechanisms. UN agencies, on the other hand, can provide goods and food in cassses where markets are not functional. They can also provide longer term response (whereas ERM partners can only provide 1 month). Given the advantages of each type of organisation, it might be sensible to develop common prioritisation of response modalities. Such a prioritisation process could consist of 1) agreement that UN agencies are not obligated to distribute to the full caseload in all circumstances, 2) discussion about the circumstances in which cash could be prioritised over food, and 3) in appropriate circumstances, organising for ERM cash responses to meet immediate food needs in areas where markets are functional, with UN agencies providing longer term support in the following months.

- *Guidelines for post-assessment*. A clear set of SOPs should be developed for the steps following a joint distribution. This should include 1) an agreement in principle that joint assessments should take place before distributions, 2) a procedural agreement that distribution responsibilities are allocated within 2 days after the assessment is completed, 3) prioritisation of response modalities, to optimise the synergies offered by ERM, the UN and other humanitarian organisations and 4) verification mechanisms to ensure that the distributions are carried out within the agreed time frame.

- *Standardisation of packages (between ERM and UN agencies; between all actors)*. Currently, there are a variety of different NFI kits; the food package is also not necessarily consistent (full package in Khost and Paktika, 75% package in the rest of the country? To be verified with Andy?). The process of standardising NFI kits is ongoing, but has not yet been completed; it is hoped that this process will ensure that there is no fundamental difference between NFI kits distributed by UN agencies and ERM. Priority of response modalities (cash first and then food). WASH services such as latrine design also vary among responding organizations.

COORDINATION **ARCHITECTURE REVIEW**

Cluster Coordination Performance Monitoring (CCPM) 2015
Summary of Results and Key Comments by Cluster

Performance Status Results Summary:

	ESNFI	FSAC	Health	Nutrition	Protection	WASH
Overall Response Rate	15 pax	50%	81%	41 pax	13 pax	78%
Supporting Service Delivery	Good	Good	Good	Good	Good	Good
Informing strategic decision-making	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Good
Planning and strategic development	Satisfactory	Unsatisfactory	Good	Good	Unsatisfactory	Satisfactory
Advocacy	Satisfactory	Weak	Good	Good	Satisfactory	Unsatisfactory
Monitoring and evaluation	Satisfactory	Satisfactory	Satisfactory	Good	Satisfactory	Unsatisfactory
Contingency Planning/Preparedness	Satisfactory	Unsatisfactory	Good	Satisfactory	Satisfactory	Satisfactory
Accountability to Affected Populations	Satisfactory	Satisfactory	Satisfactory	Satisfactory	Unsatisfactory	Satisfactory

Common comments across Clusters:

- Strengthen **government engagement** and involvement in cluster system to support **transition**
- **Contingency planning** and **preparedness** work to be strengthened, completed more regularly, particularly for recurring emergencies
- **Needs assessment** tools, **gap analysis** and **prioritization of needs** require improvement
- Linkages between **national and sub-national** need strengthening, with capacity building of focal points for needs/response analysis, improved field coordination and clarification of roles and responsibilities
- **Advocacy** work to be strengthened across many clusters
- **Accountability to Affected Populations** (AAP) weak across the board, action plans should include capacity building of sub-national focal points and strengthening of consultation and reporting mechanisms

Main Comments by Cluster:

ESNFI

- Poor participation of national counterparts (ensure translation of documents)
- No dedicated information management support; limits information products/services.
- Planning/strategic development weaknesses due to project-less appeal, doesn't allow for assurance of strategic and standards adherence, lack of alignment to government strategies
- No exit strategy
- Advocacy needs improvement; should jointly planned and coordinated
- Contingency planning/preparedness for recurring emergencies/conflict converges with IDP-TF CPs (confusion on modalities of responses and roles/responsibilities). Stockpiles should be prioritized for funding, counted separately from ongoing programs/projects
- AAP; complaints mechanism needs to be agreed, coordinated M&E framework to ensure participation at all programme cycle stages

FSAC

- Limited government/NGO participation; government should be involved at both levels for strategic development
- Lack of gap/overlap analysis
- Additional assessment tools needed for early recovery
- Sub-national focal point need strengthening for response analysis
- Better prioritization of needs for decision making
- Better sensitization of strategy/priorities needed
- Advocacy sub working group needed, identify strong advocacy partners
- Inclusive contingency plan needed, to be updated seasonally

Health

- Field coordination, high risk provinces, better needed
- Decision on service delivery should be taken based on local presence/expertise
- Unclear provincial level cluster function, tasks, activities, authority
- 3W to be updated regularly

Nutrition

- Orientations on cluster approach, 4W, NiE for new members
- Map partner capacity, identifying gaps, solutions (capacity building)
- National rapid response team to ensure quick assessments results
- Training in assessments, map partners with assessment capabilities
- Gather field partner inputs for cluster prioritization
- Enhance cross-cutting mainstreaming in SRP
- Finalize advocacy strategy
- Map causes of poor quality/under reporting to address them
- Finalize contingency planning and share
- Establish AAP taskforce, develop guidance

Protection

- Better connection between national and regional levels needed
- AAP capacity building of regional clusters participants needed
- Data gathering, situation monitoring, analysis to identify/address gaps, to inform strategic decision making
- Apply/context standards/guidelines and SOPs
- Clarify funding requirements, prioritization
- Develop contingency plans
- Strengthen consultation and reporting mechanisms to be more AAP

WASH

- Cluster has improved since 2014
- Facilitating humanitarian access and transition should appear more in CCPM
- Transition; safeguard mechanism should be put in place to reverse process if needed
- Operational coordination for rapid onset insufficient: 3W and response mapping more for chronic needs (not emerging rapid onset)
- Technical guidelines/standards not always appropriate/overly complicated/expensive
- Advocacy has improved (CHF allocation for WASH)
- Rapid onset needs, response and gap analysis could be strengthened

Shelter & NFIs Cluster Afghanistan
Coordinating Humanitarian Shelter and NFIs assistance

SUMMARY of the Cluster Performance Monitoring Preliminary Report 2015

Started on: April 2015   Completed on: August 2015

This Coordination performance Report summarizes the results of questionnaires completed by the cluster coordinator(s) and partners in April 2015 as part of the cluster performance monitoring process undertaken in Afghanistan. The complete report (attached) provides an in-depth assessment of the quality of cluster operations, focusing on the IASC six cluster core functions and an additional component of accountability to affected people. Following the meeting on 25/08/2015, the cluster completed the attached table included as Annex I of this CPM preliminary report. The survey was completed by a total of 15 responders (coordinators and partners) and the total average score was 71 (YELLOW = Satisfactory, Needs minor improvements).

CLUSTER SURVEY RESULTS	71	AVERAGE SCORE
1. Supporting service delivery	**77**	**GOOD**
2. Informing strategic decision making of the HC/HCT for the humanitarian response	**70**	**SATISFACTORY**
3. Planning and strategy development	**72**	**SATISFACTORY**
4. Advocacy	**75**	**SATISFACTORY**
5. Monitoring and reporting	**67**	**SATISFACTORY**
6. Contingency planning/preparedness for recurrent disasters whenever feasible and relevant	**59**	**SATISFACTORY**
7. Accountability to affected population	**75**	**SATISFACTORY**

Comments on weak and unsatisfactory areas:

1. The supporting service delivery function has improved to the extent of being appreciated by cluster partners. Language was identified as the barrier for the poor participation of national counterparts while it was noted that also cluster documents should be translated to have wider dissemination/understanding. *Translation services and dissemination of documents in local languages will be pursued as well as engaging with other parallel coordination mechanisms.*

2. The information provided for decision making has been satisfactory and timely available. Although the cluster has no dedicated Information Management services, two websites are maintained and all mandatory and routinely information is available as requested. HIV/AIDS issues were not given enough attention in program analysis but considered among the vulnerability criteria for assistance. *CPs recommended to engage in analysis and discussion technical-able organizations while also increasing coordination with Health Cluster.*

3. Planning and strategic development weak points are linked to the current HRP approach (project-less) that doesn't allow the cluster to ensure that strategic approach and respect of standards are including in Partner's responses; the lack of alignment of Government's strategies (that are still inexistent in terms of assistance responsibilities & capacities) and the absence of deactivation/phasing out strategy. Being the latter two interlinked with an undergoing self-assessment on cluster capacities and feeding up the whole humanitarian architecture review. *Proposed corrective actions are to request OCHA/HC guidelines on government's strategic plans to refer and potential bodies to phasing hand-over coordination responsibilities. Cross cutting issues will be given necessary attention in all processes from assessment to implementation, reporting, monitoring and evaluation.*

4. Advocacy is considered satisfactory but still need further improvement. *The joint efforts of partners in the transmission of core humanitarian principles, values and standards needs to be reinforced by the importance of ES and NFIs assistance as an essential lifesaving relief intervention. Advocacy activities should be jointly planned and coordinated.*

5. The absence of dedicated Information management support is limiting the capacity of the cluster to provide better information products and services. Cluster coordinator is maintaining both websites (shelter & Humanitarianinfo) but this may distract him from other priority activities/ duties. To the extent that it's possible all related information has been published in dedicated websites. *Dedicated IM support is urgently needed (i.e. staff on deployment or secondment).*

6. Contingency planning and preparedness for recurrent emergencies and assistance to conflict affected population is done at the cluster level (based on the EWG inputs, available stocks, assessments and partner's operational capacities) but it converges with IDP TF CPs. Thus there are still confusion on the modalities of responses as well as on roles and responsibilities. **CP stockpiles should be prioritized for funding and Contingency Stocks should be counted separately from ongoing programs/projects (for what stock is being committed).**

7. Although accountability to affected population is considered satisfactory, it doesn't represent the cluster score but the one of individual Partners. **Cluster needs to identify and agree a mechanism for complaint as well as proper coordinated M&E framework ensuring beneficiary's participation in all stages of the program cycle.**

Cluster Coordination Performance Monitoring
Afghanistan – May 2015
Food Security and Agriculture Cluster (FSAC)

Overall response rate (Based on the number of organizations that are part of the cluster) = 50%

Results against Core Functions
1. Supporting service delivery: Good performance
2. Informing strategic decision-making of the HC/HCT for the humanitarian response: Satisfactory performance
3. Planning and strategy development: Unsatisfactory performance
4. Advocacy: Weak performance
5. Monitoring and Evaluation: Satisfactory performance
6. Contingency Planning/Preparedness: unsatisfactory performance
7. Accountability to affected population: Satisfactory performance.

FSAC partners shared important comments:
1. Gove & NGO limited participation.
2. -FSAC to properly analysis the gaps & overlaps.
3. -Partners to actively report to FSAC Cluster when requested.
4. Additional assessment tools are needed to capture needs for early recovery.
5. Strengthen the role of sub-national focal points (at regional and provincial levels) to be able to contribute to the response analysis
6. FSAC partners to well prioritize short term and medium needs for strategic decision making.
7. Include regular sensitization to partners on strategy and priorities
8. Government should be involved at national and regional level in strategy development
9. To conduct an awareness raising session with FSAC partners on establishing an advocacy sub-working group and its task.
10. Identify strong advocacy partners within FSA cluster in order to utilize their experience and inputs
11. To develop an inclusive contingency plan with main stakeholders (Gov/INGOS/NGOs/Communities) must be updated and shared on seasonal basis

Cluster Coordination Performance Monitoring
Afghanistan – May 2015
Health Cluster

Overall response rate (Based on the number of organizations that are part of the cluster) = 81%

Results against Core Functions
1. Supporting service delivery: Good performance
2. Informing strategic decision-making of the HC/HCT for the humanitarian response: Satisfactory performance
3. Planning and strategy development: Good performance
4. Advocacy: Good performance
5. Monitoring and Evaluation: Satisfactory performance
6. Contingency Planning/Preparedness: Good performance
7. Accountability to affected population: Satisfactory performance.

Health partners shared important comments:
1. Coordination at field level is not fully developed especially in high risk provinces.
2. The decisions on service delivery should be taken based on local presence and expertise.
3. Tasks, activities, authorities and function of clusters is unclear at provincial level.
4. The 3W document for health cluster needs to be updated regularly.
5. Cluster meetings timing should be fixed.

National Nutrition Cluster Coordination Performance Monitoring (CCPM) summary- June 2015

Background

The nutrition cluster conducted the CCPM in April 2015 which culminated in a workshop on the 17th of June. The workshop was supported by the Global Deputy Nutrition Cluster coordinator and the UNICEF intercluster coordinator both based in UNICEF EMOPS office in Geneva. A total of 41 people responded to the online survey representing national NGOs, International NGOS, Donors, UN agencies and government line ministry. A total of 43 people participated in the CCPM workshop representing 23 organizations.

Recommendations

1.   Support to Service Delivery. Good

✓   Conduct regular orientation/refresher sessions on cluster approach, 4W, NiE for new cluster members.

2.   Informing Strategic Decision to HC/HCT. Satisfactory

✓   Enhance timely response to emergencies the establishment of

(i)   rapid response team (RRT) at national level for emergency response and ensure quick sharing of assessment results.

(ii)   training partners in assessments (SMART, RNA, SQUEAC) and map partners with assessment capabilities.

3.   Planning and strategy Development. Good

✓   Enhance the mainstreaming of cross cutting issues in SRP.

✓   Conduct capacity mapping of partners identifying gaps and solutions to close them (capacity building).

4.   Advocacy. Good

✓   Finalize and implement the advocacy strategy.

5.   Monitoring and reporting. good

✓   Enhance quality reporting through mapping of causes of low quality reports and under-reporting and address them.

6.   Contingency planning/preparedness

✓   Finalize the contingency plans for the country and share with partners

7.   Accountability to Affected population

✓   Enhance AAP through establishing an AAP taskforce to develop the AAP guidance as well as develop a standard AAP template as annex to the guidance for partners to adapt and use as necessary.

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Afghanistan Protection Cluster

Cluster Functionality and Performance – Cluster Coordination Performance Monitoring

The Cluster Coordination Performance Monitoring (CCPM) process for the Afghanistan Protection Cluster (APC) was conducted in April 2015 via an electronic survey distributed to cluster members. The APC received 13 responses from the national level cluster members.

Results against core functions:

1. Supporting service delivery: *Good* & *Satisfactory*
2. Informing strategic decision-making of the HC/HCT: *Satisfactory*
3. Planning and strategy development: *Unsatisfactory*
   a. Comment: '*better connect national and regional levels*'.
4. Advocacy: *Good* & *Satisfactory*
5. Monitoring and reporting: *Satisfactory*
6. Contingency planning/preparedness for recurrent disasters: *Satisfactory*
7. Accountability to affected population: *Unsatisfactory*
   a. Comment: '*capacity building of regional cluster participants is needed*'.

For a detailed and contextualised overview of the coordination role, responsibilities, and approaches of the APC, readers are referred to the APC Cluster Review Paper and APC Recommendations Paper produced for the process of the Humanitarian Architecture Review.

APC members indicated that approximately 70% of the detailed set of activities performed by the APC within the core functions were *good* to *satisfactory*. As noted, the APC recognises the need to continue to improve and become more targeted in many areas to provide more effective services to its members and especially the affected populations. While the APC is not a 'standard' cluster, and has a broad remit of responsibilities and activities, the APC will focus on improving in the most contextually relevant but perceived weaker areas, notably:

1. Gathering data, monitoring of the protection situation, and providing analysis to identify and address gaps, obstacles, duplication and cross-cutting issues in order to more effectively inform the strategic decision-making of cluster members, as well as the HC/HCT;
2. Applying and contextualising standards, guidelines, and SOPs in its planning and strategy development – both at national and regional level;
3. Clarifying funding requirements and informing cluster members, prioritisation, and substantive cluster contributions to the Humanitarian Coordinator's overall humanitarian funding considerations;
4. Developing contingency plans and assisting countrywide contingency planning through informing the broader humanitarian community and the HC/HCT by relevant information analysis and dissemination; and
5. Strengthening consultation and reporting mechanisms to become more accountable to affected populations. The APC will continue to assist humanitarian organisations in all sectors through Protection Mainstreaming trainings.

Cluster Coordination Performance Monitoring
Afghanistan – May 2015
WASH Cluster

The overall response rate was 78% with 28 respondent partners among 36 cluster members. Among the respondents, 19 international NGOs, 2 national NGOs and 1 national authority.

Results again core functions:
1. Supporting service delivery: good performance for providing a platform to ensure that services delivery is driven by agreed strategic priorities and satisfactory performance for developing mechanisms to eliminate duplication of service delivery
2. Informing strategic making: good performance for needs assessment and gap analysis. Unsatisfactory for prioritization.
3. Planning and strategy development: satisfactory
4. Advocacy: unsatisfactory
5. Monitoring and reporting: satisfactory
6. Contingency planning and preparedness: satisfactory
7. Accountability to affected population: satisfactory

Relevant comments shared by partners:
- Although there is still room for improvement, the cluster improved its performance since last year's workshop;
- It was mentioned that it would be interesting to disaggregate the CCPM between national and sub-national level to better understand how the cluster is perceived at these levels;
- It was mentioned that facilitating humanitarian access and transition should appear more in the CCPM (both should be important functions for the cluster), in particular in the case of a conflict-prone country as Afghanistan;
- In the transition process, safeguard mechanism should be put in place to reverse the process if needed;
- Although good compared with most clusters, the operational coordination in the time of rapid onset disasters is still insufficient - 3W and response mapping is more related to more chronic needs and related programs, and not mapping WASH needs, response and gaps in emerging rapid-onset disasters;
- Technical guidelines and standards - many exist, including MRRD endorsed, however these are not always appropriate or overly complicated/expensive compared to available funding and overall level of needs (e.g. VIP sanitation...);
- Advocacy component has been improved over past 12 months, making the case for acute humanitarian WASH needs. Allocation of CHF funding in 2015 for WASH can be seen as a positive indicator for this;
- Needs, response and gaps in rapid onset situations can still be strengthened.

Cluster coordination architecture reviews were introduced under the IASC Transformative Agenda (TA). A cluster is time-bound and is not formed automatically; it is created to fill a specific coordination gap in a humanitarian response, and should dissolve when that gap no longer exists. It is therefore important to review the need for clusters regularly, both to respect humanitarian principles and promote forms of humanitarian action and coordination that, wherever possible, are led nationally.

Periodic reviews of the cluster architecture make sure that clusters adapt to changing circumstances and remain light, efficient, effective and fit for purpose. They also ensure that clusters make timely plans to transfer leadership and accountabilities to national or other structures; and design transition processes and, where necessary, activities to build capacity in relevant areas. The IASC have made it a requirement to undertake the Coordination Architecture Review annually in protracted crises.

Background

The cluster system was adopted in 2008 under the Humanitarian Affairs Unit of UNAMA, with the initial activation of eight clusters - Education, Emergency Shelter and Non Food Items, Emergency Telecoms, Food Security and Agriculture, Health, Nutrition, Protection and Water, Sanitation and Hygiene. Two Protection sub-clusters were also establish (Child Protection in Emergencies and Gender Based Violence) as well as a Logistics working group and an Early Recovery Network at the national level.

At the regional level cluster coordination structures are ad hoc. However sub-national level architecture has been established to allow closer alignment with regional Afghan structures. A sub-national HRT, often with cluster representation has replaced an inter-cluster forum and Operational Coordination Teams (OCTs) bring together active operational agencies in each province discussing key humanitarian as opposed to sector specific issues. The humanitarian coordination mechanisms in place at the regional level are largely determined by the existing capacities, and coordination needs.

2013 Architecture Review

In October 2012, as part of a process to reduce the number of clusters in Afghanistan, to improve efficiency and reduce transaction costs, the HCT decided in principle to streamline the eight clusters to three. After extensive consultations and discussions with the lead agencies, clusters and NGOs, recommendations for deactivating and merging the clusters were put to the HC for endorsement in January 2013. *See Annex 1. Afghanistan HCT proposal for merging and deactivating clusters 31.01.2013.*

The proposal included deactivation of the Emergency telecoms network (ETN), Early Recovery, Education and ES/NFI clusters, the transition of WASH cluster responsibilities to a sectoral working group under the leadership of MRRD during 2013/14 and a merging of the Health and Nutrition Clusters. Consultations, involving missions from the Global Clusters, continued throughout 2013 concluding with the following decisions:

i. Emergency telecoms network (ETN), Early Recovery and Education deactivated;

ii. ES/NFI Cluster to continue into 2014;

iii. Merging of Health & Nutrition clusters not recommended at this stage.

iv. 2013 Plan of Action developed for transition of WASH Cluster to Sector WSG. As of Jan 2015 transition pending.

All related documentation to the 2013 Review is annexed to this TOR.

Scope and Purpose

The Coordination Architecture Review is an assessment of whether the cluster coordination architecture in place is fit for purpose. It provides an opportunity for the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) to strengthen the coordination set- up. The review is intended to consider issues in relation to the expansion, transition, de-activation and merging of clusters or sectoral and other humanitarian coordination arrangements. The aim of the review is to inform decision making by the HC and HCT in regard to ensuring flexible and relevant coordination mechanisms are in place, tailored to operational requirements and supportive of national coordination efforts.

There are four possible outcomes from a cluster coordination architecture review: the coordination architecture (i) remains as before, (ii) is expanded, (iii) is streamlined/has clusters that merge, or (iv) transitions with a plan and benchmarks for deactivation.

While the TA protocols on the Architecture Review only mention the cluster configuration, it makes sense for the review to also consider the broader coordination architecture in country: e.g. linkages between the HCT and the ICCT, strategic and technical cross cluster working groups, coordination at the sub-national level (clusters at sub-national level, regional HRTs and OCTs, etc.), and national-sub-national linkages.

Methodology:

Key components of the methodology will include desk reviews and interviews with key stakeholders. The ICCT will lead a desk review of the humanitarian context and coordination requirements and Cluster coordinators will review cluster status (including at sub-national level) in relation to activation/de-activation criteria contained in the IASC Reference Module for Cluster Coordination at the Country Level. Existing cluster structure and capacity will be reviewed in addition to performance and quality of key deliverables.

Semi structured interviews will include but are not limited to the HC, Cluster Lead Agencies and UN agencies; Cluster Coordinators; Government partners; Donor representatives (including the CHF); Global Clusters; NGO partners (local, national and international) & NGO fora (ACBAR). A survey will be considered as a method to collect information.

Global Clusters support the process and share lessons learned. They should be involved in planning cluster reviews and should be kept informed at every stage.

Key Issues and Review Questions:

Cluster deactivation is the closure of a formally activated cluster. De-activation includes the transfer of core functions from clusters that have international leadership and accountability to sectors or structures that are led nationally. Functions may be transferred to existing or pre-crisis coordination and response structures, or new ones.

The de-activation of formally activated clusters may be considered when at least one of the conditions that led to its activation is no longer present:
1. The humanitarian situation improves, significantly reducing humanitarian needs and therefore the associated response and coordination gaps.
2. National structures acquire sufficient capacity to coordinate and meet residual humanitarian needs in line with humanitarian principles.

Cluster transition refers to the process (& potentially activities) by means of which the transfer of leadership and accountabilities is planned and implemented, leading to de-activation. A plan is required to map phases of the transition, set transition or de-activation benchmarks for each phase, and schedule activities to meet them.

A review can also lead to the activation of **new clusters.**

A draft list of key questions to be addressed in the context of the review is presented below. They are intended to answer the question whether the current coordination structure is relevant and effective to deliver according to its key objective: *To direct as many resources as possible to meet humanitarian needs in a timely and predictable manner (Source: IASC Reference Module for Cluster Coordination at the Country Level).*

    i.   What, if any, changes have occurred in terms of the humanitarian needs;

    ii.   What, if any, changes have occurred in terms of the national coordination capacity;

    iii.   What Government and other coordination-and-response mechanisms can be identified that are competent to assume leadership and accountability for the cluster's functions;

    iv.   What is the capacity of these mechanisms to assume responsibility;

    v.   What, if any, changes have occurred in terms of the humanitarian context;

    vi.   What do these changes mean in terms of the coordination architecture required;

    vii.   Are clusters operationally effective delivering against cluster core functions;

    viii.   Does a review of cluster-specific documentation suggest continuing relevance, use and efficiency;

    ix.   What is the level of engagement in the cluster at national (and sub-national level);

    x.   What are the alternative coordination arrangements that should be put in place to improve humanitarian response;

Afghanistan Coordination Architecture Review

Task & Time Planning May - July 2015

Milestones: Core HCT (17th–21st May), Exp. HCT (1st–4th June), Core HCT (21st–25th June), Exp. HCT (12th–16th July)

Legend: Y = yellow (active/OCHA work), B = blue (scheduled)

Task:	Responsible:	3rd-7th May	10th-14th May	17th-21st May	24th-28th May	1st-4th June	7th-11th June	14th-18th June	21st-25th June	28th June-2nd July	5th-9th July	12th-16th July	19th-23rd July	26th-30th July
Stakeholder Consultation:														
1. Finalise draft surveys & circulate	OCHA	Y	Y											
2. Feedback from ICCT & OCHA field on draft surveys	ICCT		B											
3. Translation of NGO survey	OCHA			B										
4. Circulate NGO Survey	OCHA			B	B	B	B							
ACBAR AHF 20th May	OCHA							B						
Northern Region HRT 14th June	OCHA							B						
Eastern Region HRT 3rd June	OCHA					B								
Western Region HRT 21st May	OCHA			B										
Southern Region HRT 25th May	OCHA				B									
South East Region HRT 22nd June	OCHA								B					
Central Region HRT 18th May	OCHA			B										
5. Circulate Donor Survey	OCHA			B	B									
6. Circulate UN Agency Survey	OCHA			B	B									
7. Translation of GoIRA survey	OCHA			B	B									
8. Circulate GoIRA Survey	OCHA				B	B								
9. Review of survey responses (including translations)	OCHA						Y	Y	Y					
10. Presentation to HCT of survey findings	OCHA								Core HCT					
11. Key informant interviews	OCHA						Y	Y						
12. Write up of survey findings & stakeholder interviews	OCHA									Y	Y	Y		
Mapping coordination requirements:														
13. Desk review of humanitarian needs	OCHA	Y	Y											
14. Circulate desk review for comment & cluster info.	OCHA		B	B										
15. Finalise desk review	OCHA			Y	Y									
16. Guidance sent to clusters	OCHA	B												
17. Cluster primary functions and continued requirements in context of protracted crisis;	Clusters			B	B	B	B	B	B					
18. Cluster & relevant national counterpart review potential & requirements to transition	Clusters			B	B	B	B	B	B					
19. Cluster initial presentation of findings & recommendations	Clusters					Exp. HCT								
20. Cluster position papers on prooposed way forward	Clusters						B	B	B					
21. OCHA CCU & field colleagues review of humanitarian scenarios over past 24 months	OCHA	Y	Y	Y	Y	Y								
22. GoIRA National Coordination Capacity review & requirements discussed at HCT	HCT			Core HCT										
23. UNDP + HCT member tasked with HCT discussion, write up of findings and way forward	HCT			B	B	B	B	B	B					
24. Papers from relevant agencies (e.g. UNHCR on IDP Task Force, IOM?)	UN Agencies / ACBAR?	B	B	B	B	B								
25. Write up of current coordination requirements & mechanisms in use	OCHA				Y	Y	Y							
Cluster Performance & Functionality Review:														
26. Clusters complete CCPM process	Clusters	B	B	B										
27. CCPM reports shared with OCHA	Clusters								B					
28. CCPM findings summarised for inclusion in review	OCHA									Y	Y			
29. OCHA paper on use & functionality of cross sector working groups	OCHA			Y	Y	Y	Y							
30. Cluster performance in key processes and summary of January GAP analysis	OCHA						Y	Y	Y					
Review Findings:														
31. Compile all findings & draft recommendations	OCHA										Y	Y		
32. Presentation of all findings & recommendations for discussion	OCHA											Exp. HCT		
33. Draft final report	OCHA											Y		Y
34. Draft report circulated for stakeholder final review	OCHA												B	
35. Final report submitted to HC	OCHA													B