AFGHANISTAN

COORDINATION ARCHITECTURE REVIEW

Final Report: Findings & Recommendations

DECEMBER 2015
COORDINATION ARCHITECTURE REVIEW

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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 GlobalClusters, 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 multi-sector 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.

\(^1\) 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. **Streamline and Harmonize Coordinated Humanitarian Response**

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. **Clarify Roles and Responsibilities**

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. **Improve Information Flows**

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. **Cluster Performance and Accountability**

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. **Transition and Deactivation**

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.