

# Evaluation of the Global Cluster for Early Recovery



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# INTRODUCTION

We would like to reiterate two fundamental aspects of this evaluation at the outset. First, during the extensive consultation process leading to the finalisation of this report and the identification of recommendations, stakeholders inside and outside UNDP frequently asked the evaluation team to talk more about Early Recovery (ER) results, the effectiveness of UNDP's programming in this area over the past decade and the people whose well-being is at the heart of ER work. In response, the evaluation team explained, as we are doing here, that this evaluation focusses narrowly on the coordination of the Global Cluster for Early Recovery (GCER) at global and country levels. The scope of this evaluation does not include assessing UNDP's substantial ER programming and results or the results of the cluster in the many situations where it has been activated. We did hear much about UNDP's ER results. Stakeholders in the field – particularly civil society and host governments - expressed their appreciation. However, to evaluate that would have required an entirely different mandate and methodology.

Second, we were asked how ER contributes to the World Humanitarian Summit (WHS) commitments, Agenda 2030, the goals of UNDP's new Strategic Plan and reform of the UN development system. Here, too, we have had to explain that the bulk of this evaluation reviews the past decade. The final section of this evaluation does look ahead at the future of the cluster. In that context, it considers how the cluster can connect with and contribute to the fundamental reforms under way. However, at the time of drafting, the path forward was not yet determined. As a result, the recommendations here make some assumptions and point in a direction, but do not provide a clear roadmap. Most importantly, this evaluation of one element of the humanitarian and development system does not pretend to provide a diagnosis and prescription for the future of the Humanitarian Development (Peacebuilding) Nexus (HD(P)N), or even for UNDP's contribution to it. Rather, it seeks to inform UNDP and other stakeholders as they tackle the challenges of system reform that lie ahead.





## EXECUTIVE SUMMARY

### **Despite the best efforts of the GCER, the concept of Early Recovery and the legitimacy of a dedicated Early Recovery Cluster have not taken hold**

Despite significant efforts by the GCER over more than a decade, the concept of Early Recovery is still not clear to many stakeholders and the humanitarian community at the country level has not accepted it fully. The cluster also suffers from an expectations gap, as many key stakeholders, including donors and many UNDP staff, are not aware that the GCER's primary role is to provide strategic advisory and mainstreaming support to the Resident Coordinator's Office (RCO) and, only exceptionally, to activate a country cluster.

### **The horizontal strategic functions of the Early Recovery Advisor were more effective than the vertical functions of the country level Early Recovery Cluster coordination**

At the global level, the GCER has provided a strong normative framework, detailed guidance and extensive training, comparable to those provided by other global cluster coordination units. However, cluster acceptance at country level was limited in part because field practitioners do not receive this guidance (advocacy is insufficient), do not access it (field leaders face too many competing demands on their valuable time), or set it aside, perhaps because it does not fit with their prevailing response paradigms.

Once deployed to the RCO, the horizontal, strategic advisory work of Early Recovery Advisors (ERAs) was generally more effective and was seen as an appropriate role for UNDP to support, with the added advantage that it was not perceived as competing with other clusters or agencies for funding. Cluster members reported that field-level ER cluster

coordination was technically good, especially when the function was well-resourced with a dedicated Cluster Coordinator for Early Recovery (CCfER) and an Information Management Officer (IMO). However, there were boundary concerns with other clusters (notably Food Security). In addition, country cluster results were comparatively weak, partly because they were chronically underfunded, but also because field leadership was not accountable for Early Recovery. Cluster coordinators thus frequently found themselves sidelined by the Humanitarian Country Team (HCT).

### **In crisis contexts, the Early Recovery Cluster is a low priority, but Early Recovery work seems to be well supported by other clusters and UNDP's regular programming**

Not only is the ER cluster a low priority for humanitarian stakeholders and donors, but UNDP itself has not consistently supported the GCER with sufficient resources and clear policy commitment. Nevertheless, even though the country ER clusters are chronically underfunded and have not provided a significant source of revenue for UNDP, Early Recovery is funded to a significant extent in other clusters. The latter have approximately doubled their ER content since the cluster system was created. In addition, in crisis and post-crisis contexts, UNDP has continued to be successful in raising funds for recovery programmes, mainly from development funding sources and outside the cluster. As a result, Early Recovery and UNDP's own recovery work outside the country cluster total five to 10 times the funding received for ER through the cluster. The evaluation team found that the GCER has contributed to this mainstreaming success and overall funding increase, and that ER is now firmly rooted in the humanitarian system, although the ER cluster is not.

**Early Recovery Clusters (and Early Recovery Advisors) are better suited to sudden onset disasters than to conflict settings, especially when the conflicts are protracted. New models of coordination are emerging in some protracted conflict settings, including area-based planning**

The principles of earliness and recovery are more self-evident in sudden onset disasters, especially natural disasters that evolve in more linear fashion from emergency response to recovery. However, the vast majority of today's crises are in protracted conflicts, where the linear model of crisis followed by recovery rarely applies and where, instead, stakeholders increasingly recognise the need to work on aspects of humanitarian response, development and, often, peacebuilding on simultaneous and connected tracks. At the time of this evaluation, the humanitarian community is questioning whether clusters are, in fact, the appropriate mechanisms for these situations. Instead, experiments are underway with what, in our assessment, are "post-cluster" mechanisms of coordination, joined-up planning and blended or crossover financing. These experiments tackle the HD(P)N and anticipate the New Way of Working (NWoW). As part of these experiments, Early Recovery Cluster coordinators in Lebanon and Sudan are testing approaches to area-based planning that integrate across sectors and across development and humanitarian funding streams. Their organising principle is geographic and anchored more strongly to local governments.

**GCER is not the platform from which UNDP should engage in the Humanitarian Development (Peacebuilding) Nexus**

The GCER is not a viable platform for UNDP to engage in the HD(P)N. First, the GCER and country ER clusters are instruments of the IASC and remain too closely associated with the humanitarian community, however uncomfortably. Second, the GCER does not have sufficient buy-in and support from the humanitarian community to be entrusted with this role; it lacks the momentum or strategic leverage to take centre stage in the heavy and high-stakes discussions around HD(P)N and NWoW. And third, stakeholders feel strongly that the

GCER should not rebrand itself as the HD(P)N mechanism because responsibility to tackle the HD(P)N belongs equally to all agencies and clusters, humanitarian and development. As one actor among many, the GCER cannot appropriate it.

**UNDP is well-placed to serve as a bridge between humanitarian, development and peacebuilding action**

Despite the doubts expressed about the cluster's bridging potential, the humanitarian and development communities did see a role for UNDP. Most stakeholders stated that UNDP's value-added in a humanitarian situation is to connect humanitarian action to development (and often peace), strengthen governance so that crisis response connects to government systems and connect humanitarian planning with national planning and Agenda 2030. When the encumbrance of the cluster is set aside and, especially, if perceived competition for humanitarian funding is removed from the equation, then humanitarian and development stakeholders have no difficulty in recognising UNDP's role as an integrator, as set forth in UNDP's 2018-2021 Strategic Plan.

**Proposed way forward for the GCER**

The evaluation employed an unusually inclusive process to map out the way forward. More than 90 key stakeholders in Geneva and New York, as well the Reference and Advisory Groups, validated the findings and together refined five options for the GCER, ranging from recommitment to an improved version of the existing cluster model to complete closure. Following the analysis of strengths and weaknesses of the current GCER and considering the results of the reflection workshops, the evaluation team recommends two mechanisms to carry forward Early Recovery.

The first would be a successor body to the GCER. This would not constitute a full cluster but would instead be a lighter mechanism, attached to the IASC. It would support ER in sudden onset crises, primarily by deploying ERAs. Country-level ER clusters would not exist, so existing country ER clusters would hand over their resources tools and activities to other country



clusters, as appropriate, and then close by the end of 2018. The structure and management of this lighter, deployment-focussed successor body remains to be elaborated in consultation between the IASC and UNDP, with input from other stakeholders. The GCER would close as soon as the successor body is established.

The second mechanism would be new, and would operationalise the HD(P)N in complex, protracted crisis environments, using the operational principles of the NWoW. The desirable characteristics of this new mechanism are that (a) it would focus on the support and deployment of HD(P)N Advisors; (b) to be effective as an integrator for HD(P)N and placed at a strategic, rather than a technical level, it should work for the entire system and, thus, be attached to the empowered Resident Coordinator/Humanitarian Coordinator (RC/HC) and RCO, rather than to any single agency; (c) it should be governed by a range of key stakeholders, including humanitarian, development and peacebuilding actors; and (d) it should be self-contained in that it would combine normative and advocacy functions, as well as independently-funded training and deployment capacity. UNDP should play a central role in the development of this new mechanism. It is well-placed to do so as it sits at the centre of the development stakeholders, is mandated to serve as an integrator and co-chairs the Joint Steering Committee to advance Humanitarian and Development Collaboration.

### **UNDP's own work in crisis situations**

In sudden onset crises, most typically natural events, UNDP would activate the management structures (including the Crisis Board and the SURGE team), technical assistance, tools, deployments and quick-access funding that already exist in CRU and in the rest of the agency. This would include the packages of support available for Post-Disaster Needs Assessment (PDNA) and recovery planning and for restoring essential government services. Depending on the context, some of this crisis response could be delivered in coordination with and through the other humanitarian clusters (for example, debris

management through a Shelter Cluster and cash or emergency employment through the Food Security Cluster). In parallel to these HQs-supplied crisis response measures, the UNDP country office (CO) would (as now) adapt its existing country programme to the new crisis and post-crisis priorities and develop new programming to support recovery. In countries at risk of repeated disasters, the UN Development Assistance Framework (UNDAF) and Country Programme Document (CPD) would be expected to incorporate that disaster risk analysis, and UNDP programming would integrate crisis response with existing Disaster Risk Management mechanisms.

In protracted crises, UNDP would focus its programming efforts on recovery, much as it does now, including programmes that use UNDP's comparative advantages in governance. This would include, for example, strengthening the host government at national and local levels, strengthening the rule of law (support for the judiciary and related mechanisms of alternate dispute resolution/social cohesion), supporting Recovery and Peacebuilding Assessments and related processes of recovery planning and, more generally, using its bridging/integrator role to ensure that the more integrated plans of the HD(P)N stakeholders are connected to government plans and systems.

## ACRONYMS

ADR	Assessment of Development Results (periodic UNDP country results report)
BCPR	Bureau for Crisis Prevention and Recovery
CBPF	Country-based Pooled Fund
CCfER	Cluster Coordinator for Early Recovery
CCPM	Cluster Coordination Performance Monitoring
CD	Country Director
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CO	Country Office
CPD	Country Programme Document
CRU	Crisis Response Unit
CWGER	Cluster Working Group on Early Recovery (previous title of the GCER)
DOCO	UN Development Operations Coordination Office
ECHO	European Civil Protection and Humanitarian Aid Operations
ER	Early Recovery
ERA	Early Recovery Advisor
FTS	Financial Tracking Service
GCC	Global Cluster Coordinator/Coordination
GCER	Global Cluster for Early Recovery (formerly Cluster Working Group on Early Recovery)
GEEWG	Gender Equality and Empowerment of Women and Girls
GHD	Good Humanitarian Donorship
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HD(P)N	Humanitarian Development (Peacebuilding) Nexus
HD(P)NA	Humanitarian Development (Peacebuilding) Nexus Advisor
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan (formerly Strategic Response Plan)
IASC	Inter Agency Standing Committee
IDP	Internally Displaced Person
IM/IMO	Information Management/Information Management Officer
KEQ	Key Evaluation Question
NNGO	National NGO
NWoW	New Way of Working
OCHA	Office for the Coordination of Humanitarian Affairs
P2P	Peer To Peer Support Team (formerly Senior Transformative Agenda Implementation Team)
PDNA	Post-Disaster Needs Assessment
PMR	Performance Monitoring Report
RC/HC	Resident Coordinator/Humanitarian Coordinator
RCO	Resident Coordinator's Office
RPBA	Recovery and Peace Building Assessment
SAG	Strategic Advisory Group
WHS	World Humanitarian Summit

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# PURPOSE, SCOPE AND EXPECTED USES OF THE EVALUATION

KEQ 1: How effective was UNDP's global coordination of the GCER?

## Purpose of the evaluation

The purpose of the evaluation is twofold: first, to evaluate the overall effectiveness of GCER coordination; and, second, to support UNDP's consideration of the most appropriate way to support Early Recovery (ER) in the future, taking into account UNDP's comparative advantages in the UN Development System.

## Evaluation object

The two related evaluation objects are:

- (1) The GCER at global level, including the policies, standards, guidance, online resource materials and technical support provided by the GCER, primarily in Geneva and supported by New York, for the period 2005 – year-end 2017
- (2) The ER clusters at country-level, including the coordination work of Cluster Coordinators for Early Recovery) and the advisory work of ER Advisors in country situations where the cluster was activated, for the period 2005 – year-end 2017

In addition, based upon the findings and conclusions of the evaluation of the GCER, the evaluation report will

- (3) Inform and, then, summarise UNDP's consideration of the policies and tools UNDP would need to support ER in the humanitarian system in the future, taking into account the context of the WHS outcomes (in particular, the NWoW) and the protracted nature of crises.

## Summary of methodology

### Document review

Approximately 250 documents were reviewed, including mandating documents, guidance notes, strategies and plans, and financial information from OCHA's Financial Tracking Service (FTS). Unpublished documents included reviews, evaluations, Cluster Coordination Performance Monitoring (CCPM) reports, Global Cluster Coordination (GCC) reviews, Peer-to-Peer (P2P) mission reports, meeting minutes and results reports.

### Online surveys

A targeted unilingual online survey was administered to primary and secondary stakeholders, via pushed e-mail based on e-mail addresses provided by UNDP and obtained from online databases (for example, country cluster members). The survey included a fixed set of core questions and used separate skip-logic pathways and differentiated questions for different stakeholder groups. Completed survey responses totalled 220.

A supplementary survey was administered to website users, based on a pushed e-mail to website subscribers. This received 70 completed responses.

### Key informant interviews

This was the primary method of data collection, with interviews conducted in New York, Geneva or through Skype. Key informants included all primary stakeholders (approximately 80 key informants) and, notably, all the major donors, as well as several RC/HCs, cluster leads and senior officials of other humanitarian agencies.

**Case studies**

A second set of key informants (120) and documents (150) composed the main sources for the six case study countries of Haiti, CAR, Sudan, Lebanon, Pakistan and Nepal. The evaluation team spent one week in each country and was able to meet with stakeholders in the field in Nepal (Sindhupalchowk) and Pakistan (Peshawar).

**Validation workshops**

In lieu of focus groups with affected populations, and recognising the strategic character of this evaluation, half-day validation meetings were held in all six case study locations and, following data collection, in New York and Geneva. These mini-workshops helped to triangulate and refine the findings of each phase of the evaluation, thus gradually building consensus towards the conclusions.

**Reflection workshops**

The four reflection workshops at the evaluation mid-point were essential to validating the findings and provided the framing for KEQ 4 (the way forwards, including conclusions, options and recommendations). The workshops were held in two locations and covered four different stakeholder groups, for a total of approximately 90 participants. In Geneva, these were the Geneva-based humanitarian agencies and cluster leads and the Early Recovery community of practice. In New York, participants included the internal UNDP Early Recovery stakeholders and the New York-based representatives of key UN agencies. Each workshop built upon the previous ones such that by the end of the process, the evaluation team had validated all of the findings with 90 key stakeholders and refined five options for the future of the cluster, with identification of the preferred option.

**Reference Group and Advisory Group**

A Reference Group of key UNDP stakeholders met three times and an Advisory Group of key external stakeholders (including several Emergency Directors of other agencies, RC/HCs and donors) met twice, initially to consider the findings and, later, to consider conclusions and recommendations, and provided important feedback in real time.

**Quantitative analysis**

The sources of quantitative data were FTS (including secondary work on FTS that the GCER had conducted in 2008 and 2015), several surveys and post-training polls that had been conducted by the GCER, some of which were cross-referenced to the online surveys commissioned by the evaluation team, and 8 CCPM reviews.

## CONTEXT OF THE GLOBAL CLUSTER FOR EARLY RECOVERY

### **Context is everything**

Contradictions abound in our evaluation. The findings in this report represent the consensus of the evaluation team as confirmed by stakeholders. But for each finding presented here, there are minority dissenting opinions and counter examples. In the view of the evaluation team, these varied viewpoints can often be explained by contextual factors (for example, the severity and geopolitical profile of the emergency, sudden onset/natural vs. protracted/conflict, experience and profile of the RC/HC, and quality of deployees) and by the unique experiences and institutional allegiances of the interlocutors. The evaluation team concludes that, to a large extent, the varied perceptions of the performance of the GCER result from differing expectations about what the GCER and the country cluster are supposed to do. This is often based on incomplete understanding. In particular, few stakeholders outside the “inner circle” were aware of the GCER mandate as confirmed by the Inter Agency Standing Committee (IASC) at the end of 2013 or of the agreed strategic objectives of the GCER team in Geneva.

### **Early Recovery at UNDP**

Recovery has been a key concept from the moment the modern system of humanitarian coordination was created in 1991: “Emergency assistance must be provided in ways that will be supportive of recovery and long-term development. Development assistance organisations of the United Nations system should be involved at an early stage and should collaborate closely with those responsible for emergency relief and recovery, within their existing mandates” (UN General Assembly, 1991). UNDP was already present in most countries affected by disasters. Its role became clearer from 1991 onwards, as the linkages between humanitarian response and development were elaborated through successive UN General Assembly resolutions.

In 2001, UNDP’s Executive Board decided to restructure UNDP and, in so doing, create the Bureau for Crisis

Prevention and Recovery (BCPR) to reduce the impact of disasters and armed conflict and assist in recovery from crises when they occur. BCPR’s Geneva unit spearheaded UNDP’s engagement with the humanitarian system and provided the anchor point for UNDP’s role as Cluster Lead Agency (CLA) for the GCER.

UNDP’s 2008-2011 Strategic Plan identified Crisis Prevention and Recovery as one of four core focus areas and referred to “early recovery,” although without differentiating it clearly from “recovery.” The tighter definition of Early Recovery within UNDP came with UNDP’s Policy on Early Recovery in February 2008. This policy is consistent with UNDP’s role as CLA for the GCER, but it goes much further in guiding the policy and programming approaches that Country Offices (COs) should take in crisis situations – beyond the cluster. The 2008 Policy sketches out what became known as the “L model,” through which the ER cluster has both a horizontal (strategic, advisory, cross-cluster, integrating and mainstreaming) dimension and a vertical (operational, programmatic and cluster-specific dimension). This UNDP Policy became a key link in the accountability chain because it governs UNDP Country Directors (CDs) in ways that global GCER guidance does not. (The Policy has not yet been updated.)

During the 2008-2011 Strategic Plan period (extended to 2013), BCPR launched a process to reposition itself in the evolving humanitarian and development landscape, identifying four emerging agendas (climate change and crisis, criminalised conflict and armed violence, state-building and security, and peacebuilding/conflict recovery), and restructured BCPR, *inter alia* reorganising UNDP’s crisis response and bringing most of the Geneva team back to New York. The combined effect of these changes was to dilute UNDP’s ability to engage in a coherent way with the cluster system, as cluster liaison remained in Geneva but the bulk of the support capacity was moved to New York and divided among several BCPR units.



In 2014, two events within UNDP sent mixed signals regarding ER. On the one hand, the new 2014-2017 Strategic Plan gave ER even greater prominence, as an entire recovery-focused corporate outcome area six: “Early recovery and rapid return to sustainable development pathways are achieved in post-conflict and post-disaster settings” (UNDP, 2013d).

However, at the same time, a fall 2014 corporate restructuring (and downsizing) resulted in, among other things, the break-up of BCPR in favour of a smaller Crisis Response Unit (CRU) and a larger Bureau of Policy and Programme Support (BPPS). Under this restructuring, thematic responsibility for ER was divided among different divisions responsible for Sustainable Development (Livelihoods and Economic Recovery), Governance and Peacebuilding (Conflict Prevention), and Climate Change and Disaster Risk Reduction (Disaster Recovery). Simultaneously, BCPR’s capacity to integrate funding, country knowledge and technical skills was further fragmented by the closure of the Crisis Prevention and Recovery Thematic Trust Fund (CPR-TTF) in favour of several other (and regrettably, undersubscribed) funding mechanisms. While this was not the purpose of the restructuring, its combined effect on the GCER was to leave the COs and the GCER unit in Geneva without a one-stop-shop anchor point in New York. They were left, instead, to arbitrate policy and programming among multiple bureaus and CRU. This shortcoming was recognised in UNDP’s Evaluation of the 2014-2017 Strategic Plan: “Structural changes involving establishment of a single global policy bureau for policy and programme support and a small, free-standing crisis response unit have weakened the programme coherence of UNDP and its service offering on crisis risk reduction and recovery” (UNDP, 2017d). During the same Strategic Plan period, the UNDP Administrator also experimented with the concept of emergency development: “Emergency development has become the name of the game, because even though humanitarian relief spending has tripled in the last decade, it’s still not enough. So the emphasis is, how do you shrink the need for it by supporting people’s innate resilience to stand on their own feet?” (UNDP website). This seems to have been a sincere attempt

to find a way to communicate the kind of work UNDP was doing in the Syria crisis, where development work was being carried out interwoven, in non-linear fashion, with emergency response. While this approach might now be characterised as the HD(P)N (see discussion below), introducing competing terminology to ER only increased confusion about UNDP’s intentions.

Moving forward to the current period, the 2018-2021 Strategic Plan eliminates ER as a distinct focus area. While the plan provides many opportunities for UNDP to continue its work on recovery and ER, the organising principles of three development settings and six signature solutions do not lend themselves to a clear statement of intent in this regard. Instead, there is one passing reference to ER: “UNDP work on crisis responses and recovery (including early recovery) will help ensure that responses by humanitarian actors are complemented by a developmental focus to ensure a rapid return to sustainable development pathways, within the framework of country ownership and leadership.” Meanwhile, UNDP has not yet concluded its internal discussions on a proposed new recovery policy as a successor to the 2008 Policy on Early Recovery.

### **Early Recovery in the cluster system**

At the outset, when the cluster system was being built as a key component of humanitarian reform in 2005, the need for a cross-sectoral cluster to address the recovery of Internally Displaced Persons (IDPs) was recognised. Its origins date back to a 2004 proposal by the Inter-Agency Internal Displacement Division (housed within the Office for the Coordination of Humanitarian Affairs (OCHA)) to improve recovery coordination and provide strategic advice to the RC/HC on recovery (which was seen as a UNDP responsibility).

By September 2005, these ideas had crystallised into a Cluster Working Group on Early Recovery (CWGER), led by UNDP. This appears to be the first time the Early Recovery terminology was used in this context. The relationship between this new cluster for Early Recovery and Early Recovery in other clusters was initially ambiguous. However, it was clarified in 2006 when the IASC asserted its multisectoral character,

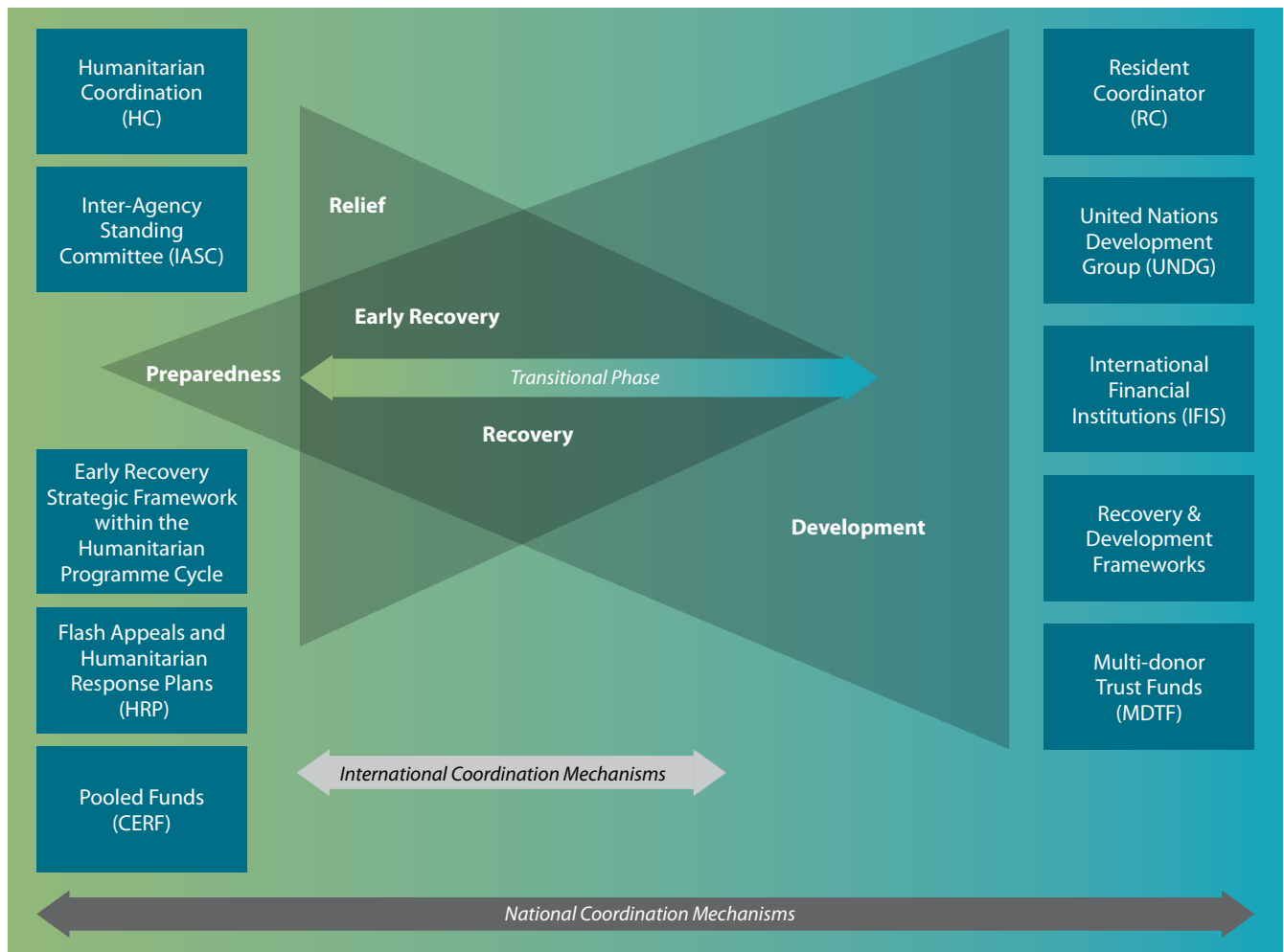
noting, “Early Recovery encompasses governance, livelihoods, shelter, environment and social dimensions, including the reintegration of displaced populations. It stabilises human security and addresses underlying risks that contributed to the crisis. Early recovery is a responsibility for both the development and the humanitarian agencies working in post-crisis countries.” (CWGER, 2006). The principles that ER should be mainstreamed in other clusters and that a stand-alone cluster should only be created in exceptional situations were included in the November 2006 base guidance: “In the case of Early Recovery, the global level cluster

is not encouraging Humanitarian Country Teams to establish Early Recovery sectoral groups at the country level, but rather to ensure that early recovery planning is integrated into the work of all sectoral groups. Where there are early recovery gaps not covered by other sectoral groups, ad hoc groups could be set up to address these where necessary” (IASC, 2006).

A commonly-used image (Figure 1) used overlapping triangles to show the shift in emphasis over time, explaining the role of this cluster in the space between the humanitarian and development domains.

**Figure 1**

Early Recovery in international coordination structure



From 2008 to 2013, the fortunes of the cluster waxed and waned as Early Recovery experienced its own bumpy ride within UNDP and faced many of the challenges outlined further in this evaluation.

However, the cluster's fundamental mandate and *modus operandi* did not change dramatically. What did change was the rest of the humanitarian architecture; first, with the creation of the Education and Agriculture clusters and, subsequently the creation of the Food Security Cluster in 2010. As we will see later, this created a new and persistent inter-cluster boundary problem in the area of rural livelihoods. In 2013, the IASC issued a very clear restatement of the basic tenets of the GCER, in part because GCER practice seemed to have shifted away from the clear principles outlined in 2006. Shortly afterwards, the cluster name was changed from CWGER to the GCER. From 2014-2017, the GCER received a significant financial boost from European Civil Protection and Humanitarian Aid Operations (ECHO), enabling the GCER to step up its training programmes, build its website and develop tools to strengthen the quality of Early Recovery.

As of the time of this evaluation, the definition of Early Recovery is "an approach that addresses recovery needs that arise during the humanitarian phase of an emergency, using humanitarian mechanisms that align with development principles. It enables people to use the benefits of humanitarian action to seize development opportunities, builds resilience, and establishes a sustainable process of recovery from crisis" (GCER website). The key characteristics of Early Recovery are that it is anchored to the humanitarian system, assumes a certain sequencing of humanitarian to development transition and reaches forward into the development universe. Key characteristics of the Early Recovery Cluster are that it is an instrument of the IASC which, at country level, can be seen as having a horizontal strategic function (integrating ER into the Humanitarian Response Plan (HRP) and mainstreaming ER into other clusters), as well as a vertical operational function. This takes the form of a cluster of agencies and programming activities situated within the system of humanitarian coordination and within the HRP.

## **The Humanitarian Development (Peacebuilding) Nexus and the New Way of Working**

Throughout this evaluation process, the team heard stakeholders use the terminology of the Humanitarian Development (and sometimes also Peacebuilding) Nexus and of the NWoW more or less interchangeably. The debate around these concepts can be confusing and can even appear irrelevant, particularly for stakeholders working in active crises in the field and whose first language is not English. To clarify these concepts, which are important to the way forward for the GCER, we have attempted to explain them in Appendix 6. In essence, we see the HD(P)N as a way to characterise what all stakeholders in protracted (usually conflict) crisis settings need to address. In contrast, the NWoW, which is sometimes described as a way to operationalise the HD(P)N, refers to how the stakeholder community can address the problems of the Nexus. Simply put, HD(P)N is the what and NWoW is the how.

### **Clusters vs sectors**

An important shift has taken place in the ratio of clusters to sectors over the lifetime of the GCER (see figure 2, page 8, and appendix 7 for more detail). While the distinction does not seem to be defined clearly - and the GCER supports both - the main differences seem to be that clusters are governed more strictly by IASC guidance (activated and de-activated by the Emergency Relief Coordinator/HC/HCT and tied to the Humanitarian Programme Cycle (HPC)), coordinated by OCHA and usually led by the CLAs. In contrast, sectors are more flexible and guided more by country-level mechanisms, more contextually variable, more connected to national systems and sometimes to national development mechanisms, and more often led or co-led by government agencies. Both clusters and sectors can have strategic plans and funding appeals. In some cases (for example, the Philippines and Haiti), host governments have made a deliberate decision not to invite the Emergency Relief Coordinator to activate the cluster system because of a previous experience of "takeover" by international agencies and loss of government control. In others, the circumstances in country are so unique that they

**Figure 2**

Evolution from clusters to sectors from 2005-2017

2005-2009		2010-2014		2015-2017	
Clusters	Sectors	Clusters	Sectors	Clusters	Sectors
19	4	22	5	12	11
				Nepal Pakistan CAR	Lebanon Sudan Haiti

call for hybrid mechanisms that combine relief and development (Colombia and Sudan) or refugees and host communities (Jordan, Turkey, Lebanon and Bangladesh). The presence of sectors usually results from strong government systems that do not warrant

a parallel architecture (Philippines and Sudan). In some cases, however (for example, Haiti), the preference for sectors signals that the host government is uncomfortable with the rigidities and lack of country ownership implied by the cluster system.





Photo Credit: UNDP, Ebola Crisis

## FINDINGS REGARDING THE GLOBAL CLUSTER FOR EARLY RECOVERY

### KEQ 1: How effective was UNDP's global coordination of the GCER?

#### Overall views of GCER performance

The online survey results (see Appendix 5) and the case studies show that views diverge on many questions, depending on the interlocutor and the data collection mode. Overall, online survey respondents tended to feel more positively about the GCER, while individual interviewees were more nuanced (as is possible in an interview format) and, generally, more negative. This probably reflects a positive bias in the pool of online survey respondents, as discussed in Appendix 2. Among respondent types, donors generally had the least favourable views of overall cluster performance, followed by other UN agencies, including RC/HCs and OCHA, followed by external partners (NGOs, academics, Red Cross movement). Finally, UNDP itself

and its deployees held the most favourable views, although they did not differ dramatically from those of the majority.<sup>1</sup> Deployees in particular were consistent in their recognition of the dedication, experience and patient efforts of the GCER Geneva team in building understanding and support for early recovery in the face of many challenges.

On the positive side, 48 percent of the online survey participants felt that the GCER fully or mostly meets the needs of their organisation (see Figure 3). UNDP staff survey replies to this question were slightly more favourable than those of external stakeholders.

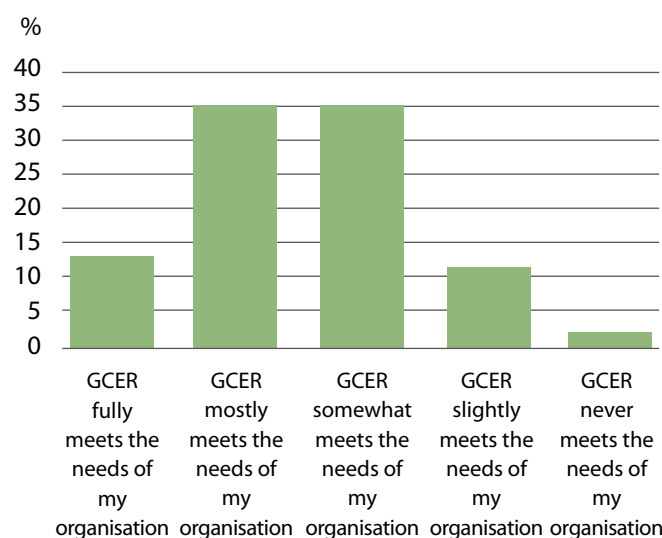
However, the outcome of the interviews in Geneva, New York and globally was less favourable. Most external and some UNDP stakeholders questioned the relevance of the GCER, in light of its limited impact (partly due to underfunding), perceived overlaps with other clusters (in particular, Food Security in rural crisis settings) and the claimed widespread mainstreaming of ER into the work of other clusters. Donor respondents were particularly critical (Figure 4); most said that the GCER had never found its place in the humanitarian system and some stated that it had "dropped off their radar." Interviewees generally distinguished between their rather negative views of country cluster performance and their more positive views of the effectiveness of the GCER team in Geneva.

#### Early Recovery as a priority within UNDP

The evaluation team made significant efforts to trace the evolution of ER within UNDP through corporate documents, policy statements, funding and

**Figure 3**

To what extent does the GCER meet the needs of your organisation?



<sup>1</sup> This observation considers a combination of the interviews and the online survey results, but in both cases the data is largely qualitative.



management decisions. We found cycles of greater and lesser attention over the past ten years, with the up-cycles sometimes driven by crisis events (notably the 2010 Haiti earthquake and Pakistan floods) and the down-cycles correlating, to some extent, with competition from other global issues (notably climate change) in a turbulent period of soul-searching, reorganisation and core budget reductions for UNDP. Observers noted four signals that UNDP was pulling back from ER (see context chapter for more detail): the management decision to repatriate a number of BCPR positions from Geneva to New York in 2010; the reorganisation decision to dissolve BCPR and to close the much-heralded and equally missed CPR-TTF in 2014; the introduction of the alternative concept of “emergency development” in 2015; and the vacillation over the place of ER in UNDP’s new Strategic Plan in 2017.<sup>2</sup> This perception of lukewarm support is

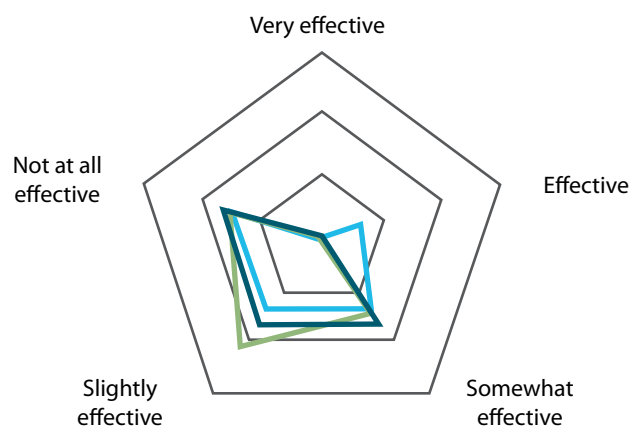
reinforced, perhaps unfairly, by the team’s review of UNDP’s corporate reporting. This reporting is strangely silent on ER even in cluster countries (reportedly a consequence of the template rigidities of the ROAR reporting system). Only CRU’s own corporate reporting refers to ER and the cluster in any depth.

In the end, it appears that within UNDP, the Director of CRU engages strategically (and primarily) with the humanitarian system and represents the cluster voice among UNDP senior leadership. Although UNDP is very engaged at all levels in the renewed discussions of the HD(P)N, and there are occasional advocates for ER at times of crisis, the team did not find convincing evidence of system-wide buy-in and commitment by UNDP senior management to ER principles in the humanitarian space or to the cluster itself.

The humanitarian community has watched these events, observed the fragmented manner in which crisis response and recovery are handled within UNDP since BCPR was dissolved (with responsibilities divided between CRU, divisions of BPPS and regional bureaus), and noted the low priority (underfunding) given to country-level ER and CCfER staffing (both by UNDP HQs

#### Figure 4

How effective is the GCER in meeting the goals of its Strategic Plan (donors-only view)?



**GOAL 1** Early Recovery is systematically mainstreamed into humanitarian action

**GOAL 2** Humanitarian and development actors are brought together to ensure successful transition to sustainable resilient-based development

**GOAL 3** Increase Early Recovery response capacity and operational support at the country level for more predictable, better-resourced and managed response

***“It is one of the least equipped or present clusters in the field. I have worked in multiple natural and complex emergencies, but early recovery is rarely present compared to other clusters. Also, UNDP generally sends one individual where others have entire teams. I don’t think UNDP has ever seriously supported the cluster. This has meant it always appears weaker and less effective than the other clusters.”***

(Survey comment)

<sup>2</sup> Early Recovery is referenced once and in passing in the 2018-2021 Strategic Plan, while it had a much more significant presence in the 2014-2017 Plan. Neither Strategic Plan refers to the Cluster as such. Although recovery and resilience indicators are included in the new Integrated Results and Resources Framework (IRRF), the IRRF does not refer to “early recovery” or the cluster.

and by UNDP COs). In interviews with HCT members, but especially with donors, the evaluation team heard the widely-held opinion that UNDP is not (or is perhaps no longer) fully committed to making this cluster work.

### **FINDING 1: UNDP HAS NOT CONSISTENTLY MADE EARLY RECOVERY A CLEAR CORPORATE PRIORITY**

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#### **Visibility of Early Recovery in the humanitarian system**

Various stakeholders stated that the GCER is not sufficiently visible at global level - not in Geneva and even less in New York - and that this contributes to ER's de-prioritisation and sidelining. Some key donors in Geneva reported that they have not established a sustained relationship with the GCER. The GCER was more visible in Geneva while it facilitated an active Technical Working Group (TWG) on Durable Solutions (2012-2016), but visibility diminished when the group was dismantled after the handbook, "Durable Solutions in Practice" (GCER, 2017e), was completed. Some GCER planning events have been postponed pending the results of this evaluation. Apart from the TWG meetings, the GCER Annual Plenary Meeting remains the only general event organised by the GCER that interviewees were aware of. They also noted that GCER representatives do not attend some other policy meetings in Geneva, in some cases making space for other UNDP divisions (for example, the co-chair of the IASC Task Team on Strengthening the Humanitarian/Development Nexus with a focus on protracted contexts is a staff member from BPPS). In sum, the GCER at global level was described by some as "a minor player." A minority even stated that the GCER is not required at global level since it lacks the clear purpose of other clusters.

#### **Awareness of GCER tools and services**

Many online survey respondents answered the question "How could the GCER better meet your organisation's needs?" by requesting support and services that are already available but that are, simply, not known to the field (UNDP and non-UNDP), especially online training and guidance. This suggests that a problem exists in connecting supply and demand.

***"I am sure the guidance and reference material is top-notch but it is not well known at field level. Like for many policy issues, there remains a gap between policy and field reality."***

(Survey comment)

Online survey respondents made suggestions regarding how the GCER could better meet the needs of their organisation. Frequent suggestions referred to increasing advocacy and raising awareness, especially towards decision makers such as senior UN management and beyond traditional humanitarian partners. Some participants wanted the GCER to provide guidance, responses and deployments more quickly. It was also noted that the GCER at global level should strengthen monitoring and evaluation of cluster activities for accountability reasons, although this would be challenging in the absence of accountability lines between the GCER and country clusters. In general, awareness in the field regarding existing GCER tools for measuring early recovery results was very low.

Significantly, few are aware of the IASC-rebooted mandate for the GCER (2013), which emphasised the strategic role of ER advisors, de-emphasised the country-level cluster and removed the assumption that UNDP should lead country-level activities. Most members of the humanitarian community (and many UNDP CDs) assume that activating a country-level cluster is a primary/automatic responsibility of UNDP. Consequently, their expectations of the ER cluster and of UNDP are often no longer appropriate.

### **FINDING 2: EXTERNAL ACTORS, AS WELL AS MANY RC/HCS AND UNDP COUNTRY MANAGERS, ARE GENERALLY NOT AWARE OF THE GCER MANDATE CONFIRMATION, WHICH TOOK PLACE AT YEAR-END 2013**

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### Appropriateness of GCER support

Distinguishing the comparative advantage of UNDP from the comparative advantage of the GCER was one of the more challenging puzzles that the evaluation team faced because stakeholders, including UNDP staff and cluster members, link them so closely. Although UNDP is the global CLA, by design, a country-activated cluster could focus on anything that other clusters do not cover and could be led at country level by any agency. This puts the cluster in a Catch-22 situation because this intended flexibility also exposes the cluster to allegations of (fund-seeking) opportunism.

In practice, UNDP leads country ER clusters in the vast majority of cases (and all the case study countries). Globally, the cluster tends to work from a menu of activities ("signature products") set out in the Guidance Note on ER; that is, debris management, emergency employment and enterprise recovery, community infrastructure rehabilitation, municipal solid waste management, governance (aid management, restoration of local governance, extension of civil service), national recovery planning, and coordination. These generally correlate with what UNDP generally considers to be its own comparative advantages in crisis settings (as exemplified by UNDP's "crisis response packages").

However, this statement of comparative advantage is contested. Many stakeholders questioned whether all of these are really UNDP's areas of expertise and whether other clusters might better provide support for many of the activities. In particular, the evaluation team found many instances where the complementarities between the Early Recovery and Food Security clusters were not sufficiently clear. This was highlighted as a system problem in the 2010 Inter-cluster Evaluation (IASC, 2010) and in the 2013 Evaluation of the Food Security Cluster (WFP, 2014). It remained a serious issue in 2017 in four of the six case study countries. In addition (although this refers to UNDP work in crisis settings rather than to the cluster as such), UNDP's 2010 corporate evaluation of UNDP's Contribution to Disaster Prevention and Recovery criticized UNDP's work in this area. It found that "Micro-level livelihood activities and shelter construction have, in many cases, achieved intended outcomes. However, the merits of UNDP

involvement need to be considered in the context of the many other actors providing this type of support, including non-governmental and community-based organisations." Further, it recommended strongly that "UNDP should minimise micro-level, short-term recovery activities that do not contribute to strengthening national capacities, policies or practice." (UNDP, 2010).

Everyone agrees that UNDP's core comparative advantage is in the area of governance (in particular, restoration of core government functions and local and national planning, all in the mode of strengthening national/local ownership). However, governance activities are rarely included within the scope of the cluster and are more often supported by UNDP outside the country cluster. When the cluster did focus on governance (Nepal, Pakistan and Lebanon), stakeholders did not challenge this.

### FINDING 3: MANY STAKEHOLDERS QUESTION WHETHER THE COUNTRY ER CLUSTERS ARE ALIGNED WITH UNDP'S COMPARATIVE ADVANTAGES

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***"In particular, UNDP should focus on local governance recovery with more urgency, by getting solutions to local functions (mobile offices, communications, and seconded staff) ASAP after a crisis. It is disempowering for local authorities, and negatively affects local population's confidence, if local government is incapacitated while international assistance is set up rapidly. This, for me, is the key to true Early Recovery."***

(Survey comment)

***"Early Recovery being defined as livelihoods was clearly a restricting factor... it was about time we included local governance, conflict analysis and social cohesion work, including aspects of rule of law. But our humanitarian partners including OCHA wanted Early Recovery to be all about livelihoods."***

(Survey comment)

**How useful are the resources provided by the GCER?**

One of the core functions of the GCER on the global level is to provide resources and services to country clusters and UNDP COs (specifically staff/employees from the GCER/UNDP<sup>3</sup>), onsite training/workshops, online training, guidance/reference material and advisory support to field clusters and the website. Figure 5 shows the relative usefulness of these various resources, listed in rank order.

In line with the statements referenced earlier regarding the GCER’s low visibility in the humanitarian system, several interviewees also stated that they were not aware of the resources provided by the GCER. Overall, stakeholders were more aware of the deployment mechanism of ERAs and CCFERs and the related training than of the guidance and reference material. Moreover, several interviewees stated that they knew about the resources, but either do not have time for them or do not consider them useful for their work.

Views on the perceived usefulness of advice and peer support from the GCER to field cluster were

<sup>3</sup> This chapter evaluates only the logistics of the deployment and support from the GCER during deployment, while other evaluation questions address the performance of the ERAs and CCFERs and challenges they faced on the ground.

also mixed. As discussed elsewhere in this report, this could also largely be a factor of local circumstances and personalities. For example, in Pakistan, members of the Community Restoration cluster stated that the link to the global GCER is weak and in CAR, the field cluster did not recall receiving support from the global level. In contrast, the UNDP offices in Beirut and Haiti felt very well supported by the GCER in terms of guidance and training, while the UNDP field coordinators in Lebanon (outside Beirut) stated that they were lacking technical guidance and often use trial and error instead.

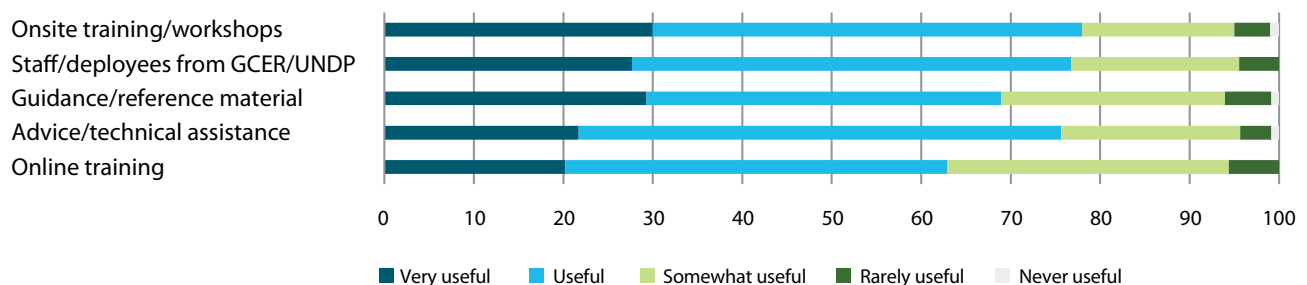
**GCER/UNDP staff/employees**

Most of the resources provided by the GCER are produced and managed by the UNDP Crisis Interface Team in Geneva. The personnel in the UNDP Crisis Interface Team is composed of UNDP staff (which has doubled since 2014), consultants and secondees, whose number varies from year to year and has, at times, been insufficient to cover the workload.

Only the deployments are handled differently. The deployment roster is managed in New York, but decisions are taken in consultation with Geneva. The cluster deploys ERAs, CCFERs and IMOs, with the latter being less ER-specific and not trained by the GCER. Figure 6 illustrates deployments from the roster, as well as the number of supported countries in recent

**Figure 5**

How useful are the resources provided by the GCER?



years. Since 2015, the trend has been to deploy fewer people and, instead, for COs to recruit CCfERs directly (in some cases, “double-hatted” UNDP programme staff). The GCER still supports these field staff, who were not deployed but hired directly by COs. This explains why, in 2017, more countries were supported than the sum of the deployments.

**Figure 6**

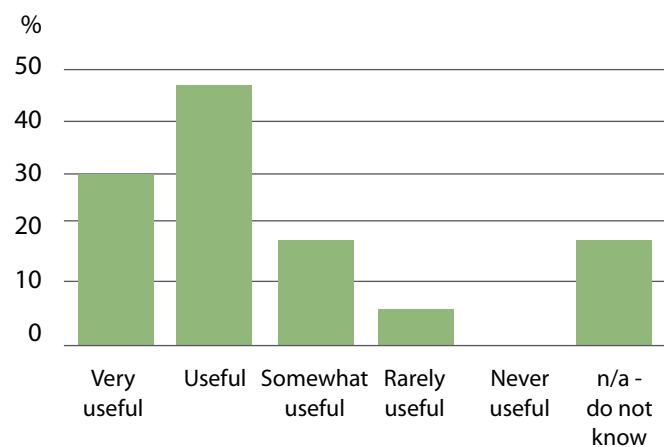
GCER deployments 2014 - 2017

	2014	2015	2016	2017
ERA	14	22	23	11
CCfER	8	6	8	2
IMO	7	12	9	5
Other	4	9	0	2
Countries supported	N/A	9	0	2

In the online survey, deployees were well-regarded, with 78 percent of respondents (excluding deployees who were not asked to self-assess) assessed as very useful or useful (see figure 7).

**Figure 7**

How useful are staff/deployees from GCER/UNDP?



Note: deployee respondents excluded from this count

In the online survey as well as in GCER post-deployment surveys, the majority of CCfERs and ERAs stated that they received support from the GCER staff in Geneva when required. However, respondents cited several issues regarding deployments, some of which are long-standing. These include confusion about the difference between an ERA and a CCfER, which is sometimes unclear even for (or, in some cases, is voluntarily ignored by) UNDP COs. This resulted in instances where the COs had misplaced expectations, the expert became “multi-hatted” and had an unclear mandate, or stakeholders were frustrated by the absence of the expected firewalling of functions.

***“Ensure that functions of ERA and ER CC are assigned to 2 different professionals”***

(Survey comment)

Technical guidance on the different roles is very clear, but the team observed that it is often not internalised or not followed, thus leading to this confusion.

***“The situation was quite different from time to time and depending on the expert deployed. With some of the experts, the expectations were never met while others brilliantly provided concrete support to ER including in strategic document such as HRP ...”***

(Survey comment)

Second, deficiencies existed in the profile of available deployees in the roster. The roster requires skilled and experienced experts who are available on short notice and who offer a special skillset (see box). One recurring theme from the country case studies is the extent to which individuals matter (specifically, personalities and, in particular, inter-personal skills). The right skillset with the right approach at the right time in an enabling management environment can make a big difference. However, as each element is removed, effectiveness declines considerably. In ideal settings, the RC/HC, ERA and CCfER are all fielded for long assignments and are all on the same page. Unfortunately, it has sometimes been difficult to field experts with the appropriate experience and language, and for long enough, especially at certain times of the year when senior people are not willing to be deployed for more than a few weeks. Other challenges concern specific language requirements and the reluctance to release staff for deployment even though they have been trained and placed on the deployment roster.

#### **Characteristics of effective Cluster Coordinators:**

- They are clear about their role.
- They have 'soft skills' – relationship-building, facilitation, team-building.
- They actively use their strong communication skills.
- They are seen as proactive and impartial and, thus, able to play the role of mediator.
- They have support from a broader coordination team (including information managers, subnational CCs and, co-leads) and Cluster members.
- They are able to develop relationships with Cluster members over time (therefore do not rotate frequently).
- They have strong technical and context knowledge.

*(Adapted from Exploring coordination in humanitarian clusters; ALNAP, 2015)*

The evaluation team concludes that perceived weaknesses in the deployment mechanism result from a combination of factors. First, the roster is not deep enough. It includes several hundred names (including more than 100 UNDP staff), but many are not truly deployable either because the needs are too specific, the best person is already deployed, management will not release the employee for deployment or the selection process results in cherry-picking. Second, the perceived lack of fit or deployee underperformance is sometimes a consequence of hastily drafted and confused TORs, leading to gaps between services offered and stakeholder expectations. Third, the deployment process is imperfect. A system-wide problem exists involving short-term deployments with gaps. In UNDP's case, the typical pattern is for an initial deployee to be a staff "first responder" for two to six weeks, followed by a consultant on a three-month contract extendable to six and, finally, by a third consultant or an extension financed from CO resources (if they can get them) or a double-hatted programme officer.

#### **FINDING 4: THE REQUIRED COMBINATION OF EXPERIENCE AND SKILLS FOR ERA AND CCfER DEPLOYEES IS IN SHORT SUPPLY AND THE DEPLOYMENT MECHANISM IS IMPERFECT**

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For most CLAs, the domain of the cluster is core to the organisation's mandate. Serving as a cluster coordinator is seen as part of a career path, in particular for its operational experience. This is less so for UNDP, whose cluster coordinators are often consultants recruited externally, not staff, and where staff and deployees confirmed that deployment as CCfER (or even as ERA) is not seen as part of the career path for staff. This contributes to the challenge of attracting skilled staff (from inside the organisation) to this difficult job.

#### **FINDING 5: EARLY RECOVERY COORDINATION IS NOT PART OF AN INCENTIVISED UNDP CAREER PATH**

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### Onsite training/workshops

The GCER's main capacity-building vehicle is training. Central to this process are two intensive on-site programmes to train and certify ERAs and CCfERs. Since 2013, 142 (89M/53F) ERAs and 117 (71M/46F) CCfERs have been trained. The mix of participants has evolved over time, with more recent CCfER trainings focused on UNDP staff in the field, presumably double-hatted local CCfER recruits.

To assess the usefulness of this training, survey respondents who had also been trained by the GCER were asked additional questions. The profile of these respondents is shown in Figure 8, which shows that 30 percent of the survey respondents who had been trained had been deployed as an ERA or CCfER.

**Figure 8**

Profile of survey respondents who had taken ER/CCfER training (%)

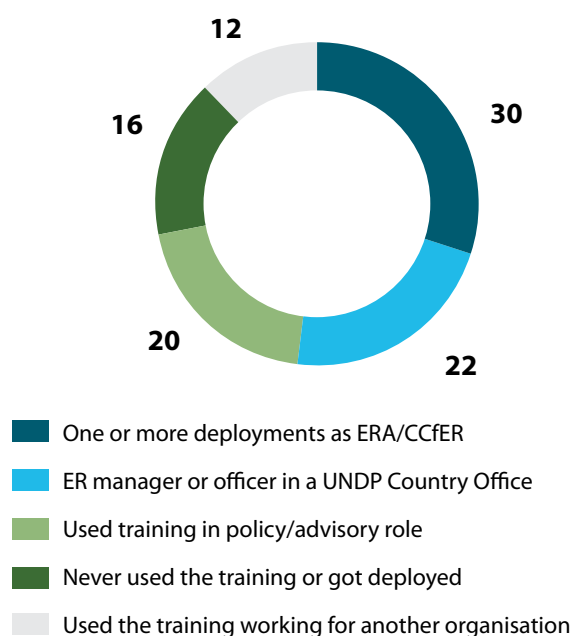
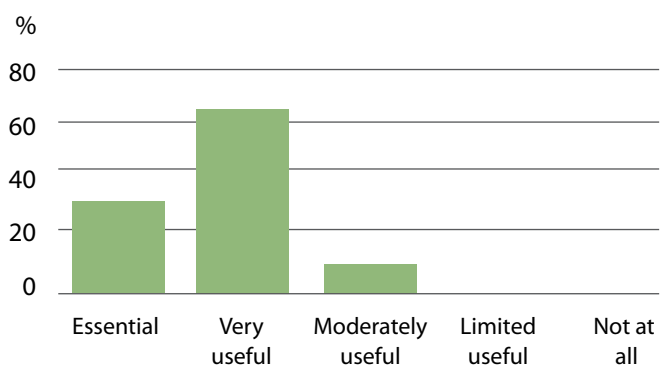


Figure 9, from the online survey, shows a high level of trainee satisfaction with the training provided. These results are consistent with the self-assessments compiled at the end of each training sessions, which were rated good or excellent by 100 percent of the participants. CCfER training was regarded as marginally better than ERA training. Specifically, the trainers and facilitators received positive assessments.

**Figure 9**

How useful was the training to your work?



ECHO provide partial funding for GCER training in 2014 and 2015 and an independent evaluation of the ECHO project found that the GCER overachieved its targets in terms of numbers of trained experts and resulting deployments (ECHO, 2016). Trainee self-assessments from 2014 onwards confirm that participants believed they gained knowledge during the training. However, for most of the topics covered in the training, the trainees also rated their prior knowledge as already high (slightly lower for women than for men). This suggests that the effect of the training was to refine trainee understanding, not to build it from scratch.

***“The global training organized for ER Cluster coordinators and advisers were, in my view, a valuable approach to ensure that countries were equipped with specialized staff, able to mainstream ER in the sectorial responses. The fact that the global cluster coordinator has a large network and is well respected also helped ensure that ER was considered in global policies and tools.”***

(Survey comment)

To further analyse the effectiveness of training, we considered the proportion of ERA and CCFER deployees who had been trained. Data provided by the GCER showed that from 2014-2017, 62 percent of deployees had been trained (possibly including some double-counting when deployees were assigned to successive situations and some cases where deployees were trained after deployment). While this seems to be an appropriate proportion in relation to deployments, in absolute numbers, some 259 people were trained and 51 of these were deployed. This suggests that there is a high level of redundancy in the training (80 percent of trainees are not deployed). While training staff who are not deployed can still have a beneficial effect in terms of raising understanding and awareness of ER, it does raise questions about the value for money of the training and the trainee selection process, and creates a risk of frustration among trainees who are never selected for deployment.

The gap between the high quantity and satisfaction with training, on the one hand, and the relatively weak performance of the cluster as a whole, on the other, suggests that training and awareness-raising alone are not sufficient to bring about mindset change at the system level. The evaluation team finds that one factor is that the training programmes “preach to the converted” and do not aim at changing attitudes. But beyond that, RC/HCs and UNDP CDs need to be receptive to ER. We consulted with the office responsible for RC/HC induction and training and learned that RC/HCs do not systematically receive briefings or training on ER or on the GCER, although their induction process

is very tailored to the individuals and to their contexts, so some ER briefing might be offered. Some UNDP CDs also observed that they did not receive ER or GCER briefings prior to deployment into ER contexts either. Beyond awareness, other factors undoubtedly also inhibit mindset change; in particular, institutional rigidities on the part of agencies and donors and lack of accountability for recovery results at the HRP or RC/HC level. We discuss these factors later in this report.

## **FINDING 6: TRAINING IS UNIVERSALLY APPRECIATED, BUT IS NOT SUFFICIENT TO BRING ABOUT MINDSET CHANGE AND SYSTEM CHANGE**

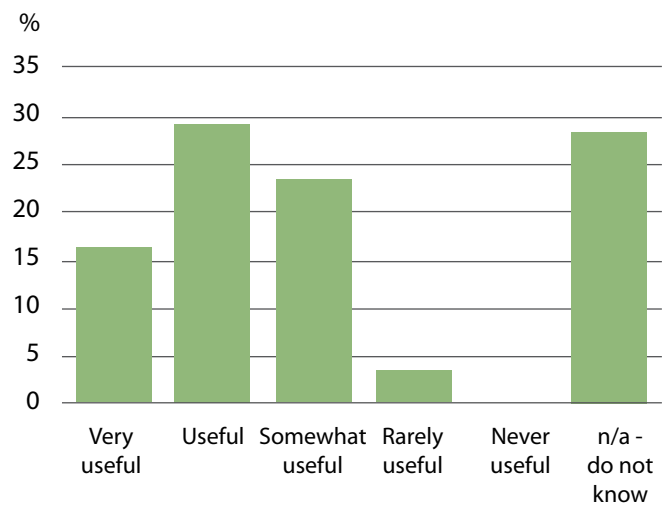
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### **Online training**

The GCER launched an e-learning course on its website in June 2017. The fact that this online training is very new explains why many interviewees and 28 percent of the 95 respondents of the online survey were not aware of it. However, of those respondents who were, almost 64 percent rated it as “very useful” or “useful” (see Figure 10). In January 2018, the online training was extended by an online test and the option to download a certificate of completion.

**Figure 10**

How useful is the online training?



### Guidance/reference material

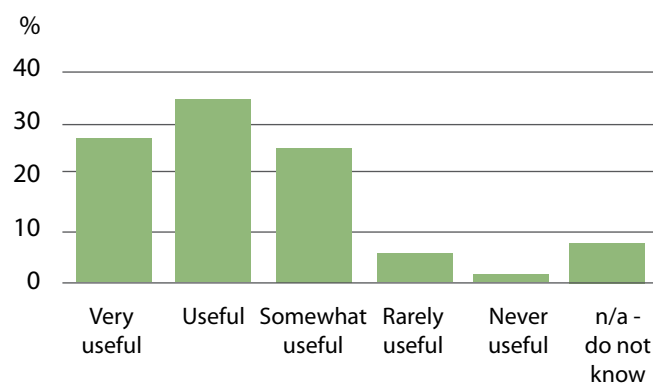
Over the years, the GCER has produced a wide range of guidance and reference material, including an important suite of framing documents published since 2014 with the help of ECHO funding. The four core documents<sup>4</sup> currently are “Implementing Early Recovery” (GCER, 2013b), “Strategic Plan for Early Recovery (2015-2017)” (GCER, 2014b), “Guidance Note on Inter-Cluster Early Recovery,” (GCER, 2016j) and “Durable Solutions in Practice” (GCER, 2017e). However, several interviewees were not aware of the specifics of the guidance and reference material; in many cases, they knew of their existence but had not read them. Nevertheless, the guidance and reference material received the lowest (7 percent) “do not know” rating in the online survey of all GCER resources. It is important to note that, beyond the GCER’s own guidance documents, the GCER team went to considerable effort to ensure that system-wide guidance from the IASC (including the Transformative Agenda guidelines and protocols) fully integrated ER. This would have been less visible to stakeholders.

Of those familiar with the material, a vast majority considered it very useful, useful or somewhat useful (see Figure 11).

<sup>4</sup> GCER 2016j and 2017e are available in English, Spanish and Arabic, and GCER 2013b is also available in French.

**Figure 11**

How useful is the guidance/reference material?



Furthermore, in the online survey as well as in the GCER post-deployment surveys, CCfERs and ERAs who have been deployed were asked, “When you needed solutions or help, where did you find them?” In response, the guidance material was always the source mentioned most often.

In sum, the current IASC guidance on ER is very clear: it emphasizes the strategic advisory role of ERAs and clearly states that a country-level cluster should be an exception, shaped and named according to its niche role as agreed by the HCT and led by the best-qualified lead agency. Given that in practice, HCT members and UNDP COs rarely follow this guidance (including CDs whose incentives are aligned towards projects and visibility), the problem appears to be lack of disciplined implementation, rather than the guidance itself. In the absence of mechanisms that render CDs and RC/HCs accountable for cluster results at country level, it may be expedient (and less costly) to conflate the different roles of the ERA, CCfER and ER Expert. In several instances, we heard that ERAs and CCfERs were captured by CDs to develop projects for UNDP. This blurring of functions and firewalls was aggravated by multi-hatting and, in many cases, by TORs that combine two or three of these functions.

### FINDING 7: THE GLOBAL GUIDANCE ON EARLY RECOVERY IS CLEAR, BUT HCTs AND UNDP COUNTRY OFFICES RARELY FOLLOW IT

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*“UNDP doesn’t understand that Early Recovery Advisors are a country team resource and try to limit their work to helping UNDP alone. It can take the whole deployment time to get UNDP to understand something different and, in the meantime, unbridgeable tensions are caused.”*

(Survey comment)

### Online resource centre

Just like other clusters, the GCER has developed a stand-alone online resource centre (website), which was launched in May 2016 with contributions from ECHO, the Danish Refugee Council and UNDP. It currently contains more than 900 documents in five languages that include guidance, examples of ER thematic areas and programming, and concrete examples from experience. It also contains e-learning resources and tools for ER coordination as well as information management (IM). The numbers of visits to and users of the online resource centre is increasing steadily and more than 6,850 people visited it at least once during the last year. The independent evaluation commissioned by ECHO found that at a time when the website had just been launched, the GCER had fully achieved its intended results (ECHO, 2016). This was confirmed by the separate online survey of website users implemented by the evaluation team, which showed high ratings for content as well as navigation.

Over 79 percent of website survey respondents rated the content as good or very good (see Figure 12) and only 10 percent did not find it easy to locate what they were looking for. When asked how the website

could be improved further, several website survey respondents requested more documents in French and Spanish. In the GCER's internal post deployment survey, 60 percent of responding CCfERs and ERAs confirmed that they have used the website.

If there is a weakness regarding the website, it is its limited reach. In the course of implementing the separate online survey of website users, the evaluation team determined that as many as 90 percent of registered website subscribers are not real users; rather, they are bots, spammers or marketers for unrelated products. When this is factored in, the number of "legitimate" website users appear to remain limited. In all likelihood, only a core group of a few hundred users have visited the website several times, presumably because they find it to be a generally useful resource or for the online training.

### GCER and gender equality at the global level

The GCER's global integration of gender equality and the empowerment of women and girls (GEEWG) was evaluated primarily via an exhaustive document review. This review confirms that the GCER has integrated GEEWG well into its guidance and training materials and into its TORs for key positions. This finding is consistent with that of the 2015 Review of IASC 2008 Policy Statement on Gender Equality in Humanitarian Action (IASC, 2015f), which concluded that "overall global clusters have mainstreamed gender and age in [the documents posted on their respective websites]." We comment on country level performance later in this report.

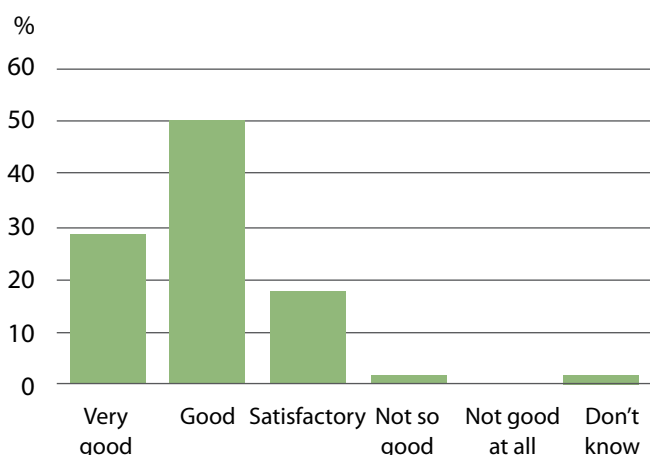
### GCER efficiency

In an effort to examine efficiency, the evaluation asked how effectively UNDP has harnessed the resources at its disposal to fulfill its Cluster Lead Agency responsibilities, with efficiency defined as the translation of resources into results.

Unfortunately, the data derived from the interviews and online survey was only partially useful, as many (perhaps most) stakeholders are unfamiliar with the variable of "resources at the disposal of UNDP."

**Figure 12**

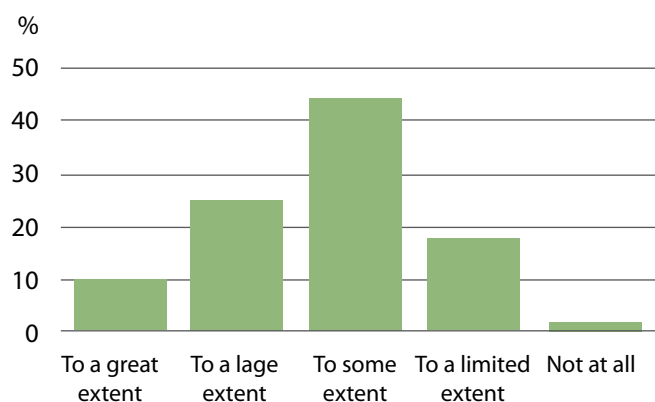
How would you rate the content of the website overall?



Thus, one-half of the efficiency equation was often unknown. The online survey responses (see Figure 13) generally showed average performance, suggesting that stakeholders feel that UNDP has comparative advantages that are not being properly tapped.

**Figure 13**

**To what extent has UNDP used its comparative advantages to fulfil its Cluster Lead Agency responsibilities**



In interviews, some stakeholders stated that, globally, the GCER has been neither an effective convenor nor campaigner, that it has not used its convening power or advocacy platforms effectively, and that it has failed to exploit fully its natural alliance with the Global Protection Cluster (which has a similar mainstreaming mandate).

While respecting these expressed views of stakeholders, this perception relates to the visible, direct, public advocacy work of the GCER and does not reflect its quiet, behind-the-scenes advocacy. Although not visible to the greater humanitarian community, the GCER's advocacy was effective (and, one might argue, efficient because of its multiplier effect) in ensuring that ER was integrated in system-wide guidance at all levels. As we argue later, this has contributed to the extent of ER integration in HRPs and the level of ER mainstreaming.

### UNDP support for the GCER

Many interviewees, particularly from UNDP, believe that structural issues and changes within UNDP hampered the effectiveness of the GCER. They believe that the closure of BCPR (which anchored the GCER to the core systems of UNDP) was a major setback, as it scattered the formerly combined elements of policy, technical expertise, programme management and funding, effectively closing the one-stop-shop. This was also a key finding of UNDP's Evaluation of the 2014-2017 Strategic Plan (UNDP, 2017c).

Moreover, the spatial separation between the GCER team in Geneva and the CRU team in New York has exacerbated communications and alignment challenges. The Geneva team members noted that they had become disconnected and left on their own with a lower profile. They also stated that the team is too small to cover the institutional and operational ground. In contrast, most New York stakeholders viewed their Geneva colleagues as being too caught up in that city's humanitarian bubble, particularly prior to 2014.

The evaluation team's assessment is that each office is understandably preoccupied with its immediate environment: New York relates primarily to the rest of UNDP and the interagency mechanisms of New York, while Geneva looks to the local humanitarian community and, especially, the multilateral coordination bodies (OCHA, IASC and its subsidiary bodies GCCG and P2P). Both offices directly support the field, albeit in different ways (New York works more with the COs and Geneva more with the deployees) but, importantly, neither office seems to be investing enough effort in communicating with the other or with donors (to the extent that they were receptive). As a result, both offices appear somewhat inward-looking and miss opportunities to work in synergy in order to have strategic influence in both locations. Meanwhile, field offices are often confused as to which office is supposed to provide which support services.

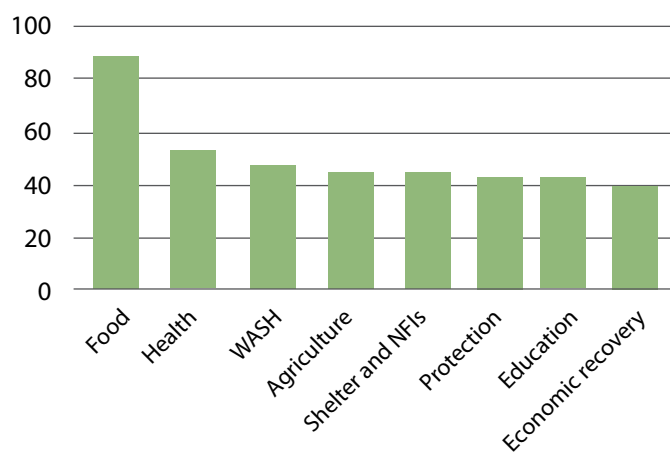
### GCER's achievement of its global objectives: the question of cluster funding

Clearly, it is difficult to achieve objectives without sufficient funding. The FTS data (Figure 14) show that the ER cluster at country level receives the least funding of all clusters, even falling below protection (which faces similar problems of defining and explaining itself). Donors report that it is underfunded because its proposed achievements are unclear, its role as a stand-alone cluster is unclear when ER is mainstreamed in all clusters and, in particular, the humanitarian funding arms of donor agencies do not consider it to be humanitarian ("life-saving"). ER is further disadvantaged in that it is usually not preferred for Central Emergency Response Fund (CERF) or Country-Based Pooled Fund (CBPF) funding (again, because it is not perceived as "life-saving").<sup>5</sup> However, it is also underfunded by UNDP itself, which apparently does not give long-term senior ERAs or CCfERs priority in its current highly resource-constrained

<sup>5</sup> CERF eligibility criteria allow it to "Enhance response to time-critical requirements based on demonstrable needs." However, this still does not guarantee funding when competing with life-saving priorities.

**Figure 14**

2006-2016: percentage of cluster funded against appeals



environment. Some UNDP staff seek to obtain development funding for the country-level cluster, but this is highly unlikely given that (a) the country-level cluster seeks funding through the HRPs from humanitarian donors, and (b) at local level, UNDP usually advocates for development funding for its own recovery programmes (typically outside the cluster), rather than for the cluster itself.

Despite calls to establish a separate mechanism for financing ER (see box) and a DfID proposal to create a CERF-type mechanism for ER financing,<sup>6</sup> these ideas have never taken hold, although there are recent examples of "resilience funding windows" built into next-generation humanitarian appeals.

***"Mechanisms for bridging the funding gap between humanitarian and development activities, including the provision of resources for Early Recovery, should be developed."***

(IASC, 2010)

However, strong evidence suggests that ER receives significant funding through the other clusters, with as much as 35 percent of funding requested for recovery activities (GCER, 2015I) in other clusters.<sup>7</sup> Even if this figure is overstated, the combined development-funded recovery investment (including through UNDP's regular programmes) and "other cluster recovery" financing is likely to be five to 10 times greater<sup>8</sup> than the ER cluster funding raised through the HRPs.

<sup>6</sup> Reported by GCER, but documentation was not available.

<sup>7</sup> Unpublished data made available to the evaluation team suggests that in 2015, 35 percent of requested funding and 47 percent of proposed projects in HRPs were for early recovery and that these proportions increased slightly to 39 percent of funding and 49 percent of projects in a similar analysis for 2016.

<sup>8</sup> This range combines "other cluster ER financing," reported by GCER's FTS analysis, and UNDP direct spending on "Crisis Prevention and Recovery," recorded in the latter's corporate reporting system.



Given the underfunding of the ER cluster, some stakeholders suggested that UNDP's role and relevance in supporting ER might come into sharper focus if it were not clouded by the problem of funding; that is, if the ERA were clearly disinterested in funding and if ER cluster activities were coordinated without the suggestion that UNDP was, itself, seeking funding through the cluster mechanism (and through the HRP). Sudan's 3R was an example of a highly-valued ER coordination role and, while advocating for funding for area-based approaches, as not directly seeking funding for implementation through the cluster itself.

### **FINDING 8: THE ER CLUSTER IS UNDERFUNDED, ALTHOUGH EARLY RECOVERY MIGHT NOT BE UNDERFUNDED**

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#### **Funding through the ER cluster for UNDP itself**

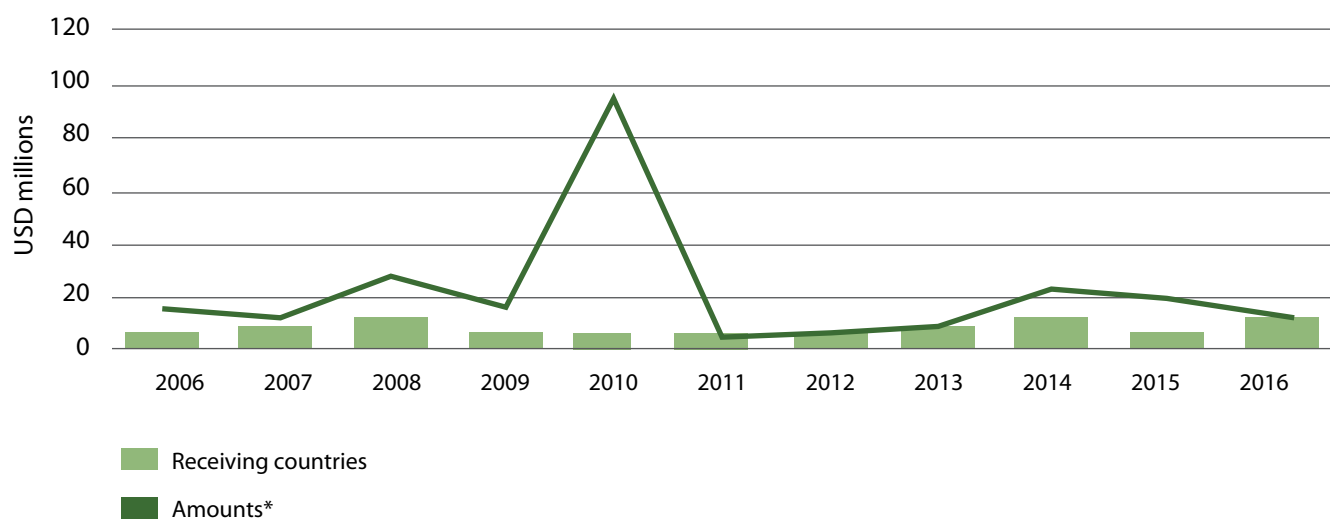
Analysis of FTS from 2006–2016 in Figure 15 shows that funding to UNDP through the cluster began

relatively strongly in 2006–2008 (\$14–31m/year) and was distributed among a wider range of receiving countries (six to 12). Funding for UNDP then peaked in an outlier year, 2010 (\$96m among six countries, the year of the earthquake in Haiti and floods in Pakistan, which together totalled \$88m). Funding to UNDP through the cluster then plummeted from 2011–2013 (\$4–9m/year among five to six countries) and increased again from 2014–2016 (\$15–24m/year among six to seven countries, excluding the outlier situations of Iraq and Syria). Importantly, since 2009, UNDP has only ever received funding through the cluster in a small number of countries (five to seven/year). With an overall average of \$15m/year for ten of those 11 years, the cluster does not appear to have been a significant source of UNDP funding.

Other humanitarian organisations suggested that donors chose not to fund UNDP through the appeals because it is seen as a well-funded organisation in most of the case study countries (Pakistan, Nepal, Lebanon, CAR and Sudan), given its significant non-cluster

**Figure 15**

Funding for UNDP through the ER Cluster



\* excluding Iraq, Syria and Mine Action

funding for activities similar to those in the appeals. In some cases, UNDP allocated a share of its global (TRAC) or country programme funding to cluster activities (UNDP appearing as a donor in FTS); for example, local government and livelihoods in Nepal and community restoration in Pakistan. In other cases, however, such as CAR and Haiti, more of UNDP's funding and programming simply flowed outside the ER cluster.

***“The fact [is] that the humanitarian agencies really did not want UNDP to bleed funds from this context. They felt that UNDP was well funded with dev funds and their occupation in this space increased the competition for the limited humanitarian funds. So, they hid behind lack of conceptual clarity and created confusion over something that they had been doing all along as part of their humanitarian response.”***

(Survey comment)

### **FINDING 9: WITH THE EXCEPTION OF 2010, THE CLUSTER HAS NOT BEEN A SIGNIFICANT SOURCE OF FUNDING FOR UNDP**

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Despite the careful arguments for the intrinsic importance of ER and full IASC endorsement of the cluster, as well as evidence (see Finding 9) that UNDP does not receive significant funding through the cluster, donors, HCT members and other cluster leads still believe that UNDP is leading a cluster primarily to access “quick and easy” humanitarian funding. Similar concerns were raised during a lessons-learned exercise in 2010, specifically including the perception that UNDP was benefiting its own programmes through the cluster lead role (CWGER, 2010b). However, at that time, some also claimed that other CLAs do not differ significantly in this regard and that perceptions of UNDP opportunism may stand out because the underlying ER narrative is not convincing and the coordination is not strong. The perception of UNDP opportunism extends to the view

that UNDP sometimes seeks funding for activities that are not its area of expertise or mandate or that overlap with the mandates of other clusters. This perception is accentuated when UNDP CDs reassign the deployed ER resources to draft UNDP project documents.

### **FINDING 10: MANY EXTERNAL ACTORS STILL THINK THAT UNDP COORDINATES THE ER CLUSTER PRIMARILY TO ATTRACT HUMANITARIAN FUNDING FOR ITSELF**

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For the last three years, the GCER has been implementing a strategic plan for the 2015-2017 period (GCER, 2014b). Under this plan, the GCER has two main goals, each of which has one strategic objective and three outcomes. These were framed in the evaluation TORs as the given goals and objectives of the GCER. For the purposes of this evaluation, the first goal and strategic objective have been split into two, with two outcomes each.

The GCER has developed a logical framework to assess progress towards these goals, strategic objectives and outcomes, which includes additional outputs, indicators and means of verification (GCER, 2015c, 2016e). We note that some of these indicators lack a quantitative threshold (for example, visitors to the website and number of trainings requested).

Figure 16 illustrates the GCER Geneva team's self-assessed achievements in 2015 and 2016 against the objectives and goals of the GCER. Overall, in 2016, the GCER found that it had made the most progress toward achieving Strategic Objective 2, where the only indicator has been fully met. For Strategic Objective 1, two indicators have been fully met and one partially, while Strategic Objective 3 lags behind, with only half of the six indicators fully met and two not met. The much greater number of outputs for Strategic Objective 3 (24 in 2015 and 19 in 2016) than for Strategic Objectives 1 and 2 (four in 2015 and five in 2016) might suggest that the GCER is paying more attention to Strategic Objective 3. However, it reflects, in part, that WHS and HD(P)N processes have overtaken the GCER, to some extent.

**Figure 16**

Achievements against GCER objectives in 2015

2015 objectives		Quantity	Indicators	Fully met	Partially met	Not met
ER is systematically main-streamed into humanitarian action	Results/Outcomes	2	4	3	1	0
	Outputs	4	3	1	2	0
Humanitarian and development actors are brought together to ensure successful transition	Results/Outcomes	2	1	0	1	0
	Outputs	0	1	0	1	0
Strengthen the Global Cluster on ER's ability to serve partners	Results/Outcomes	3	7	2	1	4
	Outputs	24	21	13	2	6
Totals			37	19	8	10
Percentages				51%	22%	27%

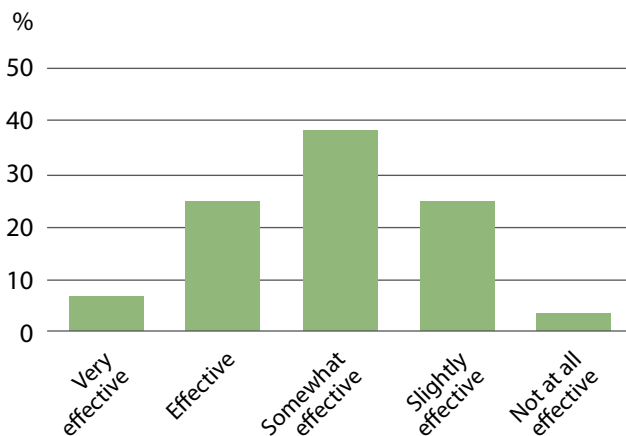
2016 objectives		Quantity	Indicators	Fully met	Partially met	Not met
ER is systematically main-streamed into humanitarian action	Results/Outcomes	2	3	2	1	0
	Outputs	3	3	1	2	0
Humanitarian and development actors are brought together to ensure successful transition	Results/Outcomes	2	1	1	0	0
	Outputs	2	4	2	2	0
Strengthen the Global Cluster on ER's ability to serve partners	Results/Outcomes	3	6	3	1	2
	Outputs	19	26	11	12	3
Totals			43	20	18	5
Percentages				46%	42%	11%

Regarding global results for Strategic Objective 1 (mainstreaming), in 2015 the GCER reported to the IASC Principals on this question (GCER, 2015m), explaining that ER integration depends highly on the context, with leadership, coordination, financing and flexibility as the crucial enabling factors.

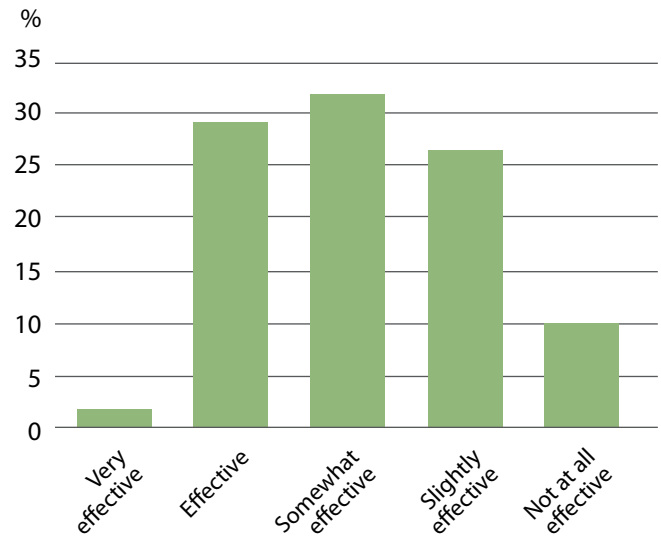
According to this self-assessment, it appears that the GCER will not fully achieve the objectives of its strategic plan, but that the majority of indicators have been met fully or partially. The fact that some stakeholders gave less positive comments about the performance of the GCER may also indicate that these partners do not have a full picture of its objectives and activities.

The online survey respondents' assessment of performance against the three strategic objectives differed slightly. Within generally average assessments (see Figures 17, 18 and 19), mainstreaming is perceived as having been slightly more effective than response capacity at country level. The convening of actors to ensure transition to development was seen as slightly less effective than the other two objectives.

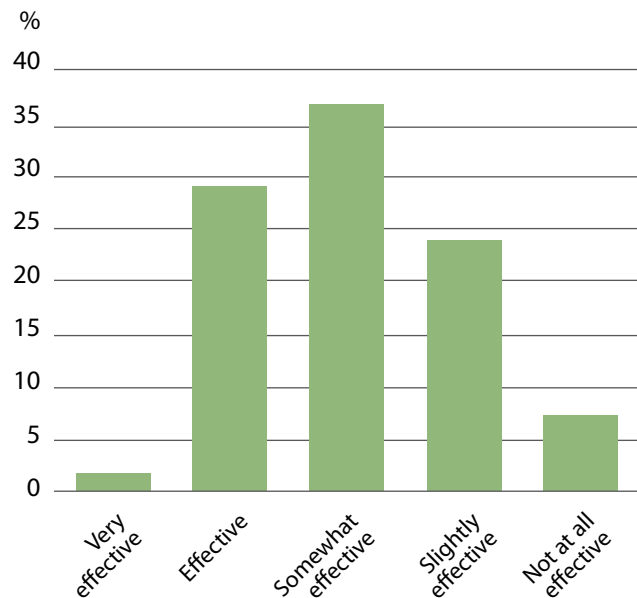
**Figure 17**  
ER is systematically mainstreamed into humanitarian action



**Figure 18**  
Humanitarian and development actors are brought together to ensure successful transition ... to development



**Figure 19**  
Increase ER response capacity and support at country level



In the key informant interviews, some stakeholders praised the GCER for its overall achievement over the last years to “put people at the centre” and to “keep ER on the agenda.”

### Early Recovery terminology

For the record: “Early Recovery is an approach that addresses recovery needs that arise during the humanitarian phase of an emergency, using humanitarian mechanisms that align with development principles. It enables people to use the benefits of humanitarian action to seize development opportunities, builds resilience, and establishes a sustainable process of recovery from crisis. Early Recovery is both an approach to humanitarian response which, through enhanced coordination, focuses on strengthening resilience, re-building or strengthening capacity, and contributing to solving, rather than exacerbating, long-standing problems which have contributed to a crisis; and, also, a set of specific programmatic actions to help people to move from dependence on humanitarian relief towards development. Early Recovery is never just a ‘phase’. It is a multidimensional process of recovery that begins in the early days of a humanitarian response” (GCER, 2016j).

***“The concept of ‘early recovery’ has generated attention in policy circles as a potential way of fostering recovery from an early stage, with governments and aid agencies examining how it might fit into their current ways of responding to conflict. Nonetheless, there is a good deal of confusion about what early recovery is, and how it differs from other approaches: humanitarian and development assistance, peace-building, statebuilding and stabilisation.”***

(HPG, 2009)

After 10 years and repeated attempts by the GCER team to clarify and codify ER, most stakeholders say they still do not understand it. As early as 2010 (CWGER, 2010b), this elusive definition was seen as a serious challenge.

As implied in the above “definition,” Early Recovery is a moment (emphasising that it comes early in a sequential model of humanitarian to development transition), an approach (considering development linkages during the height of the crisis), and a context-specific set of unmet humanitarian needs that require their own package of activities distinct from other clusters (sometimes characterised, unfortunately, as a “gap cluster”). This confusion also exists within UNDP and in many UNDP COs, explained in part by several changes over the years in the concept and prominence of ER within UNDP. This may have been exacerbated by the Geneva-New York divide, in that Geneva was more focused on humanitarian concepts, while New York was more concerned about corporate alignment and programme practicalities. In addition, during that period, the concept of ER has been placed in competition (including by UNDP itself) with the vocabularies and concepts of resilience, self-reliance, stabilisation, recovery and emergency development.

***“Need to clarify what ER, and what “ER” sector actually does at country level (they never coordinate or even deal with overall ER), and it is always rather confusing.”***

(Survey comment)

## FINDING 11: MOST STAKEHOLDERS STILL DO NOT UNDERSTAND THE CONCEPT OF EARLY RECOVERY

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### Measuring Early Recovery

Several stakeholders believe that ER is not “tangible” and see this as a major challenge for the GCER. In part to tackle this, the GCER recently made a significant effort to develop tools to measure ER, in cooperation with the consulting firm Groupe URD and with funding from ECHO. One main product of this consultancy was an ER Indicator Registry to allow ER activities to be measured across all clusters (GCER, 2017g). The GCER promotes these tools in

workshops and meetings, with a four-hour session on measuring ER in the training program. Moreover, in January 2018, the GCER launched an additional module on measuring ER for the e-learning course. The independent evaluation of the ECHO project concluded that the GCER had fully developed ER guidance, standards and performance monitoring (ECHO, 2016). Unfortunately, despite availability of the ER Indicator Registry and tool and their testing in Bangladesh, Nepal and Niger in 2014-2015, the tool has not been applied beyond the pilots. However, it has been used as the basis for monitoring and evaluation systems tailored to context, for example, in Lebanon and Syria.

### Global advocacy for Early Recovery

As outlined above, advocacy for consideration of development issues in the humanitarian system and vice versa is both UNDP's responsibility as CLA as well as a means to achieve the strategic objectives of the GCER. However, GCER's advocacy efforts for considering development in the humanitarian space have struggled since the outset over mandates and funding. Opposition from the humanitarian community seems to follow two main arguments: first, the single goal of the humanitarian enterprise is to save lives, while effecting change or building capacity are not humanitarian priorities; and, second, resources for humanitarian response are insufficient, so they should be preserved for essential life-saving activities.

### Does UNDP uphold humanitarian principles?

The humanitarian community occasionally makes a third claim: UNDP is too beholden to host governments and is not always governed by humanitarian principles. This concern was raised in a general sense in the 2010 evaluation of the cluster system (see box). The evaluation team heard that in a few conflict situations (Syria and Sudan), where the government is party to the conflict, UNDP's closeness to the government affects its humanitarian neutrality and independence. However, we also heard the contrary view: even when the government is an active party to a conflict, UNDP programming provides an avenue for dialogue,

constructive advocacy and capacity-building with the purpose of changing behaviour. On balance, the evaluation team concludes that the concern about UNDP's alleged compromised humanitarian principles is rarely justified. The GCER and CDs should be aware of and manage this risk, but it does not fundamentally challenge the rationale for the GCER.

***"When cluster members are financially dependent on cluster lead organizations and clusters maintain close relationships to integrated missions, peacekeeping forces or actors involved in a conflict, clusters can threaten the humanitarian principles of independence, impartiality and neutrality."***

(IASC, 2010)

## FINDING 12: SOME CHALLENGE UNDP'S HUMANITARIAN NEUTRALITY, BUT THIS IS NOT A SIGNIFICANT CONCERN OVERALL

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### Distinguishing between the GCER and UNDP as cluster lead agency

Some respondents acknowledged the GCER's advocacy efforts. However, they questioned the motives behind that advocacy as UNDP is also perceived to benefit from those efforts. Some donors (those with a more superficial understanding of the GCER) found it difficult to separate their perceptions of the cluster from their perceptions of UNDP. They interpreted questions about the effectiveness of cluster coordination as questions about UNDP's programming capacity in emergency situations. We will examine the problems of double- and triple-hatting later, but at the global level we note that interviewees held strong views that the GCER in Geneva often "advocates for the right things, but the UNDP Country Offices go for the money instead."

### GCER after the World Humanitarian Summit

Many interviewees pointed out that with the emergence of the NWoW and the HD(P)N after the WHS 2016, advocacy for consideration of development issues in



the humanitarian system has moved to a new place and reached a new level. Although the GCER advocates strongly for the nexus and claims to have laid its strategic foundation long before the WHS,<sup>9</sup> many other actors were quick to claim the nexus high ground and dismissed the GCER influence. Furthermore, some regard the GCER and the ER concept as at a standstill in the light of the new concepts. In some ways, post-WHS, the GCER is seen as racing to catch up, rather than as leading the nexus vision. A few stakeholders see the HD(P)N as an opportunity for the GCER to reinvent itself, provided that UNDP adjusts quickly and supports the GCER in this endeavour. However, the majority of stakeholders saw the GCER as too deeply anchored in the humanitarian space and unable to act with the objectivity or obtain the standing to step into a leadership role.

***“UNDP has made progress in supporting ER Cluster coordination. However, a number of challenges continue to limit the role that UNDP can play at the national level. These include communicating the need for such an approach, facilitating wider coordination and instilling a sense of national ownership for ER coordination. Forging links between humanitarian interventions and the development process has often been constrained by the narrowly perceived role of cluster leads and by inter-agency dynamics.***

***ER, both as a cluster and as a concept, requires more deliberation with stakeholders at the country level and with other UN agencies. It is evident that human and financial resources as well as the availability of technical support have determined the extent to which ER Cluster coordination has succeeded.”***

(UNDP, 2010)

### **Summary of findings regarding the effectiveness of the GCER at the global level**

UNDP’s 2010 evaluation of ER at UNDP (importantly, an evaluation of the activity system-wide and not limited to the cluster) identified several challenges that persist overall today (see text box).

The work of the GCER team in Geneva is guided by the responsibilities of a CLA determined by the IASC and the GCER Strategic Plan 2015-2017 approved by the Strategic Advisory Group (SAG). Both were substantially achieved. Notwithstanding insufficient staffing, the GCER provided valuable services and resources to partners; in particular, guidance, technical support and training, as well as effective behind-the-scenes advocacy for ER in the guidance and systems of the IASC. Respondents to the online survey and training participants particularly welcomed the work of the GCER team. However, the GCER team also shares responsibility for the ongoing conceptual challenges of ER and the lack of progress in changing the mindset of Geneva-based donors. On the whole, the Geneva team seems to be stronger at in-reach (training, supporting deployees, advocacy with and through the IASC on ER integration and mainstreaming) than at proactive out-reach to donors and stakeholders beyond the humanitarian inner circle.

### **FINDING 13: THE GCER TEAM IN GENEVA IS LARGELY FULFILLING ITS RESPONSIBILITIES AND MEETING ITS OBJECTIVES, BUT HAS BEEN UNABLE TO RESOLVE SOME OF THE CLUSTER WEAKNESSES IDENTIFIED THROUGHOUT THE EVALUATION FINDINGS**

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<sup>9</sup> The 2010-2011 Early Recovery Inter-Cluster Action Plan notes that “UNDP has been given the responsibility to lead the CWGER which sits at the nexus of humanitarian and development communities.”







## KEQ 2: How effective was UNDP's country coordination of the Early Recovery Cluster?

### Country-level Early Recovery Cluster coordination

By design, the objectives of each country cluster are very context-specific. The activities were very different in the six case study countries, ranging from debris management and cash-for-work in Nepal and Haiti, to promoting 'area based, multi-sectorial, durable solutions to IDP returnees' in Sudan and 'livelihoods and community stabilisation' in CAR. There is no conventional cluster in Lebanon but, rather, two co-led sectors (livelihoods and social stability) within a crisis response plan that encompasses refugees and host communities.

Generally, inclusion of the cluster members in planning was appreciated, but some (Nepal and Pakistan) complained about the quality of IM, since the IMO positions had been cut. However, where sufficient resources existed for IM, UNDP provided important information, such as the monthly and quarterly Tension Mapping in Lebanon, which describes tensions between refugee communities and hosts, thus, enabling the targeting of mitigating activities, and the 5W assessment of all recovery activities across the response (CAR).

***Enabling factor for success: "Top- quality cluster coordinator with very inclusive, partner-minded attitude. More NGOs and UN engagement in the ER Cluster than I had previously seen. This led to more joined-up thinking and programming."***

(Survey comment)

In some protracted conflict and displacement situations (Sudan and Lebanon), ER cluster meetings attracted many participants, including some who would not consider themselves members. The explanation offered was that the information and discussion focused on more long-term planning and was, therefore, considered to be important in terms

of seeking durable solutions. Some cases (CAR, Haiti and Nepal) were characterized by a pattern of early participation by more partners and at more senior levels, dwindling over time to fewer partners and at a more technical level. These changes in participation changed the character of the meetings from strategic planning to information-sharing.

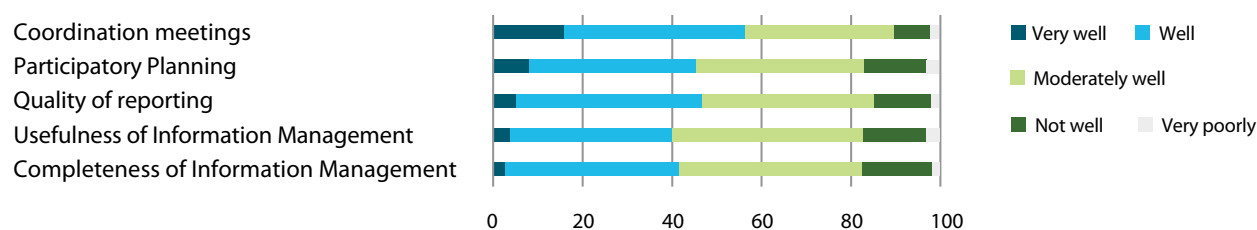
In five of the six countries in the sample, UNDP co-led/chaired the ER cluster with a government ministry or agency (excluding CAR). Consequently, it was not the only organisation responsible for managing the cluster. UNDP's close cooperation and partnership with governments was considered a specific and positive UNDP value-added. Most stakeholders considered that it was important to have government on board, although this was often not sought or prioritised in the early stages of a response. This added value was based on an appreciation for UNDP's work with governments prior to the emergency and support for capacity-building among government structures for emergency response, sometimes at central and local levels (Nepal, Pakistan, Haiti and Lebanon). The practice of cluster co-chairing with government was considered to benefit longer-term development linkages (however difficult co-chairing might be in the short term), although actual examples of long-term development linkages were rare.

External stakeholders (excluding UNDP staff and ER deployees) generally felt that the cluster was well-coordinated at country level. Among the different coordination activities, they ranked "meeting coordination" and "participatory planning" slightly higher than "reporting" and "IM" (see Figure 20).

Across the different case studies, the perception of effectiveness of coordination tended to depend on resources. Even though clusters were generally considered to be well-managed, UNDP's coordination was most highly appreciated when it allocated sufficient human resources for coordination, especially when a dedicated full-time CCfER was in place and supported by an IMO (Lebanon, Haiti and Sudan).

**Figure 20**

How well-managed were these elements of cluster coordination at country level?



Stakeholders, both cluster members and other cluster leads, were somewhat more critical of UNDP's coordination when the CCfER was a double-hatted programme manager who had other obligations in addition to those of a CCfER (Pakistan).

Recent CCPM reports show that cluster members offered very positive assessments of cluster coordination in most of the case study countries (Pakistan, Haiti, CAR and Sudan).<sup>10</sup> Interviews in other countries and online survey results confirmed this. The survey results for this question support the positive assessment of the country studies and are presented in Figure 21.

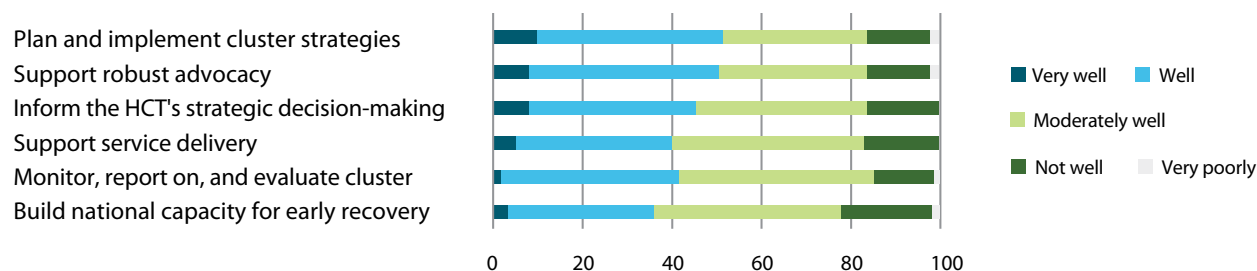
<sup>10</sup> OCHA informed the evaluation team that this is the case across the board with CCPMs, which are not designed to capture results and therefore do not enhance understanding of cluster effectiveness.

The cluster function to build national capacity in preparedness and contingency planning was considered an important part of the cluster's work in natural disaster contexts (Nepal and Pakistan) and was largely assessed as successful in relation to government capacity. In other situations, it was less successful (Haiti, mainly because of the weakness of government) or simply not on the radar (CAR). In one sudden onset disaster situation (Nepal), UNDP staff gave priority to supporting the national government's emergency response agency over participating in defining the HCT request to the CERF. The HC thus saw UNDP as not paying sufficient attention to the HRP. Apparently, this presented an important dilemma for UNDP.

The two core functions of "influencing HCT strategic decision making" and "support robust advocacy" are

**Figure 21**

How well did UNDP achieve these six core functions of cluster coordination?





assessed below under KEQ 3. The core functions of monitoring and reporting are discussed in the next section.

### GCER and localisation

The evaluation team was asked to comment specifically on GCER and localisation. We did not examine this as a separate topic of research, but we did observe that: (a) international ERAs and CCFERs would benefit from being paired with local experts so that international experience could be better matched with contextual understanding; (b) most country clusters and especially sectors were co-led by government; and, (c) the ER clusters in the case study countries had a high proportion of NNGOs whose capacity-development (as well as funding) expectations were not generally being met. At the country level, the ER cluster seems to have been no more or less localised, or supportive of localisation, than other clusters. Ultimately, UNDP's main value-added for localisation might be its strong ties to host governments and capacity to build bridges to national planning and implementation.

This evaluation showed that the core functions of the cluster coordinator as defined by IASC are out-of-date. Especially in light of Grand Bargain commitments to localisation, the core functions should probably include strengthening the capacity of national NGOs (NNGOs) to respond and assume the role of international actors when clusters close. In many cases, international NGOs remain in place and take on roles that could and should be performed by national organisations. In some of the countries included in the evaluation, demand for NNGO capacity-building was very high (CAR, Haiti, Nepal and Sudan), but this was an identified cluster priority only in CAR. NNGO capacity-building did not appear to be a UNDP priority in any of the six case study countries.

### Country-level cluster results

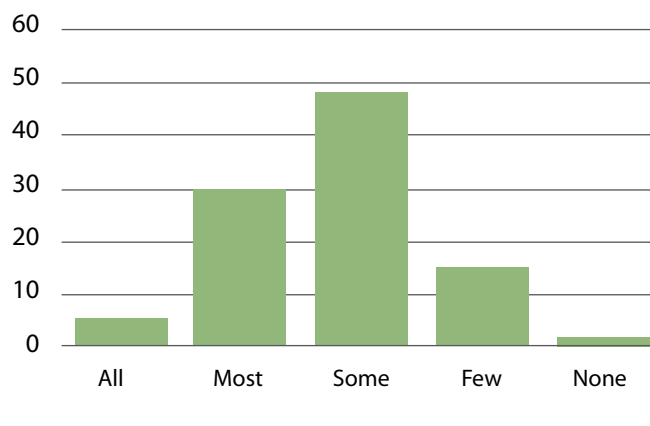
As explained at the outset, the evaluation team was not mandated or equipped to independently assess early recovery results at country level. The most the team could do was capture the results as claimed in the cluster's own reporting and the online survey to inform an assessment of cluster coordination.

Unfortunately, perceptions of strong cluster management did not seem to translate into results. The evaluation team did not find that ER cluster results were fully achieved in any of the country case studies and in most they were not achieved. This is consistent with the data from the Performance Monitoring Reports (PMRs), which were available for five of the six case study countries, and with the perceptions gathered through the online survey (see figure 22). The responses to the survey are slightly more positive concerning results of the ER cluster than the views of key informants from the six countries visited.

Assessing the results was particularly difficult given the general problem that humanitarian reporting tends to be at the output level and, furthermore, that reporting systems linked to the HRP/PMF system (which differs from the project reporting that cluster member agencies

**Figure 22**

Did the ER Cluster achieve its results at country level?





provide to their specific donors) do not recalibrate their statement of expected results to the resources actually received. The most common result is, thus, an ambitious HRP request for ER, little or no funding, some general data on outputs (which only loosely correlates with the programming proposed, as evidenced by the example of reported outputs without funding) and no reliable way of determining whether claimed outputs were commensurate with activities and resources invested.

### Ukraine

The team examined earlier evaluative work on the Ukraine response, which presented an example of (slow) mobilisation of the country ER Cluster under UNDP leadership, but within which UNDP (unusually) did not seek any funding. Instead, UNDP gave priority to a parallel process of developing an RPBA, leading to a recovery programme for development financing through a trust fund. After one year, a STAIT review recommended closing several clusters. Within a year, UNDP was the first and, to date, the only cluster to close. Ukraine is, arguably, a rare example where the country level ER Cluster followed the GCER guidance, yet the humanitarian community criticized UNDP for closing the cluster prematurely.

When asked why the results were weak, most interlocutors immediately pointed to the lack of funding. But as we can see from the earlier discussion of funding (see Finding 8), ER is quite well-funded outside the ER cluster (in other clusters and in non-clusterised programming). Explaining the performance problem thus requires digging deeper: donors do not see the cluster as an effective vehicle for ER programming. Despite significant efforts to develop ER proposals for inclusion in the appeals, the ER cluster was often not prioritised (HRPs) or preferred (CBPFs, especially CERF) because its activities were not seen to be “life-saving” and were dismissed by humanitarian actors. Furthermore, when the entire appeal was underfunded, the ER cluster often faced additional pressure to reduce its profile within the

appeal in favour of the “life-saving” core. In some more protracted crises (Lebanon and Sudan), cluster results were perceived as better. However, it is noteworthy that they cannot reasonably be characterised as Early Recovery as they more closely resemble recovery, stabilisation or resilience-building. In these contexts, the activities were more horizontal or crosscutting in nature (social stability in Lebanon and piloting area-based approaches in Sudan). In these protracted settings, some interviewees questioned whether such an ER cluster belonged to the cluster system at all. Others questioned whether the cluster system should be the management structure to provide support in a protracted crisis (refer to Figure 2 and the discussion of the evolution from clusters to sectors described in the context chapter of this report).

***“ER remains too strongly identified with UNDP only, pushback from humanitarian agencies focusing on “lifesaving” only. Donors in general still not on board with ER in the humanitarian response.”***

(Survey comment)

Even if an CCfER was deployed quickly, the time required for needs assessment, planning and context-specific proposal development meant that ER cluster activities were usually seen as starting late, which added to the misconception that ER “comes later.” In some cases, UNDP was criticised for not being present - or not being sufficiently prepared and outspoken - following the sudden onset or spike of emergencies (Haiti, Nepal and Pakistan) and, more generally, in its participation in the HCT. In other cases, UNDP tried to be present but was asked to “sit in the back of the room while the life-saving work took priority” (Nepal, CAR). One UNDP CD explained that this was because “UNDP is not a humanitarian organization.” Many other UNDP CDs and staff seemed to concur with this, adding that they are sometimes not welcome or do not make it their priority to participate in the HCT during the humanitarian phase. Such statements contributed to creating doubts amongst HCT members as to whether UNDP is sufficiently prioritising the work of the HCT.

### **The GCER in the ADRs (Assessment for Development Results)**

The evaluation team correlated periods of cluster activation with the periods of ADRs and found seven that referenced ER. Of these, three had specific but negative comments on the performance of the cluster at country level (Uganda 2009, Pakistan 2012 and DRC 2012), one referenced the existence of the cluster but gave no evaluation of performance (Mauritania 2012), two referenced recovery work with mixed performance assessments but with no specific comments on the cluster (East Timor 2013 and Sri Lanka 2012), and one (Georgia 2008) was very positive on the ER work carried out at least in part through the cluster.

### **FINDING 14: COUNTRY CLUSTER COORDINATION WAS ASSESSED AS TECHNICALLY GOOD, BUT COUNTRY CLUSTER RESULTS WERE WEAK; IN MANY CASES “THE OPERATION WAS A SUCCESS, BUT THE PATIENT DIED”**

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All ER cluster coordinators and most cluster members felt that the significant demands of the humanitarian planning and reporting machinery (drafting of the appeal, supporting the inter-agency needs assessments, preparation of project proposals and uploading them into OCHA’s Online Project System, reporting on activities and completing PMRs) detracted from their capacity to focus on substance. The situation was also perceived as primarily a one-way street, with information provided to meet OCHA’s outward-looking reporting requirements but providing little or no value-added to their work. In particular, respondents told us that there was little or no analysis of the information that improved the strategic nature of the overall response or ER.

*“Clusters ... spend a large amount of time on activities that do not appear to meet the operational needs of their members. Clusters are often expected to provide information and analysis to support activities that take place outside the Cluster – in the HCT; the headquarters of the CLA; the government of the affected state; the IASC Working Group; and OCHA New York.”*

(ALNAP, 2015; also citing earlier work on this topic)

The exception might be 4/5W reporting, which (in the few cases where the data was complete enough) was valued for identifying gaps and minimising intra-cluster overlaps. The strength of this perception - that planning and reporting was more extractive in nature - was almost certainly encouraged because ER cluster projects were so rarely funded (and as a result, there were so few results to report) and, ultimately, because donors to ER (including UNDP) rarely use the humanitarian appeal machinery to determine needs or allocate their funding.

### **FINDING 15: EARLY RECOVERY CLUSTER MEMBERS AND CLUSTER COORDINATORS REPORTED THAT COMPLYING WITH THE TOOLS AND MECHANISMS OF THE HPC WAS OVERLY BURDENSOME AND RARELY BENEFITED THE CLUSTER OR ITS MEMBERS**

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#### **Protracted situations**

When clusters were active in a protracted humanitarian situation for 10 years (CAR and Sudan), “earliness” loses all meaning and the credibility of an ER cluster is immediately undermined.

*“Clusters are supposed to be a temporary coordination solution and the aim should be to either resume or establish national, development-oriented coordination mechanisms as soon as the humanitarian emergency phase ends.”*

(IASC, 2012)

These situations extend beyond the expected lifetime of all clusters. In this situation, clusters take on a life of their own and are not the kind of temporary structures anticipated in the design of the cluster system. Clearly, the entire cluster system is problematic in places such as CAR and Sudan, where “scope creep” emerges as humanitarian clusters begin to assume development functions and institutional roles that go well beyond their design parameters.

***“ER is very difficult in the current context of cyclical and re-occurring conflicts. The approach needs to be rethought entirely.”***

(Survey comment)

The 2013 Evaluation of UNICEF’s Cluster Lead Agency Role in Humanitarian Action (UNICEF, 2013) emphasized this point. “Recovery” itself is sometimes not a useful frame in a failed/failing state where there is no clear development pathway to “recover towards” and where the need is, first, stabilisation and/or state-building. The role that humanitarian and development actors (and UNDP) can and should play also differs entirely in mission and non-mission settings.

Paradoxically, in some protracted crises UNDP was seen - and criticised by other cluster leads and proponents of the cluster system – as shaping a cluster containing “horizontal” activities that, as such, did not fit into the “vertical” cluster system (Lebanon and Sudan). The counterargument from some RCs and (other) UNDP staff was that this horizontal “non-cluster-like” behaviour was more appropriate because the cluster system was not fit-for- purpose in protracted crises. The content of the ER cluster in these protracted crises thus supplemented and justifiably challenged the classic cluster model’s siloed approach. In Sudan, this morphed into a new “post-cluster” architecture with positive results (see discussion later).

### **The problem of humanitarian exit**

While not a finding as such, an “elephant in the room” during interviews and case studies was the humanitarian community’s difficulty wrapping up and handing over, particularly in protracted situations. We saw both micro-level examples (humanitarian resistance to the closure of the Mpoko airport camp in CAR) and macro-level examples (Haiti) where many stakeholders believe the humanitarian community held on past the point where it should have at least shifted focus or exited altogether. The team felt this was due to a combination of humanitarian momentum (sustained by donors and host governments, as well as humanitarian actors) and some measure of tunnel vision because of weak political and development awareness, but also due, in part, to weak IASC mechanisms for triggering and planning exit. In Ukraine, the country ER Cluster’s desire to close was placed in uncomfortable contradiction with the humanitarian consensus to continue, further isolating the cluster and encouraging confusion regarding UNDP’s motives.

## **FINDING 16: THE LOGIC OF THE ER CLUSTER IS NOT CLEAR IN CONFLICT SITUATIONS - PARTICULARLY PROTRACTED ONES**

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### **Acceptance of the Early Recovery Cluster at country level**

The evaluation team encountered strong views in the field, global interviews and the online survey regarding the GCER (often mixed up with strong views on UNDP’s role in crisis settings) that signalled a pervasive culture gap between the humanitarian and development communities. Some of the survey quotes (see boxes) illustrate this well.

**Constraints to cluster success (protracted situation): "Stubborn focus on primarily humanitarian/life-saving activities, even after seven years of crisis; political pressure against ER-type activities"**

(Survey comment)

Silos continue to exist on the donor side. Largely because of their segmented funding mechanisms (including ECHO/DEVCO and USAID/OfDA/OTI), they fund either humanitarian or development interventions, while neglecting the GCER because it is not clearly either one (arguably, Disaster Risk Reduction faces a similar problem).<sup>11</sup>

**"Silos in donor funding between humanitarian and development interventions (ER being in the middle sort of no man's land). Lack of clear understanding or political will to have an understanding of what ER really means for any humanitarian cluster, perhaps because a development actor leads the ER mainstreaming."**

(Survey comment)

The pressure on funding is exacerbated by the overall funding squeeze, as well as the continuing assertion by several humanitarian stakeholders that ER should not seek humanitarian funding because it is not "life-saving." At the same time, development funding takes more time to put in place. It is usually linked to a longer planning cycle that brings together government, UN agencies and donors and is not usually able to respond flexibly to the fast-moving requirements of the humanitarian world.

<sup>11</sup> We should also point out the significant efforts in recent years to overcome this donor-side duality. For example, many humanitarian donors who united behind the principles of GHD are trying to establish multi-year funding and reduce earmarking through increased use of pooled funds. We also found several examples of innovative hybrid programmes where ECHO and DEVCO were working together in integrated fashion and clearly in the WHS spirit.

This is precisely why UNDP seeks and is successful in obtaining recovery funding from development donors outside the cluster, but not through the cluster.

**"There is a bias against ER by most humanitarian UN organizations, the INGOs and donors. There is a discussion among the deaf where none wants to hear, and when they hear they want to forget."**

(Survey comment)

However, donors cannot be assigned all of this responsibility. The system of aid coordination is built upon these dualities. It perpetuates territorial behaviour and rivalry between development and humanitarian mechanisms. We heard of cases in which UNDP CDs were asked to take a back seat in HCT meetings and (as mentioned earlier) in which the country-level ER cluster was asked to step aside and not distract from the flash appeal or the funding pitch to donors.

**"Incompatible culture differences between the parachuted humanitarian cluster system and the development system present since 40 years."**

(Survey comment)

Finally, host governments also perpetuate this duality. An existing government agency usually operates as the humanitarian (or refugee) counterpart, is sustained by the humanitarian community and, deliberately or not, helps preserve the humanitarian separation from national line ministries. It may be that because these dual structures are not usually replicated at sub-national level, we can observe pragmatic and solutions-oriented bridge-building locally, while this is difficult to achieve nationally.

## **FINDING 17: THE HUMANITARIAN COMMUNITY STILL DOES NOT FULLY ACCEPT THE EARLY RECOVERY CLUSTER AT COUNTRY LEVEL**

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### Short-term deployments

According to UNDP data, in 2017, 70 to 80 percent of CRU deployees were deployed for less than three months. This is partly a question of deployee availability, but also of funding availability and contracting limits. The short-term nature of humanitarian deployments (including UNDP's own staff sent as SURGE deployees into emergencies) is a known problem of the humanitarian system, but is particularly damaging to medium-term recovery thinking, consolidation of gains and learning. Even if a consensus on ER ideas and priorities can be achieved through a major effort, without system-wide long-term planning around collective outcomes, this consensus cannot hold if the initial consensus-holders scatter. New people then arrive, characterized by the same deeply-rooted humanitarian DNA, and reset the situation back to the humanitarian starting point each time. UNDP's field continuity is often inhibited by a succession of Cluster Coordinators. Building a coherent plan around recovery takes time, consultation and consistent team-members. All are in short supply in a fast-breaking emergency, especially in difficult and very poor countries where skilled national expertise that can provide continuity is in short supply.

***“We changed the leader role three times during six months. First, a first responder. Second, a person deployed for three months and then a national staff. Too many changes with not clear goals to achieve, make it difficult to arrive to a concrete results. The firewall between UNDP and ER Cluster is not clear.”***

(Survey comment)

***“Short term deployment with no sustainability plans. Disjointed UNDP support from CRU/GCER and BPPS resulting in poor ER programmatic capacity (and leadership) at CO level”***

(Survey comment)

### FINDING 18: SHORT-TERM DEPLOYMENTS THROUGHOUT THE HUMANITARIAN SYSTEM HAMPER THE DEVELOPMENT OF A CONTEXT-SPECIFIC UNDERSTANDING OF ER AND COUNTRY CLUSTER PERFORMANCE

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#### Natural disasters

In sudden onset natural disasters, the situation evolves very quickly and follows more of a sequential path. The Humanitarian Program Cycle was designed<sup>12</sup> for such a situation. Stakeholders stated that these provide a stronger rationale for a country-level ER cluster, which can begin within days of an earthquake or typhoon, for example (although this is less the case for a flood). However, wide variations exist even in natural disasters. The disaster may involve a single cataclysmic event (Nepal earthquake), but countries are more often prone to repeated disasters in the same geographic area (such as typhoons or floods in Haiti, the Philippines and Pakistan). In this case, recovery is often short-lived before a new response is triggered. In these situations, the premise of single-event and single-response, which underlies the HPC, no longer applies as clearly. Multiple HPCs are possible (Pakistan) and the ER mechanisms in country have much in common with Disaster Risk Management systems designed to support the entire preparedness, mitigation, response and recovery cycle.

***“We are very engaged in resilience and DRR but fail to link that to the cluster or prioritise engagement with the cluster at Country level.”***

(Survey comment)

We did not see any examples where the ER machinery is fully connected with the DRM system in country (Pakistan, Haiti and Nepal), although we were told that the connection is made in the Philippines. Interestingly, in both the Philippines (Haiyan) and Haiti (2010 earthquake), the governments were so resentful of the loss of control and disrespect towards national actors that

<sup>12</sup> The HPC was later adapted to include a repeated annual cycle for protracted crisis that, in a way, mirrors the one-time cycle for a sudden onset crisis.

accompanied the massive international humanitarian responses, they have since resisted the activation of the cluster system. Instead, they have opted for “sector” approaches that resemble clusters, but that provide a greater role of for government and reduced role for OCHA.

**FINDING 19: IN DISASTER SITUATIONS WHERE THE COUNTRY IS VULNERABLE TO CYCLICAL NATURAL HAZARDS, THE ER CLUSTER COULD ADAPT AND CONNECT MORE EFFECTIVELY TO THE DRM SYSTEMS IN PLACE**

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**Gender equality and the empowerment of women and girls in the country-level Early Recovery Cluster**

Integrated within the overall guidance, the GCER’s recommended approach to GEEWG is well-articulated and consistent with global expectations. However, implementation is weak. Some global stakeholders reported that GEEWG implementation is weak across the humanitarian system, although we did not examine beyond the cluster boundary and cannot confirm this. In our review of cluster reporting (all available PMRs and documentation regarding our six case study countries), GEEWG was mentioned regularly as a priority or a concern in cluster-level goal-setting (usually as part of the combination of Age, Gender and Disability as dimensions of vulnerability). In two of our six case studies (Haiti and Pakistan), the country level clusters invested considerable effort in testing the proposed new Gender and Age marker. Cluster members appreciated this marker testing and, generally, assessed the guidance as solid. More broadly, CCFERs welcomed the gender marker system for humanitarian planning, but were somewhat sceptical regarding the effect this would have on implementation.

***“The cluster coordinator between 2015-17 was a female, the only one in Pakistan at the time, and she was a gender champion. They met their gender marker GBV AAP and protection targets because of the coordinator’s leadership.”***

(Survey comment)

However, despite this promising set-up in terms of gender in the cluster narratives and the work on the marker, we saw no instances of visible attempts to “target 15 percent of the funds for crisis-related activities for interventions that promote gender equality,” as called for in UNDP’s Eight- Point Agenda for practical, positive outcomes for girls and women in crisis. We also found no evidence of country- level analysis of the special recovery challenges facing women and girls, concrete planning to target women and girls based on this analysis or reporting on the differential impact of the crisis or of recovery on women and girls. At best, we saw gender-disaggregated output reporting of participation in ER activities, and even this was not universal. It is important to note that GEEWG results might be achieved, but we find (without a new GEEWG study) little evidence of GEEWG results because they are not reported. In summary, it seems that reference to GEEWG in the cluster is strongest in the guidance and training, weakens at the level of country recovery plans, is diluted further in project plans and, finally, is reduced to a trickle at the level of implementation and reporting. This is entirely consistent with the findings of the 2015 Review of the IASC 2008 policy statement on gender equality in humanitarian action (IASC, 2015f).

**FINDING 20: DESPITE THE ADEQUATE GEEWG GUIDANCE, THERE IS LITTLE EVIDENCE THAT GEEWG IMPLEMENTATION MEETS THE EXPECTATIONS OF THE GUIDANCE**

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**Inclusion of persons with disabilities in the strategies, programmes and reporting of the Early Recovery Cluster**

An extensive document review revealed that HRP’s tended to include brief or cursory mention of disability (for example, in a list of vulnerability factors alongside gender and age), which were sometimes included in the sub- sections on ER. The most significant inclusions of disability under the ER rubric at a country level were found in Ukraine (where displacement is characterised by a large proportion of elderly and disabled) and in Pakistan (where measurement, monitoring, and assessment of disability indicators has been included since at least 2011). The April



2010 IASC evaluation of the cluster approach noted that, “While the overall picture concerning cross-cutting issues is thus bleak, some positive examples exist in areas where there is leadership on the issue and dedicated capacities supported the mainstreaming of cross-cutting issues in clusters. In the oPt, for example, the Disability Sub-Cluster coordinator in Gaza acted as an advisor to other clusters and achieved significantly enhanced consideration for concerns related to disability.” This would seem to suggest that efforts were made to include disability concerns in the ER cluster in Gaza as well.

The new and still draft UNDP recovery policy document includes specific guidance for addressing the needs of people with disabilities. However, the link between that draft UNDP policy and the GCER is not clear and certainly not direct. In summary, with the exceptions of Ukraine and Pakistan (flood response) and, possibly, Gaza, persons with disabilities are not considered in the ER Cluster strategy, programmes and reporting.

### UNDP’s leadership of the Early Recovery Cluster

At the outset, it must be understood that overall, UNDP’s partners see early recovery (beyond the cluster) as the weakest of UNDP’s comparative advantages, as measured by its seven outcome areas (2014-2017 Strategic Plan period). UNDP’s comprehensive partner survey in Figure 23 provides clear evidence of this. Note that this survey captures perceptions of UNDP as a partner, not perceptions of the GCER in particular.

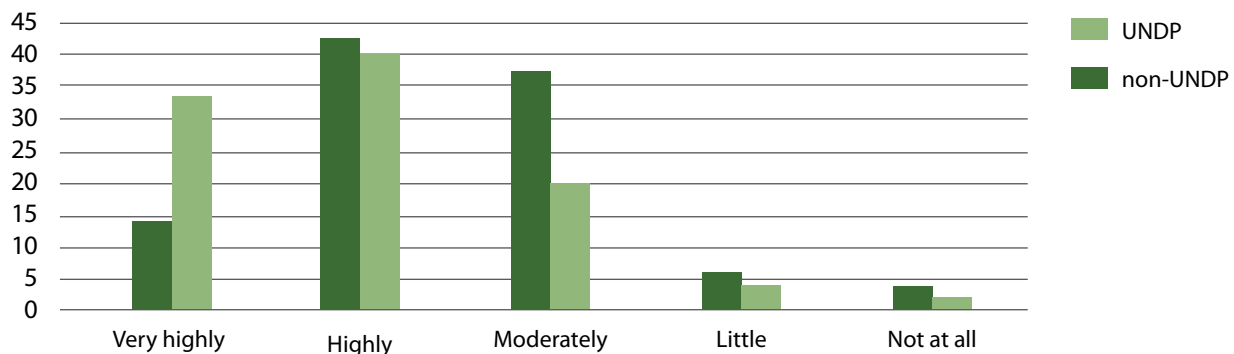
**Figure 23**

In which of these UNDP Strategic Plan 2014-2017 priority areas do you consider UNDP a partner of choice?

Strategic Plan outcome	2015	2017
1. Poverty eradication through inclusive growth/sustainable development	56%	53%
2. Democratic governance	49%	43%
3. Institutional capacity building for delivery of basic services	48%	46%
4. Gender equality and women’s empowerment	44%	43%
5. Reducing likelihood of conflict and the risk of natural disasters, including from climate change	36%	33%
6. Early recovery and rapid return to sustainable development in post-conflict/ disaster settings	28%	25%
7. Contribution to development debates and international development goals	48%	48%

**Figure 24**

How much does your organisation value UNDP leadership of the GCER?



When we looked specifically at perceptions of UNDP leadership of the cluster, online survey responses regarding UNDP's leadership were more positive than the evidence coming from the country case studies, as is the case in other areas of this evaluation. Figure 24 shows that the value of UNDP leadership was generally seen as high. UNDP staff rated it higher than non- staff. Interestingly, in case study country interviews, several HCT members expressed reservations regarding UNDP's performance as an HCT member or as a fellow CLA but did not express this view in plenary or publicly challenge UNDP's ER cluster activities. In the greater calculus of HCT/UNCT dynamics, there was no benefit to doing so (nothing would change), and yet there could be a downside of spillover effects on interagency cooperation in other areas. In these cases, we saw UNDP as tolerated and generally marginalised, rather than opposed.

Perceptions of UNDP's leadership of the cluster in case study countries and in the survey were characterized by confusion over the many roles that UNDP plays in an emergency. Several representatives from other UN agencies remarked that UNDP played too many roles. Those included, for example, hosting the RC, being a member of the HCT, leading a cluster, advocating for ER, building development programmes in areas included in the ER cluster, cooperating with government institutions responsible for emergency

management, administering the CBPFs as part of a common services arrangement, and deploying the ERAs, CCfERs and IMOs. Unfortunately, the firewalls between these functions can erode in many crisis settings. In particular, in the mid- or late stages of a crisis, which receive less funding, these functions are often merged ("multi-hatting"), adding to the confusion among external stakeholders and leading to some of the misunderstanding and even, mistrust, reported to the evaluation team. This suspicion regarding UNDP intentions included allegations that UNDP exploited its many roles for purposes of fundraising.<sup>13</sup>

***"The role of the Cluster Lead Agency (CLA) is important, and the Clusters have benefited from the resources CLAs have provided. However, it is important for Clusters to maintain independence from the CLA, and for the CLA's interests not to influence decision-making in the Cluster. A full-time, dedicated independent CC is important to maintain these divisions."***  
(ALNAP, 2015)

<sup>13</sup> Readers should recall that this perception was held despite the evidence discussed earlier showing that UNDP receives little funding through the cluster.

The perception of conflict of interest and poorer performance was reinforced when cluster coordination was provided by a Coordinator who functioned, simultaneously, as a UNDP Programme Officer, when UNDP was believed to be promoting activities that did not reflect its comparative advantage, or when the coordinator appeared to lack the necessary skills and training. Overall, the quality of ERAs was assessed to be good and many had benefitted from relevant training in Geneva.

### **FINDING 21: MANY STAKEHOLDERS (INCLUDING SOME UNDP STAFF) FIND IT DIFFICULT TO DISTINGUISH AMONG UNDP'S MULTIPLE ROLES IN CRISIS SETTINGS**

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#### **UNDP's own programmatic response to crisis**

UNDP responds to crisis with its own resources and deployments. The primary mechanism involves the package of human and financial resources available to CRU in New York, which includes both immediate project funding and expert deployments. In many cases, this initial resource allocation includes funding for the start-up of key cluster staffing and seed funding for initial activities through "crisis response packages." However, experts and crisis packages can be deployed without a cluster as they are designed to be independent. The downstream work that UNDP (more commonly, BPPS) performs to support the PDNA/RPBA, as well initiatives to design national post-disaster recovery plans and build national recovery agencies, are always pursued outside the cluster mechanism.

In the field, UNDP's first programming response usually involves re-orienting existing projects (sometimes triggered by programme criticality assessment) to adapt to the new priorities of the crisis.

This is usually followed by developing new programming that builds on UNDP's installed capacity and relationships in-country. This in-country programming typically seeks development donor funding and is more associated with recovery than "early" recovery. In both cases, this programming can be and usually is developed outside the cluster framework, although the ERA or CCfER may be brought into the CO to help develop the project proposals. Several CDs told the evaluation team that the management incentives for CDs reward them for developing and then seeking financing for UNDP's own recovery programme, rather than leading and supporting the cluster work. This is reflected in the reporting criteria of the ROARs and in the performance appraisal framework for CDs, both of which are silent (do not report or evaluate) on cluster performance or cluster coordination. For all intents and purposes, the UNDP crisis response system, at both the New York and field levels, can do so without reference to, or without the existence of, a country ER Cluster.

### **FINDING 22: THE EARLY RECOVERY CLUSTER DOES NOT SERVE AS THE MAIN VEHICLE FOR UNDP ENGAGEMENT, EITHER GLOBALLY (UNDP RESPONSE TO EMERGENCIES) OR LOCALLY (UNDP COUNTRY OFFICE RESPONSE TO CRISIS OR DISASTER)**

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***"ER is somewhat running in parallel to UNDP programming."***

(Survey comment)



Strategic Objectives

2) Restore food security for affected pop  
- food and delivery  
- Resilience of agricultural  
- Conversion of pop into  
- of urban population  
- of growing density  
- of private  
- Plan or look for potential

3) To allow the pockets of vulnerable groups  
- low and mid income  
- pockets of urban areas

4) To repair essential infrastructure  
- distribution networks  
- design rural or operations for access to affected population to health services

5) To allow the pockets of vulnerable groups  
- low and mid income  
- pockets of urban areas





NEEDS

- Shelter
- Water, Sanitation
- Food + NFI
- Infrastructure, roads, bridges
- Livelihoods (livestock, agriculture, aquaculture, planting, etc.)
- Health
- GBV
- Protection
- Education

ER cluster "Governance + Livelihoods"

Jim Mason

### KEQ 3: How effective was UNDP in advocating for the inclusion of Early Recovery in Humanitarian Response Plans and the work of other clusters?

#### **Did the country-level Early Recovery Clusters focus on the right objectives?**

As explained earlier, and in accordance with the 2013 IASC guidance, the cluster's focus varied considerably from country to country based on the context. The cluster names varied, too, ranging from Community Restoration in Pakistan, Livelihood and Social Stability in Lebanon, to Rehabilitation (Relèvement) in Haiti, Livelihoods and Community Stabilisation in CAR, and Recovery, Return and Reintegration in Sudan. While this diversity of country cluster names and content is deliberate and desirable, it also helps to explain the confusion of by many stakeholders regarding the concept of ER.

Those stakeholders involved in responses to natural disasters – for example, earthquake or floods (Pakistan, Haiti, Nepal) – found it relatively easy to understand ER, as populations were temporarily displaced and eager to return and rebuild their lives and there was strong demand for planning ER activities. In these contexts, the content of an ER cluster was usually defined as necessary activities not covered by other sectors; that is, debris management, restoring local government structures, community infrastructure and livelihoods. Setting aside the debates about overlap with other clusters, these were all regarded as appropriate country cluster objectives.

However, as also explained earlier, during protracted crises, the ER concept either did not make much sense to many stakeholders or was confused with more long-term recovery, resilience, peacebuilding and restoration (or even provision) of basic community services. This is not surprising: 14 years after the outbreak of conflict in Darfur, six years into the refugee crisis in Lebanon, and five years after the start of the present conflict in CAR. In these situations, the objectives and, indeed, existence of the cluster were subject to greater challenge. While the overall survey responses to questions regarding whether the country cluster focused on the right objectives were positive (66 percent

“definitely” or “mostly”), respondents associated with sudden onset natural disasters revealed a small margin of preference compared with respondents in conflict settings (69 percent positive from natural disaster respondents vs. 64 percent from conflict crisis respondents). The country case studies also identified a similar variation.

However, the picture is not so simple. When we looked more closely at the three protracted conflict settings in the sample (CAR, Sudan and Lebanon), we saw some interesting variations. Regarding CAR, the humanitarian and development communities are divided into two camps (after a brief period in 2015 of optimism and joined-up planning). The ER cluster remains active but rather inward-looking and lacking in strategic linkages. However, in both Lebanon and Sudan, we saw situations where the existential angst of the ER cluster in a protracted setting seems to have been overcome by developing new mechanisms that the evaluation team felt represented insights into a “post-cluster” universe. Both countries have sectors, not clusters, and both have unified humanitarian and development programming in the 3RP (Lebanon) and 3R (Sudan).

Furthermore, the RC/HC in Sudan is piloting the replacement of an ERA with a Humanitarian Development Nexus Advisor (HD(P)NA), a position that represents a better balance between the domains of the RC/UNCT and HC/HCT and is less clearly associated with the more humanitarian profile of an ERA. And very importantly, both situations involve an attempt to transcend the fragmentation and competition inherent in the cluster system by developing new mechanisms of joined-up planning where the organising principle is area-based, rather than sectoral. In essence, Lebanon and Sudan are experimenting with area-based planning at the sub-national level and in ways that could assign the (former) Early Recovery Cluster an entirely new role of local integrator. These are concrete examples of the NWoW and suggest elements of a way forward for the humanitarian community. Unfortunately, the evaluation team had limited time in country and field travel was not



possible in Sudan or Lebanon. However, there is more work to be done to analyse these innovative approaches.

### **FINDING 23: AREA-BASED PLANNING IS EMERGING AS A NEW WAY TO TACKLE EARLY RECOVERY AND COULD PROVIDE A WAY FORWARD FOR THE CLUSTER IN SOME SITUATIONS**

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#### **Integration of Early Recovery into overall humanitarian responses**

"... [E]ach cluster is also responsible for integrating ER from the outset of the humanitarian response. The RC/HC has the lead responsibility for ensuring ER issues are adequately addressed at country level, with the support of an ER Advisor. The Advisor works on inter-cluster ER issues for a more effective mainstreaming of ER across the clusters and to ensure that multidisciplinary issues, which cannot be tackled by individual clusters alone, are addressed through an ER Network. Exceptionally, where ER areas are not covered by existing clusters or alternative mechanisms, the RC/HC may recommend a cluster be established in addition to the network to address those specific areas."

(IASC Reference Module for Cluster Coordination at the Country Level, 2012)

The recognition that Early Recovery requires a multi-sectoral approach (and is not "just the job of the ER cluster") was already established in 2005 in Pakistan and made explicit in June 2006. The IASC stressed the requirement to mainstream Early Recovery in 2008, included it in the Cluster Coordinator Reference Module in 2012 (see text box) and renewed it with the high-level IASC guidance in 2013. Somewhat paradoxically, while some interviewees stated that Early Recovery was not defined clearly, they were also quick to claim that their agencies regularly mainstream ER in

their activities. Some stakeholders (particularly, INGOs and UNICEF) explained that they are dual-mandated and have always mainstreamed ER. Others stated that it is already "common sense," that their agency "always works on both sides of the issue" and that these days, all projects are designed to be sustainable and durable, with a view to transitioning from humanitarian assistance to development. Even some traditional first responders have incorporated ER principles.

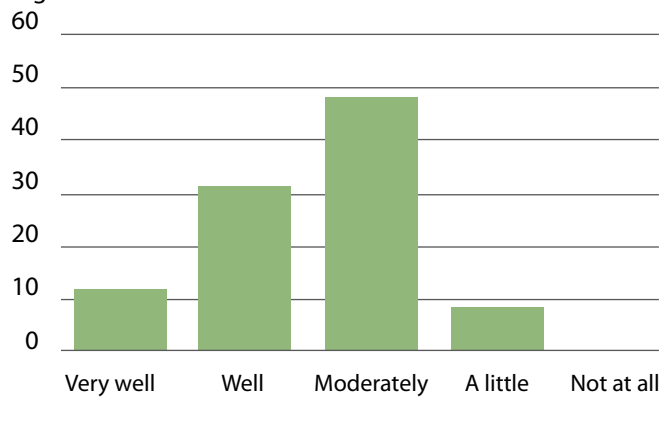
***"Emergency agency staff implicitly realise that their activities are mostly about ER and not pure first responder type aid. Even MSF, a first responder, incorporates ER principles automatically. I do not know if this is because of greater sensitivity imparted by the GCER or if it is just common sense."***

(Survey comment)

Beyond the agencies, all clusters at global and local levels state that they mainstream recovery (see Figure 25 and earlier data presented on ER within the HRPs). However, we noted examples where recovery was clearly not fully mainstreamed in the initial responses (especially not in Flash Appeals) or in some protracted

**Figure 25**

How well was ER integrated into the work of your organisation/cluster?



situations and one in which an HCT explicitly decided to mainstream ER, after which it promptly disappeared from HCT planning (CAR's initial L3 response planning and programming in 2013-2014).

Some quantitative evidence regarding the extent of mainstreaming exists in other cluster appeals. The 2008 analysis conducted by the CWGER Task Force on Early Recovery Financing (CWGER, 2008) found that 25 percent of all projects in their 2006- 2008 sample of HRPs were considered to be ER projects. Similar work by CGER in 2015, involving all HRPs but only for a single year, found that 47 percent of the projects in HRPs were ER projects. This suggests both that the mainstreaming of ER in other clusters is high and that it doubled between 2008 and 2015 (see also IASC, 2015e).

#### **FINDING 24: OTHER CLUSTERS AND AGENCIES MAINSTREAM EARLY RECOVERY; THIS HAS INCREASED MARKEDLY SINCE 2005**

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How much of this mainstreaming success is due to the efforts of the GCER? On the one hand, several ERAs reported that they felt this mainstreaming function in relation to other clusters was not their major area of effort or success. In corroboration, we also heard about cases where ER cluster advocacy for mainstreaming was seen as an unwelcome intrusion. On the other hand, several interlocutors and survey respondents claimed that advocacy and technical support globally from the GCER and locally from ERAs had been helpful. At least one donor used the GCER guidance as a key reference when developing its own approach to mainstreaming early recovery. The evidence is thus mixed on this point.

*“Other clusters have consistently claimed that they were integrating ER by themselves and that meant the Advisor could not get full leverage on the work in other clusters.”*

(Survey comment)

A full understanding of this would require further analysis of the early recovery content in the narratives and the programming requests for all HRPs since 2005. Some of this work was done in 2010, when an HPG study of HRPs found that, “In 2006, early recovery received only passing mention in appeals. Only one, the Philippines Flash Appeal, had a specific early recovery category for projects and funding. A year later, early recovery terminology was more prominent in appeal documents, but in different ways: as a concept, phase, or type of activity; as a separate funding category; as an overarching classification (e.g. early recovery versus humanitarian activities); and as a term used interchangeably with ‘economic recovery.’ Just over 40 percent of appeals in 2008 had an early recovery category, but again with substantial variation. In 2009/10, early recovery was a solid fixture in appeals” (ODI, 2010). This study stopped at 2010. While it shows a strong upward trend confirmed by later work (for example IASC, 2015e), it does not prove a causal link between the GCER and increased profile of ER in appeals.

On balance, we conclude that the steady advocacy by the GCER, both directly and via the IASC, has, over time, likely influenced overall awareness and sensitivity to early recovery on the part of RC/HCs, HCTs and agencies working in humanitarian response, that the GCER has contributed to the overall higher level of understanding and acceptance of recovery in humanitarian responses (especially in sudden onset contexts), and that the GCER's contributions have enhanced early recovery aspects of the work of other clusters.

#### **FINDING 25: EVEN IF THE CURRENT EXTENT OF ER MAINSTREAMING ACROSS CLUSTERS CANNOT BE ATTRIBUTED TO THE WORK OF THE CLUSTER, THE EVALUATION TEAM BELIEVES THAT THE GCER'S PATIENT AND PERSISTENT ADVOCACY OVER 12 YEARS LIKELY MADE A SIGNIFICANT CONTRIBUTION TO THIS MAINSTREAMING**

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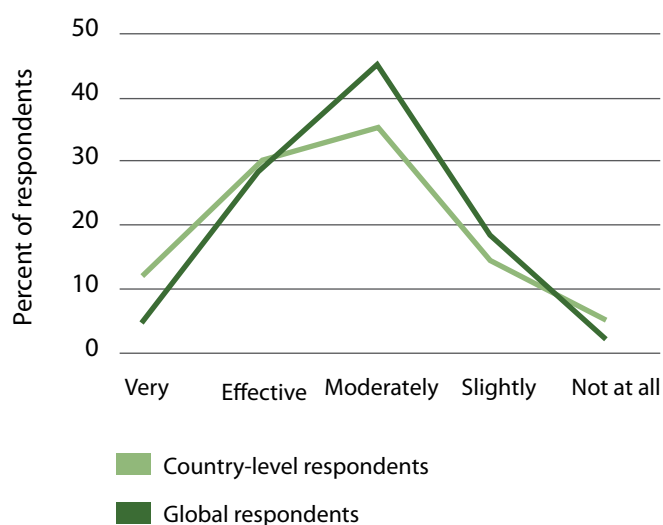
### Effectiveness of ERAs in humanitarian response

As with other aspects of ER, the effectiveness of ERAs varied according to context. The most important contextual dimensions were sudden onset vs. protracted crisis, the personality of the RC/HC and the experience of the ERA. In sudden onset disasters (Nepal and Haiti), UNDP was criticised for not having an adequate presence during the planning for the initial humanitarian response. However, significantly, in both those situations an ERA was not deployed to the RCO (an ERA was offered in Nepal but the RC/HC declined). An ERA was deployed in CAR but was quickly captured by the DHC and stopped playing the intended ERA role. As a result, in CAR, Nepal and Haiti, the HC and HCT considered ER a downstream priority and opportunities to ensure ER integration were missed.

Notwithstanding the slow launches of ERAs in Haiti, Nepal and CAR, when the views of RC/HCs and HCTs were canvassed through interviews and the survey, Figure 26 shows that there was widespread agreement that ERAs were effective, particularly when attached to the RCO and not to the UNDP CO. In most cases, respondents recognised that the firewall between the RC/HC and UNDP CD worked; hence, the ERA was considered to be more neutral than a CCfER. The interviews and case studies revealed a common thread: the recommendation that UNDP should maintain and, even, strengthen the emphasis on the strategic role of an early-deployed ERA attached to the RC/HC and on UNDP's responsibility to participate in the HCT to ensure that recovery is considered during the humanitarian phase. However, some respondents remarked (and it was observed) that efforts in this regard can be stymied when the ERA is not accepted as part of the HCT or welcomed by a humanitarian-oriented RC/HC. Although we did not find examples of this, some stakeholders felt that the effectiveness of a deployed ERA could be enhanced by pairing this advisor with a senior national officer attached to the RCO who can provide contextual depth and continuity (the inclusion of national staff in ER training was generally welcomed as a positive step). Although the functions of an ERA and of a CCfER are clearly separate, and they should report to different authorities, some stakeholders stated that UNDP cannot credibly provide ER advice to the RC/HC if UNDP does not also have the country-level cluster to provide it with some operational credibility.

**Figure 26**

How effective was the deployment of an ER Advisor to integrating ER into the overall humanitarian response?



***“Early Recovery [should be seen] as a foundational support not a competing cluster.”***  
(Survey comment)

The GCER should be recognised for its important efforts starting in 2015 to better understand factors affecting the effectiveness of ERAs and CCfERs, including the introduction of a post-deployment feedback system. The results of the GCER’s analysis of deployee feedback were used to support new ERAs and CCfERs during their induction and deployment. The evaluation team noted the main parameters of this GCER deployee assessment mechanism and included them in our global online survey (see Figure 27).

The results of the GCER survey are broadly consistent with those of the evaluation’s online survey, particularly the perception that resources and operational context were the two most important obstacles to ERA/CCfER success. However, the evaluation team did add one new parameter (the third in Figure 27), suggesting that diversion of ERA or CCfER time to tasks required by the CO (usually the drafting of UNDP’s own ER projects) was a significant constraint on ERA/CCfER effectiveness and a more important constraint than support from the RC/HC.

Most importantly, when RC/HCs, HCT members and CDs were asked to choose which GCER functions were more important - the “horizontal” strategic, advisory, ERA function, or the “vertical” technical, programmatic country cluster coordination function of the CCfER - they were nearly unanimous in stating that the ERA function was the more important, even if the ERA deployees had not always been available on time or continuously.<sup>14</sup> The 2010 Inter-cluster Evaluation (see text box) also recommended that this horizontal advisory role be emphasized and it is a central theme of the revised IASC guidance of 2013.

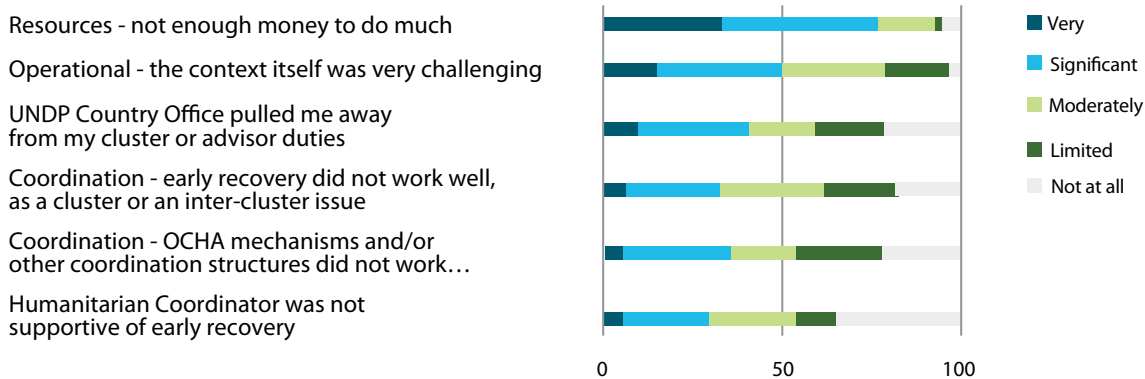
***“Ensure that the ER Cluster at country and sub-national level focuses on and enhances its advisory function”***  
 (Recommendation 66: IASC 2010)

**FINDING 26: THE HORIZONTAL STRATEGIC FUNCTIONS OF AN ERA ARE MORE HIGHLY AND UNIVERSALLY VALUED OVER CLUSTER COORDINATION**

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**Figure 27**

How significant were these challenges during your deployment/mission?



<sup>14</sup> In the Community of Practice workshop to consider the way forward, ERAs agreed that the timing of the deployment of an ERA was more important to success than the length of deployment. The key is to have an effective ERA on site at key HPC moments when strategies and assessments are designed.

***“The RC should have allowed the ER Advisor to sit in the RCO and play a stronger inter-Agency role to avoid being perceived by other Agencies as a UNDP staff.”***

(Survey comment)

The current IASC guidance on the role of the ERA is very clear. It emphasizes the strategic advisory role of ERAs in: (a) supporting the RC/HC; (b) providing a strategic approach to recovery in the HRP; and (c) mainstreaming ER in other clusters. The firewalling of the ERA (reporting to the RC/HC) from the CCfER (reporting to the UNDP CD as CLA, not as an ER

programming agency) is also clear. In theory, a third type of position is described, that of the Early Recovery Expert whose job is to advise UNDP on its own programming in ER. In practice, UNDP COs rarely follow this guidance. In some instances, CDs were simply unaware of the guidance, while in others the CO was obliged, by resource constraints, to double-hat (or double-hatting was the consequence from the outset of muddled TORs). In yet others, UNDP incentive structures encouraged CDs to divert the time of ERAs (and/or CCfERs) to develop projects for UNDP.

**FINDING 27: THE GLOBAL GCER GUIDANCE IS CLEAR ON THE ROLES OF ERAS VS. CCFERS, BUT IS NOT FOLLOWED SYSTEMATICALLY**

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Conclusions: KEQ 4: How should the GCER adapt so that it can best add value in the post-WHS universe of the Grand Bargain and the NWoW?

**1. Despite the best efforts of the GCER, the concept of Early Recovery and the legitimacy of a dedicated Early Recovery Cluster have not taken hold.**

**Finding 11: The concept of Early Recovery remains unclear to most stakeholders**

**Finding 17: The humanitarian community still does not fully accept the Early Recovery Cluster at country level**

**Finding 2: External actors, as well as many RC/HCs and UNDP country managers, are generally not aware of the GCER mandate confirmation, which took place at year-end 2013**

**Finding 18: Short-term deployments throughout the humanitarian system hamper the development of context-specific understanding of Early Recovery and country cluster performance**

**Finding 16: The logic of the ER cluster is unclear in conflict situations, particularly when they are protracted**

**Finding 21: Many stakeholders (including some UNDP staff) find it difficult to distinguish among UNDP's multiple roles in crisis settings**

**Finding 8: The Early Recovery Cluster is underfunded, although early recovery might not be underfunded**

Despite repeated efforts to define Early Recovery, include it within the guidance of the IASC and disseminate the definition through training and awareness-raising, the concept is not widely understood. As Sarah Bailey and Sara Pavanello said in 2009, "Early recovery' does not lack definitions, but it does lack a common understanding" (ODI, 2009). This extends beyond a communication problem, because the concept of Early Recovery is inherently open-ended and hard to fit within the rigid temporal, sectoral and institutional constructs of the humanitarian and development systems. As a result, UNDP uses several similar terms (including

recovery, stabilisation, resilience and emergency development). NGOs and several other UN agencies prefer the concept of resilience and, more recently, the new terminologies of the HD(P)N and of the NWoW have further diminished its standing. Finally, the Early Recovery Cluster often encounters resistance in the humanitarian space at country level, both from humanitarian actors (in particular, the cluster has difficulty defining its boundary in relation to the Food Security Cluster and, occasionally, to the Shelter Cluster) and from humanitarian donors and humanitarian funding instruments.

**2. The horizontal strategic functions of the Early Recovery Advisor were more effective than the vertical functions of country level Early Recovery Cluster coordination, partly because, in most cases, the enabling leadership and resource conditions for country cluster success are not in place.**

**Finding 2: External actors, as well as many RC/HCs and UNDP country managers, are generally not aware of the GCER mandate confirmation, which took place at year-end 2013**

**Finding 21: Many stakeholders (including some UNDP staff) find it difficult to distinguish among UNDP's multiple roles in crisis settings**

**Finding 13: The GCER team in Geneva is largely fulfilling its responsibilities and meeting its objectives, but has been unable to resolve some of the cluster weaknesses identified throughout the evaluation findings**

**Finding 7: The global GCER guidance is clear on the roles of ERAs vs CCfERs, but is not followed systematically**

**Finding 26: The horizontal strategic functions of an ERA are more highly and universally valued over cluster coordination**



**Finding 20: Despite the adequate GEEWG guidance, there is little evidence that GEEWG implementation meets the expectations of the guidance**

**Finding 6: Training is universally appreciated, but is not sufficient to bring about mindset change and system change**

**Finding 4: The required combination of experience and skills for ERA and CCfER deployees is in short supply and the deployment mechanism is imperfect**

**Finding 18: Short-term deployments throughout the humanitarian system hamper the development of context-specific understanding of ER and country cluster performance**

**Finding 14: Country cluster coordination was assessed as technically good but country cluster results were weak; in many cases “the operation was a success, but the patient died”**

**Finding 15: ER cluster members and cluster coordinators felt that complying with the tools and mechanisms of the HPC was overly burdensome and rarely benefited the cluster or its members**

Based on the evaluation interviews, the evaluation team observed a widespread misunderstanding (especially among donors) and to a lesser extent at country level (on the part of RC/HCs, HCT members and UNDP COs) regarding the Early Recovery Cluster’s precise role in a crisis situation. As a result, the evaluation team concludes that many of the perceptions of underperformance result from a gap in understanding and expectations, as well as from some measure of actual underperformance.

At the global level, the GCER has provided a strong normative framework, detailed guidance and extensive training comparable to that provided by other global cluster coordination units. The problem seems to be that field practitioners either do not receive this guidance (advocacy is insufficient), do not access it (too many competing demands on the valuable time of field leadership) or wilfully ignore it, perhaps

because it does not fit their prevailing response paradigms.

In addition, UNDP faced challenges regarding the deployment of ERAs and Cluster Coordinators. These resulted, in part, from CO expectations that a single expert could carry out the functions of an ERA and a CCfER, but people who combine these different skill sets are difficult to find. The difference between the two roles at country level was also not clear. Finally, challenges sometimes arose in terms of releasing staff for SURGE assignments, including UNDP staff. Once deployed to the RCO, the horizontal, strategic advisory work of ERAs was generally more effective and was seen as an appropriate role for UNDP to support, with the added advantage that it was not perceived as competing for funding with other clusters or agencies. Cluster members noted that field-level ER cluster coordination was technically good, especially when the function was well-resourced with a dedicated cluster coordinator and an IMO. However, cluster results (these were self-reported, not evaluated independently) were comparatively weak, partly because the ER cluster was not always welcomed and supported on the HCT, and partly because it was chronically underfunded.

In summary, the evaluation team concludes that the preconditions for cluster success were not in place. On the “supply” side, norms, guidance and training were strong, but underfunding (which affected cluster activities and also led to gaps in country cluster coordination and to multi-hatting) and lack of “demand” for Early Recovery among RC/HCs and CDs prevented them from being translated into country cluster management, performance and results. In the absence of field leadership accountability for Early Recovery, cluster coordinators frequently found themselves sidelined, while the HC and HCT carried out the “real job” of “life-saving” humanitarian response, and while the CD and CO performed the “core business” of raising funds for (and implementing) UNDP’s own recovery programming. Meanwhile, field clusters continued to meet, in most cases, with diminishing participation and relevance.

**3. In crisis contexts, the Early Recovery Cluster is a low priority, but Early Recovery work seems to be well-supported by other clusters and UNDP's regular programming.**

**Finding 3: Many stakeholders question whether the country ER clusters are aligned with UNDP's comparative advantages**

**Finding 1: UNDP has not consistently made Early Recovery a clear corporate priority**

**Finding 22: The Early Recovery Cluster does not serve as the main vector for UNDP engagement, either globally (UNDP response to emergencies) or locally (UNDP CO response to crisis or disaster)**

**Finding 5: Early Recovery coordination is not part of an incentivised UNDP career path**

**Finding 8: The Early Recovery Cluster is underfunded, although early recovery might not be underfunded**

**Finding 9: With the exception of 2010, the cluster has not been a significant source of funding for UNDP**

**Finding 10: Many external actors still think that UNDP coordinates the Early Recovery Cluster primarily to attract humanitarian funding for itself**

**Finding 24: Other clusters and agencies mainstream Early Recovery; this has increased markedly since 2005**

**Finding 25: Even if the current extent of Early Recovery mainstreaming across clusters cannot be causally attributed to the work of the cluster, the evaluation team believes that the GCER's patient and persistent advocacy over 12 years likely made a significant contribution to this mainstreaming**

UNDP has not offered steadfast corporate support for Early Recovery. From a strong start in 2005 with the creation of the cluster system, the organisational restructuring of BCPR in 2010 reduced UNDP's capacity to provide an integrated crisis response. That capacity was boosted briefly by UNDP's robust roles in the responses to the 2010 Haiti earthquake and Pakistan floods and then declined further as a result of

corporate restructuring, resulting in the dissolution of BCPR in 2014. Although the 2014-2017 Strategic Plan included a specific focus on Early Recovery for the first (and only) time, this was not matched by resources and corporate policy commitment. The GCER team in Geneva was reduced, funding mechanisms for deployments and ER programming were curtailed by the closure of the CPR-TTF, and competing concepts of resilience, stabilisation, recovery and emergency development were introduced into UNDP's policy discourse. By 2017, UNDP had developed new tools to support crisis response in CRU (including more effective Crisis Board protocols, online resources, crisis response packages and improved fast track procedures) and collaborated with the World Bank and the EU to refine the PDNA/RPBAs. This maintained its ability to respond to crisis and support recovery entirely independent of the cluster. At the time of the evaluation, in early 2018, the new Strategic Plan refers to early recovery only in passing. The attention of senior management (and the rest of the stakeholder community) has shifted to the HD(P)N and to the operationalisation of the NWoW in a context-specific manner.

The evaluation team concludes that the slow decline of the commitment to the Early Recovery cluster within UNDP is both a cause and a consequence of underfunding of the cluster; certainly, the country cluster has not become a significant source of funding for COs. At the same time, over the years, Early Recovery has been mainstreamed more deliberately into all clusters, doubling between 2008 and 2015. Indeed, by 2018, early recovery in humanitarian programmes and UNDP's recovery programmes in post-crisis settings receive between five and 10 times more funding than is provided to the cluster's own programming activities through the HRPs. The evaluation team's assessment is that the GCER has contributed to this mainstreaming success, which is now firmly rooted in the humanitarian system.

**4. Early Recovery Clusters (and Early Recovery Advisors) are better suited to sudden onset disasters than to conflict settings, especially when conflicts are protracted. New models of coordination are emerging, including area-based planning, in some protracted conflict settings.**

**Finding 17:** The humanitarian community still does not fully accept the Early Recovery Cluster at country level

**Finding 26:** The horizontal strategic functions of an ERA are more highly and universally valued over cluster coordination

**Finding 19:** In disaster situations where the country is vulnerable to cyclical natural hazards, the Early Recovery Cluster could adapt and connect more to the Disaster Risk Management systems in place

**Finding 16:** The logic of the Early Recovery Cluster is not clear in conflict situations, especially when they are protracted

**Finding 3:** Many stakeholders question whether the country ER clusters are aligned with UNDP's comparative advantages

**Finding 12:** Some challenge UNDP's humanitarian neutrality, but this is not a significant concern overall

**Finding 23:** Area-based planning is emerging as a new way to tackle Early Recovery and could be a way forward for the cluster in some situations

The principles of earliness and recovery are more self-evident in sudden onset disasters, especially natural disasters that evolve in more linear fashion from sudden event to life-saving emergency response, early recovery and recovery. In these situations, which represent only 15 to 20 percent of the situations where the cluster is active, host governments more often adopt ER principles, the HCT more easily accepts UNDP as CLA and the transition to development programming is usually more logical (although not always seamless).

However, the vast majority (80 to 85 percent) of crises today occur during protracted conflicts, where the

linear model of crisis and recovery rarely applies and where the important dimensions of state-building and peace are often present. Both "earliness" and "recovery" are problematic concepts in protracted crises. Instead, stakeholders increasingly recognise the need to work on aspects of humanitarian response, development and, often, peace, on simultaneous and connected tracks, sometimes with the host government and sometimes around the host government, and not in linear fashion. At the time of this evaluation, the humanitarian community is questioning whether clusters are the appropriate mechanisms for these situations. The Emergency Relief Coordinator has called for a review of the L3 mechanism in relation to protracted vs. sudden onset crises. Within that, the Early Recovery Cluster is experiencing a profound existential challenge. Instead, experiments are underway in all the 3RP countries and Sudan with what we assess as "post-cluster" mechanisms of coordination, joined-up planning and blended or cross-over financing. These experiments address the HD(P)N and anticipate the NWoW. Early Recovery Cluster coordinators have thus found new purpose in testing approaches to area-based planning that integrate across sectors and across development and humanitarian funding streams, and where the organising principle is geographic and more anchored to local governments.

**5. The GCER is not the platform from which UNDP should engage in the Humanitarian Development Peacebuilding Nexus.**

The evaluation team was explicitly asked to consider "how the GCER should adapt so that it can best add value in the post-WHS universe of the Grand Bargain and the NWoW." Taking the detailed findings and the four conclusions above into consideration, the team concludes, overall, that the GCER is not the viable platform to achieve this. First, the GCER and country ER clusters are instruments of the IASC (including HPC and HCT) and remain closely associated, however uncomfortably, with the humanitarian community. Even if UNDP as an agency has a foot in both camps, the ER cluster is seen as having one foot and only in one camp. Where a cluster has managed to move into this bridging role (Sudan and Lebanon), it has done so by evolving beyond the classic cluster model to a different "post-cluster" approach. Second, the GCER

does not have sufficient buy-in and support from the entire humanitarian community to be entrusted with this role. It simply lacks the momentum or strategic leverage to take centre stage in the intense and high-stakes discussions around HD(P)N and NWoW. And third, all external stakeholders and some UNDP insiders stated very strongly (especially in the reflection workshops that will be discussed in the next section of this report) that the GCER should not rebrand itself as the mechanism for HD(P)N. Rather, responsibility to tackle the HD(P)N is shared equally among all agencies and clusters, humanitarian and development and cannot be appropriated by the GCER as one actor among many.

## **6. UNDP is well-placed to serve as a bridge between humanitarian, development and peace action**

Despite the doubts expressed about the cluster's bridging potential, the humanitarian and development communities did see a role for UNDP. Most stakeholders agreed that UNDP's value-added in a humanitarian situation is to connect humanitarian action to development (and, sometimes, peace), strengthen governance so that crisis response connects to government systems, and connect humanitarian planning with national (development) planning and Agenda 2030. It is UNDP's role as an integrator that is valued here (see box). In some cases, UNDP's access to and understanding of national civil society was also seen as a significant asset.

Beyond UNDP's membership on UNCTs and HCTs, technically, this bridging function was seen primarily as a role for an HD(P)NA; that is, someone serving as a strategic support to the RC/HC who embodies this bridging mandate. When the burden of the cluster is set aside, and especially if perceived competition for humanitarian funding is removed from the equation, then humanitarian and development stakeholders are comfortable recognising UNDP's role as an integrator.

### **UNDP as an integrator.**

"Development challenges are increasingly complex, requiring ever greater collaboration across sectors and partners to deliver impacts at scale and to utilize limited resources efficiently. The breadth of expertise and country presence of UNDP make it unique within the UNDS to help countries to "connect the dots" on the most complex sustainable development issues. Given this and its reputation as an impartial partner, UNDP helps Governments to convene across line ministries and development partners to promote "whole-of-government" and "whole-of-society" responses vital for transformational change." UNDP Strategic Plan 2018-2021 (UNDP, 2017e)

### **Conclusion regarding the GCER Theory of Change**

With the benefit of hindsight, we conclude that there are two weaknesses in the GCER's Theory of Change. The first concerns Conclusion 2 above. The Theory of Change assumed that the normative guidance of the IASC and GCER would trigger behaviour change on the part of RC/HCs and CDs; that is, that key field officials would embrace the principles of ER, accord it the desired priority and implement the guidance. While we did see some examples of field leadership following the system guidance, this was far from universal or automatic. Second, the Theory of Change is still premised on a sudden onset crisis model, where a humanitarian crisis begins and then progresses towards a development transition. In practice, the vast majority of crises are protracted conflicts that do not lend themselves to this linear approach (see Conclusion 4 above) or to Early Recovery.

***"If not UNDP, then who?"***

(Survey comment)



### Conclusions and outcomes from the reflection workshops, including a summary of the options considered

As part of the evaluation design, a wide range of GCER stakeholders was actively involved in considering and validating or fine-tuning the draft findings of this evaluation and participated in developing recommendations. The main vehicles were a series of four consultation events and four meetings of the Reference and Advisory Groups, which relied on two reference documents: (a) a summary of findings; and (b) a set of five options papers for the way forward. After they were refined through that consultation process, the findings are those included in the body of this report. The five options were developed initially by a small team from CRU and GCER, with support from the evaluation team, and were then adapted and refined throughout the consultation process.

The consultation process began with meetings of the Reference Group (key stakeholders internal to UNDP) and the Advisory Group (mainly key external stakeholders, including selected donors, selected UN agencies and selected RC/HCs) to validate findings. Two workshops in Geneva followed. One involved Geneva-based humanitarian stakeholders (mainly IASC partners, OCHA, SAG members and other cluster leads) and the second involved a dozen highly experienced ERA/CCfER field practitioners. Two events were also held in New York. The first was a workshop that included all UNDP bureaus working in ER and the second was a half-day meeting of external stakeholders based in New York (specifically, the New York representatives of UN humanitarian agencies, Interaction, the Executive Office of the SG, OCHA and DOCO). Thus, approximately 90 key stakeholders were directly involved in discussing findings and identifying options. At the end of each of the last four events, participants were asked to express their preferences for the options, thereby enabling the evaluation team to develop a community view of the preferred way forward. Finally, the preferred option and recommendations were tested again with the Reference and Advisory Groups. A summary of the options and their main features follows below.

### OPTION 1: STATUS QUO PLUS

This option involved recommitting to the GCER as a broadly-mandated cluster responding to sudden onset and protracted crises with, at country level, a combination of advisory support and cluster coordination; that is, the current model as mandated by the IASC and updated in 2013. The “plus” elements included developing a new business line of support to HD(P)N Advisors, providing world-class expertise in the cluster’s areas of work at country level and ensuring that key aspects of the IASC guidance are adhered to strictly; notably, (a) a deliberate HCT decision on the relative emphasis to be given to the cluster’s horizontal and vertical functions based on a thorough analysis of the country and institutional context, and (b) deployment of the appropriate people at the right time and for the right amount of time. A case was also made for a variant (c) that such a cluster would provide only advisory and coordination functions, while UNDP would not seek any funding through such a cluster (thereby removing some of the perceived conflict of interest).

Requirements for option one were: (a) significant and clear policy commitment from UNDP leadership (including Early Recovery mentioned explicitly in corporate UNDP policy statements and in the IRRF); (b) additional resources for a stronger mechanism that can deploy world-class experts for longer periods; and (c) accountability mechanisms, such as including ER in Country Programme Documents in crisis-affected countries and including ER in country reporting (ROARs feeding into the IRRF) and in the performance measures of RC/HCs and CDs in the field.

#### Option 1

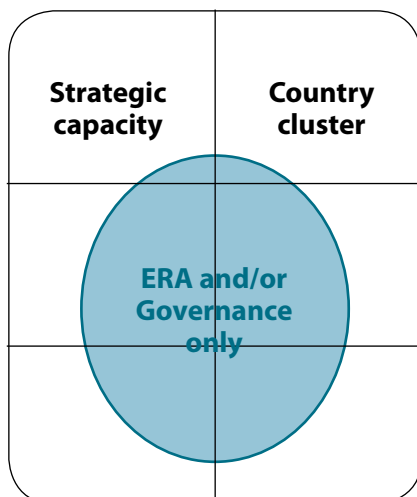
Strategic capacity	Country cluster
Sudden onset ERA	Sudden onset CCfER
Protr. crisis HD(P)NA	Protr. crisis CCfER

## OPTION 2: REFOCUS THE CLUSTER ON GOVERNANCE

This option started from the premise that governance is UNDP's core comparative advantage and involved changing the cluster's mandate to governance. This could include (but would not be limited to) support to national crisis management institutions, resumption of core government services at local and national levels, including coverage of civil service salaries and essential repair of government buildings, support for recovery needs assessment through PDNAs and RPBA's, and for recovery planning, building national recovery institutions and financing mechanisms, and aid management including recovery trust fund administration. Other aspects of UNDP's current ER portfolio, such as livelihoods, debris management and social cohesion, would be handed over to other clusters and the function of providing and supporting "horizontal" ERAs would be transferred to another entity.

While this option might be resource-neutral, it would require changes to the IASC guidance and the agreement of other IASC members to take over certain aspects of the current GCER portfolio of policy, capacity-development and programming.

### Option 2



## OPTION 3: REFOCUS THE CLUSTER ON SUDDEN ONSET CRISES

This option started from the finding that the GCER is more effective in sudden onset situations that follow a more linear and sequential trajectory from event to crisis response, early recovery, recovery and development. It also acknowledges the recent discussion among IASC Principals about the need to differentiate mechanisms or pathways for responding to L3 sudden onset vs. protracted conflict crises, including ways to sustain support for major protracted crises. Under this option, the cluster would maintain its broad mandate with the context determining the specific areas of intervention. The field cluster would have dual roles: coordinating early recovery activities (designed to end within a short period) and preparing the path to transition and handover to government systems. While both roles are coterminous and start from the outset, the emphasis would shift from response to transition over time, so that the cluster could close within a relatively short period. An ERA would normally be deployed with the current roles of supporting ER integration into the HRP and ER mainstreaming in other clusters.

Importantly, this model maintains the global cluster infrastructure to support policy work, deployments and cluster coordination within the IASC system, but for far fewer situations (three or four/year). It differs from the current model in two other significant ways: first, it would place greater emphasis on transition and on supporting (bringing forward) the recovery work of PDNAs and national recovery planning; and second, the sudden onset response capacity would be repurposed between crises to focus on preparedness and prevention in order to improve the connection between the cluster and the disaster risk management systems in place at country level. This option is presumed to be resource-neutral, as the increased investment in sudden onset situations would be offset by the smaller number of such situations.

Critically, this option requires another mechanism for the approximately 80 percent of crises that are (or become) protracted. This other mechanism would deploy and support HD(P)N Advisors. UNDP might

have a different integrator role in a system where UNCTs and HCTs work together in more joined-up ways.

### Option 3

<b>Strategic capacity</b>	<b>Country cluster</b>
<b>Sudden onset ERA</b>	<b>Sudden onset CCfER</b>
<b>Protr. crisis HD(P)NA</b>	<b>Protr. crisis CCfER</b>

### OPTION 4: FOCUS ON STRATEGIC SUPPORT FOR THE HUMANITARIAN DEVELOPMENT (PEACEBUILDING) NEXUS

Under this option, encouraged by the direction of UNDS reform and the integrator role for UNDP that member states have confirmed through the approval of UNDP's new Strategic Plan, UNDP's role in Early Recovery shifts from GCER leadership to facilitating a new mechanism beyond the bounds of the IASC. It would also provide strategic support on the HD(P)N at global and local levels. This global mechanism would not be characterised as a cluster, especially as it would not activate a country-level cluster in the IASC sense, but it would retain many of the functions that the global cluster currently performs. Those include normative work, advocacy and capacity-building. Importantly, it would manage HD(P)NA deployments rather than ERA deployments. Stakeholders interested in this idea stated that UNDP should co-lead such a mechanism at global level but that at country level, the deployees should be attached operationally to the RCO and remain at arm's length from any specific UN agency. In this "post-cluster" model, the work of country-level ER

clusters would be completed or handed over to other clusters. Some stakeholders noted that this model was best aligned with current thinking on the HD(P)N and NWoW and, most importantly, with the emphasis on UNDP's integrator role in UNDP's new Strategic Plan. This report has begun to refer to the role of an HD(P) NA but has not yet been explicit about what this means. While still a work in progress,<sup>15</sup> and the subject of active experimentation in the field, we propose that it be characterised as shown in Figure 28.

The option may have the most complex requirements. On the one hand, it would require IASC agreement to fundamentally change the cluster system by creating differentiated mechanisms to respond to sudden onset and protracted crises. On the other, it would also rely on broader agreement (including UNDG-IASC) on a new mechanism to integrate humanitarian and development (and peacebuilding) approaches in protracted crisis situations. In essence, it requires more progress in the discussions launched at the WHS about the HD(P)N and NWoW. Those discussions are currently following different tracks and are being carried out at different speeds.

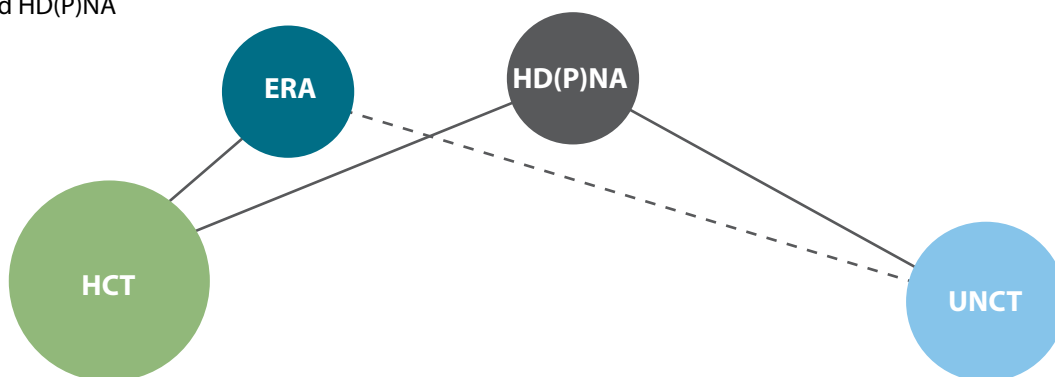
### Option 4

<b>Strategic capacity</b>	<b>Country cluster</b>
<b>Sudden onset ERA</b>	<b>Sudden onset CCfER</b>
<b>Protr. crisis HD(P)NA</b>	<b>Protr. crisis CCfER</b>

<sup>15</sup> In 2018, through the "People Pipeline" initiative, UNDP is exploring, along with other agencies, a system of capacity development and deployments, to establish a cohort of experts with these crossover humanitarian/development/peacebuilding skills.

**Figure 28**

ERA and HD(P)NA

**ERA**

Deployed in sudden onset disasters  
 Humanitarian profile with devt understanding  
 Attached to humanitarian system (HC/HCT)  
 Advocates for ER throughout the HRP  
 Focus on transition to development  
 Time-sensitive and limited term deployment

**HDNA**

Deployed in protracted (conflict) crises  
 Balanced humanitarian and devt (and peace) skillset  
 Attached to RCO (RC and HC functions)  
 Supports shared Humanitarian and Development analysis, and joined-up plans  
 Working towards collective medium-term outcomes

Stakeholders from the gender equality community also offered some important words of caution. If ER becomes “another cross-cutting priority of the RC/HC” (similar to GEEWG, Accountability to Affected Populations, Protection and others), it might lose some of the standing and momentum that it still enjoys as a separate cluster. This underlines the importance of including robust requirements within option four that RC/HCs become fully accountable to ensure that the humanitarian, development and peacebuilding communities in country work together based on the NWoW principles.

### **OPTION FIVE: THE GLOBAL CLUSTER FOR EARLY RECOVERY IS CLOSED AND UNDP EXITS THE HUMANITARIAN DOMAIN**

This option recognises that UNDP and the GCER have achieved all they can. The global normative framework for ER is established. If it does not always result in the desired behaviour changes in the field, this is due, in part, to other factors (resources, leadership/ accountability) that are beyond GCER’s control. It also

recognises that mainstreaming has taken hold and that the field-level clusters are unlikely to gain more traction in light of diminishing humanitarian resources relative to needs. Under this option, existing tools and resources (and field clusters) would be handed over to other agencies and clusters. One important difference between options four and five is that under option five, UNDP would end its advisory and coordinating roles and limit its action in humanitarian settings to crisis response activities through other clusters.

### **SUB-OPTIONS:**

In addition to the five main options outlined above, the reflection workshops also considered six sub-options. These are variants of the main options that could be selected and combined with the main options and with each other. The reflection workshops did not reach conclusions regarding these sub-options, but the IASC and UNDP may review them as they consider recommendations.

- Sub-option 1: Separate the deployment mechanism for ERAs from UNDP (for example, create an ERCAP or move to Standby Partner arrangements) or create a pool of specialised and trusted roving ERAs on payroll
- Sub-option 2: Explore possibilities of sharing GCER leadership with another agency (following Food Security, Shelter, CCCM, Education models) or assign UNDP to share leadership of another humanitarian cluster
- Sub-option 3: Strengthen UNDP capacity to coordinate area-based integrated recovery at sub-national level
- Sub-option 4: Renew the Standby Arrangements and seek a donor partner/patron for cluster strengthening
- Sub-option 5: Set up a global pooled fund to finance Early Recovery
- Sub-option 6: Agree on the desired option, but defer implementation while a working group refines the details and aligns the option with evolving humanitarian architecture

### **Conclusions from the reflection workshops**

The overwhelming consensus from the reflection workshops, which was later endorsed by the Reference and Advisory groups, favoured option four. However, some support also existed for options three and one, in that order. Options two and five were discussed in plenary but attracted so little interest that they were not discussed in depth during the reflection workshops. The evaluation team's recommendation below focuses on option four but includes elements of option three and sub-options one and six. The following proposal needs to be considered with two important caveats. First, since the clusters are mandated by the IASC and not by their CLAs, the IASC will need to make a decision on any proposal to change the GCER. Second, as suggested earlier, option four presumes much about the outcomes of interagency discussions on

the HD(P)N and on NWoW that are far from ending. Implementing the recommended option should therefore be approached in a phased manner, as and when the enabling institutional and policy conditions allow.

Following the analysis of strengths and weaknesses of the current GCER and taking into consideration the results of the reflection workshops, stakeholders recommended two mechanisms to carry forward Early Recovery. The first, which follows option three, would be a continuing capacity attached to the IASC to deploy and support ERAs to sudden onsets crises. The second, which follows option four, would be a mechanism jointly led by the humanitarian and development (and, where relevant, peacebuilding) stakeholders (perhaps IASC and UNDG) to deploy and support HD(P)NAs to protracted crises. Regarding this second mechanism, (a) in order to be an effective integrator for HD(P)N and placed at a strategic, not technical, level, it should work for the whole system and, therefore, be attached to the empowered RC/HC and RCO rather than to any single agency; (b) it should be governed by a range of key stakeholders, including humanitarian, development and peacebuilding actors, and include key donors and NGOs in order to benefit from multiple perspectives and links to other related processes; and (c) it should be self-contained in that it would combine normative and advocacy functions, as well as independently-funded training and deployment capacity.







## RECOMMENDATIONS

### **The way forward for a global institutional arrangement**

The GCER would be replaced by two mechanisms. The first would be a successor body to the GCER, not a full cluster but, rather, a lighter mechanism, attached to the IASC. It would support ER in sudden onset crises primarily by deploying ERAs. Country-level ER clusters would not exist. The IASC and UNDP would determine the structure and management of this lighter, deployment-focussed body, with input from other stakeholders.

The second mechanism, which we refer to as a new mechanism, would operationalise the HD(P)N in complex protracted crisis environments by using the NWoW operational principles. It would be attached to a broader Humanitarian and Development governance framework (possibly the Joint Steering Committee to advance Humanitarian and Development Collaboration) and would support the operationalisation of the NWoW, including by deploying HD(P)NAs. The evaluation team anticipates that this new mechanism would serve the whole system from a small permanent secretariat, governed by a Management Committee comprised of Development, Humanitarian and Peacebuilding stakeholders. The new mechanism could take the form of a project (similar to the joint UNDP-DPA Programme on Building National Capacities for Conflict Prevention, or the P2P project). It could also be modelled on an interagency mechanism, such as GENCAP or PROCAP. The new mechanism could be funded by agencies or directly by donors. The deployees would be assigned to empowered RC/HCs and might consist of a combination of SURGE deployees from several agencies, a purpose-built consultant roster and Standby Partner.

The country-level Early Recovery clusters would all hand over to other country clusters or close by the end of 2018.

### **The way forward in protracted crises**

In protracted crises, the new mechanism would deploy expert technical assistance to the RCO. We may describe this provisionally as a HD(P)NA, reporting directly to the RC/HC in the new model of empowered RCs. Depending on requirements and resources, this could also include support for communications/outreach and/or for IM and/or for sub-national coordination using integrated area-based approaches.

### **The way forward for UNDP in protracted crises**

Meanwhile, UNDP would focus its programming efforts on recovery, much as it does now, including programmes that use UNDP's comparative advantages in governance. This could entail, for example, strengthening the host government at national and local levels, strengthening the rule of law (support for the judiciary and related mechanisms of alternate dispute resolution/social cohesion), supporting RPBA and related processes of recovery planning and, more generally, using its bridging/integrator role to ensure that more integrated plans of the HD(P)N stakeholders are connected to government plans and systems. In addition, UNDP could still programme with and coordinate through other humanitarian clusters, as appropriate to the context. UNDP could also deploy technical expertise in its many areas of work, but not HD(P)NAs (because these would be deployed by the new jointly-managed mechanism). In protracted crisis settings, the UNDAF and UNDP's CPD would likely take shape to form part of the joined-up approach resulting from the NWoW.

### **The way forward in sudden onset crises**

In sudden onset disasters, which most often result from natural events, the successor body attached to the IASC would deploy ERAs to RCOs with the responsibility to integrate Early Recovery into the humanitarian response and facilitate planning and capacity-building for transition to government systems and development actors. In addition, as provided for in current IASC guidance, the HCT might choose to activate a special-purpose country cluster or working group to meet contextually-defined humanitarian needs that are not covered by other clusters. However, in the absence of a Global Cluster to support it, this would be led by the best-placed agency to do so, which would be accountable to the HCT.

### **The way forward for UNDP in sudden onset situations**

Meanwhile - and bearing in mind that if these recommendations are accepted, there would not be an Early Recovery cluster at country level - UNDP would activate the management structures (including the Crisis Board and SURGE team), technical assistance, tools, deployments and quick-access funding that already exist in CRU and in the rest of the agency, including the packages of support available for recovery needs assessment and recovery planning (PDNA) and for restoring essential government services. Depending on the context, aspects of this crisis response could be delivered with and coordinated through the other humanitarian clusters (this needs to be further explored with the relevant clusters). At country level, these technical deployments and programmes of support would either be coordinated through other clusters or, if necessary, by an ad hoc working group reporting to the HCT. In parallel to these HQs-supplied crisis response measures, the UNDP CO would (as now) adapt its existing country programme to the new crisis and post-crisis priorities and develop new programming to support early recovery. In countries at risk of repeated disasters, the UNDAF and CPD would be expected to incorporate that disaster risk analysis. UNDP programming would integrate crisis response with the existing national mechanisms of Disaster Risk Management.

## **SUMMARY OF RECOMMENDATIONS REGARDING THE GCER**

### **To UNDP as Cluster Lead Agency**

1. Request the IASC Principals to: (a) create a successor body to the GCER, attached to the IASC, that would provide support for strategic integration of Early Recovery into the entire humanitarian response, through deployment of ERAs to support Humanitarian Coordinators and HCTs when required, and particularly in sudden onset crises; (b) make appropriate transition arrangements regarding transfer of knowledge, tools, activities and resources at global and country levels, such that the essential and valued elements of GCER work are carried forward by the successor mechanism and by other clusters; and (c) close country-level Early Recovery clusters in orderly fashion by the end of 2018.

2. Continue to support the GCER at global and country levels, until such time as the IASC has made decisions regarding these recommendations and, thereafter, close the GCER.

3. Inform the SAG of UNDP's intention to request that the IASC close the GCER after transition arrangements are in place.

4. UNDP should retain its membership in the IASC, including the Emergency Directors' Group, retain its membership of country-level HCTs, continue to advocate for Early Recovery in the humanitarian area and continue to deliver Early Recovery programming both inside and outside the humanitarian appeals.

### To the IASC Principals

5. Reiterate the importance of Early Recovery in humanitarian response and the core of the Principals' 2013 guidance on the mainstreaming of Early Recovery.

6. Sharpen the accountability of HCs for mainstreaming Early Recovery into the entire humanitarian response and for Early Recovery results.

7. Create a successor body to the GCER, attached to the IASC, which would provide support for strategic integration of Early Recovery into the entire humanitarian response, through the deployment of ERAs to support HCs and HCTs when required, and particularly in sudden onset crises. This successor body should be jointly developed with UNDP and with input from other agencies.

8. As soon as the successor body is established, hand over the GCER's knowledge, tools, activities and resources to it. Until that date, the GCER shall continue to manage; (a) its global tools (including guidance, training and online resources); (b) deployment of ERAs to sudden onset crises; and (c) support for country-level Early Recovery clusters during their orderly transition and closure. Close the GCER when the handover is complete.

9. Request other humanitarian clusters at country level to cooperate with the GCER and the country Early Recovery clusters in the transfer of knowledge, tools, activities and resources such that: (a) the country level Early Recovery clusters are closed by the end of 2018; and (b) the essential and valued elements of Early Recovery cluster work are carried forward by other clusters in accordance with global agreements.

## SUMMARY OF RECOMMENDATIONS REGARDING FUTURE SUPPORT FOR THE HUMANITARIAN DEVELOPMENT (PEACEBUILDING) NEXUS AND THE NEW WAY OF WORKING

### To UNDP

10. Actively encourage the IASC and UNDG to create a new mechanism to ensure Humanitarian Development (Peacebuilding) Nexus coordination and to support the operationalization of the NWoW in the field, including deployments of advisors in protracted crises where relevant. UNDP should play a central role in developing this new mechanism. It is well-placed to do so as it sits at the centre of the development stakeholders, has a mandated integrator role and co-chairs the Joint Steering Committee to advance Humanitarian and Development Collaboration.

### To the IASC Principals

11. Together with the UNDG and peacebuilding stakeholders, support the creation of a new mechanism to ensure Humanitarian Development (Peacebuilding) Nexus coordination and support the operationalization of the NWoW in the field, including deployments of advisors in protracted crises where relevant. This new mechanism could be linked to and work under the overall oversight of the newly created Joint Steering Committee to advance Humanitarian and Development Collaboration.

### To the UNDG

12. Together with the IASC and peacebuilding stakeholders, support the creation of a new mechanism to ensure Humanitarian Development (Peacebuilding) Nexus coordination and to support the operationalization of the NWoW in the field, including deployments of advisors in protracted crises where relevant. This new mechanism could be linked to and work under the overall oversight of the newly-created Joint Steering Committee to advance Humanitarian and Development Collaboration.







## Appendix 1

# TERMS OF REFERENCE

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### **Objective:**

The objective of the evaluation is two-fold; first to evaluate the overall outcomes and impact of the ER cluster including the effectiveness of policies, standards and strategic responses to crisis in country situations where the cluster plays an ER advisory function to the RC/HC. Second, to provide a set of core recommendations that can inform UNDP towards the most appropriate way of engaging and supporting within the realm of the humanitarian aid system and in the context of the WHS outcomes, that more crises is protracted in nature, and the NWoW.

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### **1. Background**

In 2005 the Inter-Agency Standing Committee (IASC) and its Principals agreed to designate Global Cluster Leads and establish the cluster approach to improve the quality of humanitarian action. The established mechanism was part of a wider Humanitarian Reform aimed at enhancing the effectiveness of humanitarian response by ensuring greater predictability and accountability, and to strengthen partnerships. At the global level, the aim of the cluster approach is to “strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all the main sectors or areas of humanitarian response.” Likewise, at the country level, the system aims to strengthen the standards, predictability, prioritisation, accountability and partnerships to improve the impact of the humanitarian response. Humanitarian clusters are supposed to be a temporary coordination solution and the aim should be to either resume or establish national sectoral crisis response coordination mechanisms that can also manage any residual humanitarian needs when international aid agencies phase down their response programmes. In 2011, based on the review of the system and critical lessons learned, the IASC Principals agreed that a set of actions was required to continue to improve the current humanitarian response modus operandi. A Transformative Agenda (TA) was born and the IASC Principals, including UNDP agreed to the TA Protocols to strengthen the collective action in humanitarian emergencies.

The Global Cluster on ER (GCER), formerly the global Cluster Working Group on ER (CWGER) was created as one of the nine (now eleven) clusters as part of the 2005 IASC Humanitarian Reform. The Strategic Advisory Group (SAG) is the principal advisory body for the Cluster, where UNDP since 2005 has been the IASC mandated Cluster Lead Agency (CLA) for ER (ER). Along with global guidance and policy work, the SAG also provides country-level support, both remotely and through the deployment of technical missions, including mid-term deployments from an ER Inter-Cluster Country Support Roster. The roster comprises ER Advisors (ERA), Cluster Coordinators (CC) and Information Management Officers (IM).

ER is a key component of humanitarian crisis response. It addresses recovery needs during the humanitarian phase, using humanitarian mechanisms in accordance with development principles. It is an integrated, inclusive, and coordinated approach to gradually turn the dividends of humanitarian action into sustainable crisis recovery, resilience building and development opportunities. UNDP is currently in the process of finalising its internal

recovery policy, to which the future work of UNDP in ER, the organisation's presence in the humanitarian system and its contribution to greater coherence between humanitarian, development and peacebuilding actors, will need to strongly link to.

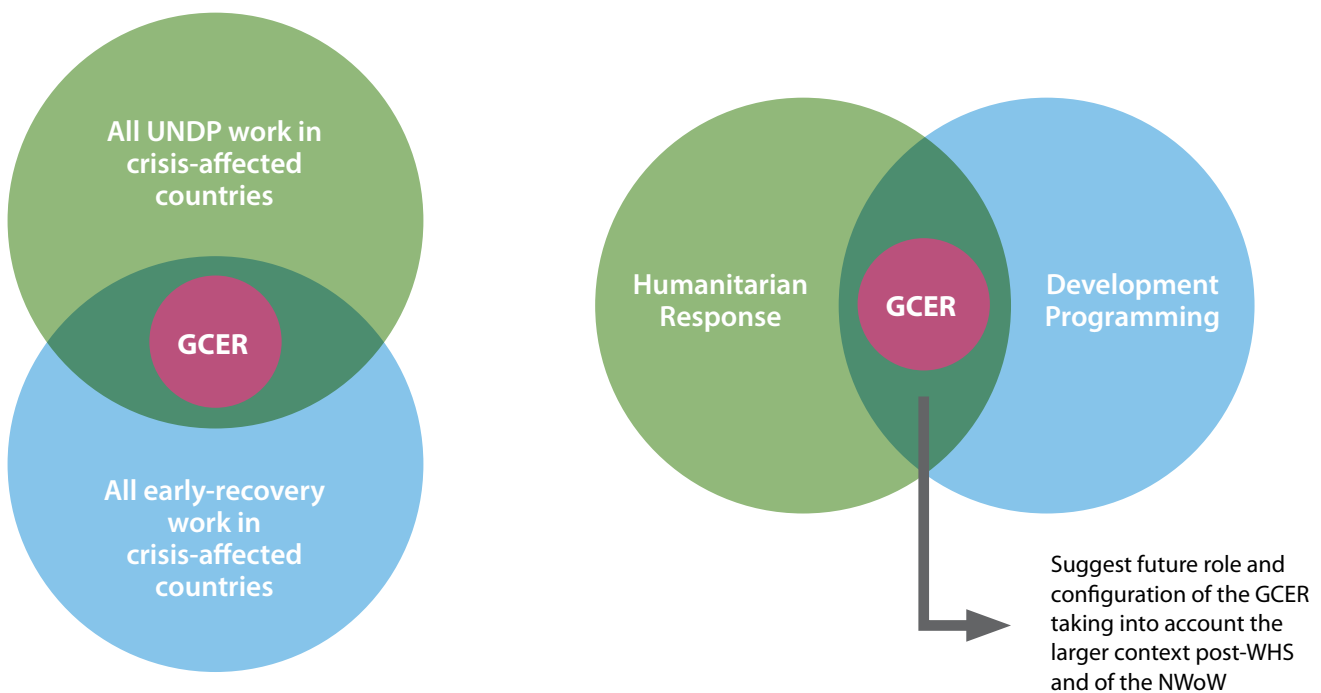
The World Humanitarian Summit (WHS) consultation process brought to light the need for the international community rethink the way in which aid is delivered in humanitarian contexts. Calls to localise humanitarian responses ensuring that they are led by local actors, investments in preparedness before a crisis occurs and better financing solutions for protracted crisis situations, are all elements that the process highlighted as areas needing to be fixed through the outcomes of the Summit. The process also brought to light the change in the nature of crisis. With 80% of humanitarian aid now going to protracted crisis situations and with the average time in displacement being 17 years, linear approaches to transitions from humanitarian responses to development ones no longer make sense. Humanitarian and development actors increasingly occupy the same space over multi-year timeframes. This calls for a shift in the way humanitarians work in these situations through ensuring longer-term planning and programming cycles and integration of resilience-building activities into responses from the start. It also calls for a new offer in crisis situations from the development community, one that promotes better coherence with humanitarian interventions and ensures a strong presence from the beginning of a crisis that is flexible and context-specific.

The New Way of Working, through the Commitment to Action, is one of the elements of Secretary-General António Guterres reform agenda, in which he calls on individual agencies, the UN system, and the "system as a whole" to break down silos and "bring the humanitarian and development spheres closer together from the beginning of a crisis to support affected communities, address structural and economic impacts and help prevent a new spiral of fragility and instability." This also fits with the Secretary-General's broader focus and orientation towards a new prevention agenda which includes both man-made crises such as violent conflict as well as natural hazards, with the recognition that increased coherence between pillars will contribute to reducing crises. In the words of the Secretary-General, Humanitarian response, sustainable development and sustaining peace are three sides of the same triangle.

The New Way of Working recognises that the primary goal of humanitarian action is to provide life-saving assistance and protection in line with the humanitarian principles, but that, especially in protracted crises, humanitarian assistance should be designed in a way that helps build a bridge between short-term assistance and medium-term outcomes. By committing to the New Way of Working, development actors, for their part, signal a renewed effort to deliver development programming and financing that will broaden the reach of development outcomes to the most vulnerable, particularly those in fragile settings. Operationally, the signatories of the Commitment to Action committed to working on joint analysis, planning, programming, leadership/coordination and financing coherently, and under the overall rubric of achieving joint, collective outcomes. The WHS has also brought to the forefront other processes such as the Grand Bargain on efficiency, which a multitude of partners have signed off, committing to better coherence and efficiency across development and humanitarian financing.

## 2. Scope

The focus of this evaluation is the work of the GCER at global level (which includes the support provided to the GCER by UNDP), and the work of the ER clusters at country level (which includes the support provided by UNDP globally and at country level) wherever these were formally activated.<sup>16</sup> Regarding the strategic positioning of UNDP and ER in the emerging humanitarian-development nexus, it will focus on analysis and recommendations regarding the relevance, effectiveness and future role of the ER cluster (not all of UNDP or all of ER). In sum, it will examine the area in pink in the two figures below.



## 3. Duties and responsibilities

### Context

In operationalising the commitments coming out of the WHS and in particularly the NWoW, UNDP is considering its overall engagement in crisis situations, including its presence and substantive offer within the humanitarian system. The momentum provided by the WHS commitments, the upcoming new UNDP strategic plan and the recent organisational structural changes, together present an opportunity to take stock of both the operational and policy aspects of UNDP's engagement in the humanitarian space and in the NWoW debate. In that context, this evaluation is intended to assess UNDP's leadership of the GCER, and to inform UNDP's approach to the future of the GCER.

<sup>16</sup> Noting that GCER guidance recommends that an ER Cluster is not always given this title – it could be known locally as a livelihoods cluster, an agriculture cluster, a recovery cluster etc.

The overall assignment has four key evaluation questions:

### **Key evaluation question 1: How effective was UNDP's global coordination of the GCER?**

A core element of this is consideration of whether UNDP has provided effective leadership and support to the ER cluster members and to the wider humanitarian cluster system.

Answering this KEQ will include consideration of UNDP's contribution to the IASC and inter-cluster coordination efforts, UNDP's GCER leadership and its relations with the SAG, the GCER's policy and advocacy tools (such as the ER Online Resource Centre) at the global, inter-agency and country levels, the capacity development work of the GCER including training, guidelines and standards, advocacy for ER funding, and the management of country support provided by the GCER including deployments and technical advice. It is expected that the bulk of this assessment will be conducted through home-based document review as well as through key informant interviews with the SAG and other members of the humanitarian coordination system in New York and Geneva. At least one travel to Geneva and two to three (preferably three) country field visits should be conducted to obtain the field perspective on global coordination. This KEQ will primarily be addressed by "consultant A" separately contracted by UNDP, with some participation by the Team Leader "consultant B" in the New York and/or Geneva consultations. Travel to New York for consultant answering KEQ 1 during his/her first 30 days might not be necessary and can potentially be covered by home-based interviews.

### **Key evaluation question 2: How effective was UNDP's country-level coordination of the ER clusters?**

In situations where an ER cluster has been activated, a second element of this consideration is to look at the effectiveness and ability of UNDP to coordinate ER work at country level from the very first moments of a crisis situation.

### **Key evaluation question 3: How effective was UNDP in advocating for ER to be included in Humanitarian Response Plans and in the work of other clusters?**

A third element is to assess whether UNDP (through the Country Offices and deployed ER Advisors) has been able to influence a strategic vision that links humanitarian and development leadership in ER cluster countries, to help ensure that the crisis response enables sustainable development. KEQs 2 and 3 will primarily be addressed through country case studies by the Team Leader "consultant B" and a third "consultant C" separately contracted by UNDP.

Answering KEQs 2 and 3 will include consideration of UNDP's operational leadership in country (HCs, CDs, ERAs, Cluster Coordinators and Early Recovery Experts), the effectiveness of country-level support including: the ER advisory function to the RC/HC, and coordination of the country cluster (which includes sub-national coordination and deactivation/transition). It is expected that this aspect of the assessment will be conducted in 6 field locations, through document review, and through key informant interviews with current and former country-level ER staff as well as in-country members of HCTs and the field cluster, and donors. KEQs 1, 2 and 3 will be reinforced through a single on-line survey that has a core set of universal questions, and then differentiated enquiry pathways for different groups of stakeholders (i.e. UNDP staff, HCs, GCER members, SAG members).



## Key evaluation question 4: How should the GCER adapt so that it can best add value in the post-WHS universe of the Grand Bargain and the NWoW?

And finally, a fourth element, building on the first three, is to consider what should be the future role and configuration of the GCER taking into account the evolving global appreciation of the interconnectedness of humanitarian response, development and peace, and the new strategic orientations of UNDP. This KEQ will primarily be addressed by the Team Leader “consultant B” with contributions from the other two consultants.

Answering KEQ 4 will need to bear in mind the larger context post-WHS and of the NWoW, and present to UNDP a series of options regarding the future of the GCER (and the role of the ER Advisor), including continuing with the current mandate and arrangement, re-inventing the GCER to adapt to the new global and corporate policy contexts, and disbanding the GCER (with essential functions absorbed into other cluster mechanisms). The recommended option should be accompanied by a clear roadmap on how UNDP can operationalise it, with related organisational and resource recommendations. If the recommendation is to maintain or re-invent the GCER, then this should also include a new or revised Theory of Change that can be implemented within the evolving context of the humanitarian – development nexus and UNDP’s 2018-2021 Strategic Plan.

Methodologically, this is conceived as a single evaluation albeit conducted by three separately-contracted consultants. Throughout the evaluation there will only be one round of field visits, one on-line survey, one reflection workshop, and one overall report.

### Methodology

The evaluation should utilise a mixed-methods approach and as a minimum include: a desk/document review, key informant interviews, field studies at global and at country level, where possible quantitative data analysis, and may also include an on-line survey, but it will be up to the evaluation team to suggest the most relevant methodological approaches and present them to the UNDP for approval during the inception phase. It will be particularly important that the consultants also liaise with SAG members, donors and partners to get an external view on the ER cluster.

In addition to the overall guidance contained in UNDP’s Evaluation Policy, UNDP’s Handbook on Planning, Monitoring and Evaluating for results, evaluators should use ALNAP developed standards for Evaluation of Humanitarian Action (EHA) guidelines (2016) for additional guidance on evaluation in the context of humanitarian responses.

The fieldwork locations will be agreed with the consultants during the inception phase. Currently UNDP is suggesting up to 6 fieldwork locations across Africa, Arab States and Asia-Pacific region. Some of the criteria for country selection could be:

- Countries where an ER cluster has been formally activated
- A mix between crises (slow-onset, sudden-onset and protracted)
- A mix between geographical areas (Africa, Arab States and Asia-Pacific)
- A mix between emergency level in the country when cluster was activated
- To get as wide a coverage as possible in time from 2005 to 2017
- Difference in phase of the cluster (recently activated, ongoing, closed)
- Any other suggestions from consultants

## Possible Sub-EQs for each of the four KEQs

### Possible Sub-EQs<sup>17</sup> for each of the four KEQs

EHA evaluation criteria <sup>18</sup>	KEQ 1 (global)	KEQ 2 (country coordination)	KEQ 3 (country influence)	KEQ 4 (future of GCER)
Appropriateness	Does the GCER meet the needs of its key stakeholders (IASC members, SAG, donors)?		Did the ER cluster focus on the right objectives?	What would a new ToC for the GCER look like considering evidence from this evaluation, the humanitarian and development nexus and current crisis humanitarian contexts?
Efficiency	How effectively has UNDP harnessed the resources at its disposal to fulfill its Cluster Lead Agency responsibilities?	What measures were taken to assure the quality of results and management practices, both in relation to the key processes and deliverables, and in relation to partnership strategies?		
Effectiveness	Has the GCER achieved its overall objectives?	Did the ER cluster accomplish its intended cluster objectives and planned results? If not, what were the constraining factors?	To what extent did the country-level ER cluster contribute to improve the recovery of affected populations?	What would be the most effective way in the future to integrate ER into humanitarian response?
Connectedness	How effectively has GCER advocated for consideration of development issues in the humanitarian system?		Was ER integrated into the overall humanitarian response?	How can the GCER refine its comparative advantage in the post-WHS context?
Coherence		To what extent did humanitarian and development donors value the ER cluster strategy and UNDP's leadership of the ER cluster?		How should a future GCER position itself in relation to the universe of new coordinating mechanisms stemming from the WHS and NWoW?
Coordination	How well did UNDP achieve the six core functions of cluster coordination at global level?	How well did UNDP achieve the six core functions of cluster coordination at country level?		

<sup>17</sup> The proposed provisional evaluation sub-questions will be refined and finalised by the Evaluation Team and UNDP during the scoping and inception phase of the evaluation process

<sup>18</sup> These questions are based on OECD/DAC criteria modified by the EHA guidance of 2016

## Outputs and deliverables:

An Inception Report of no more than 8,000 words (not including annexes). The Inception Report will detail the whole Evaluation Team's understanding of what is being evaluated, its methodology and proposed way forward. The report should also include a matrix showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data, data collection procedures, data collection tool-kit (i.e. interview guide for KIIs, online survey design etc.) and a detailed workplan.

A Reflection Workshop should be conducted before recommendations are drafted and the final report are completed in order to facilitate structured and systematic engagement with key stakeholders, and in order to directly enlist their perspectives and inputs on the key findings. This workshop will be attended by the consultant responsible for KEQ 1. This workshop will also serve the purpose of validating issues/experiences that might/might not have been gathered during data collection. By doing so, the evaluation team will be better positioned to identify, prioritise and suggest key recommendations that can add value forward for UNDP.

Draft Report that outlines findings, conclusions and specific recommendations.

Final Report of no more than 30,000 words (plus annexes) with a clear Executive Summary of no more than 2,000 words. The final report should also include a new/revised Theory of Change (ToC) based upon the findings of the evaluation.

Evaluation brief (including Power-point presentations) that will be used by the Evaluation Team to present the recommendations and findings at the end of the evaluation.

## Annexes to the ToR

### Introduction to ER

ER is a key component of humanitarian crisis response. It addresses recovery needs during the humanitarian phase, using humanitarian mechanisms in accordance with development principles. It is an integrated, inclusive, and coordinated approach to gradually turn the dividends of humanitarian action into sustainable crisis recovery, resilience building and development opportunities.

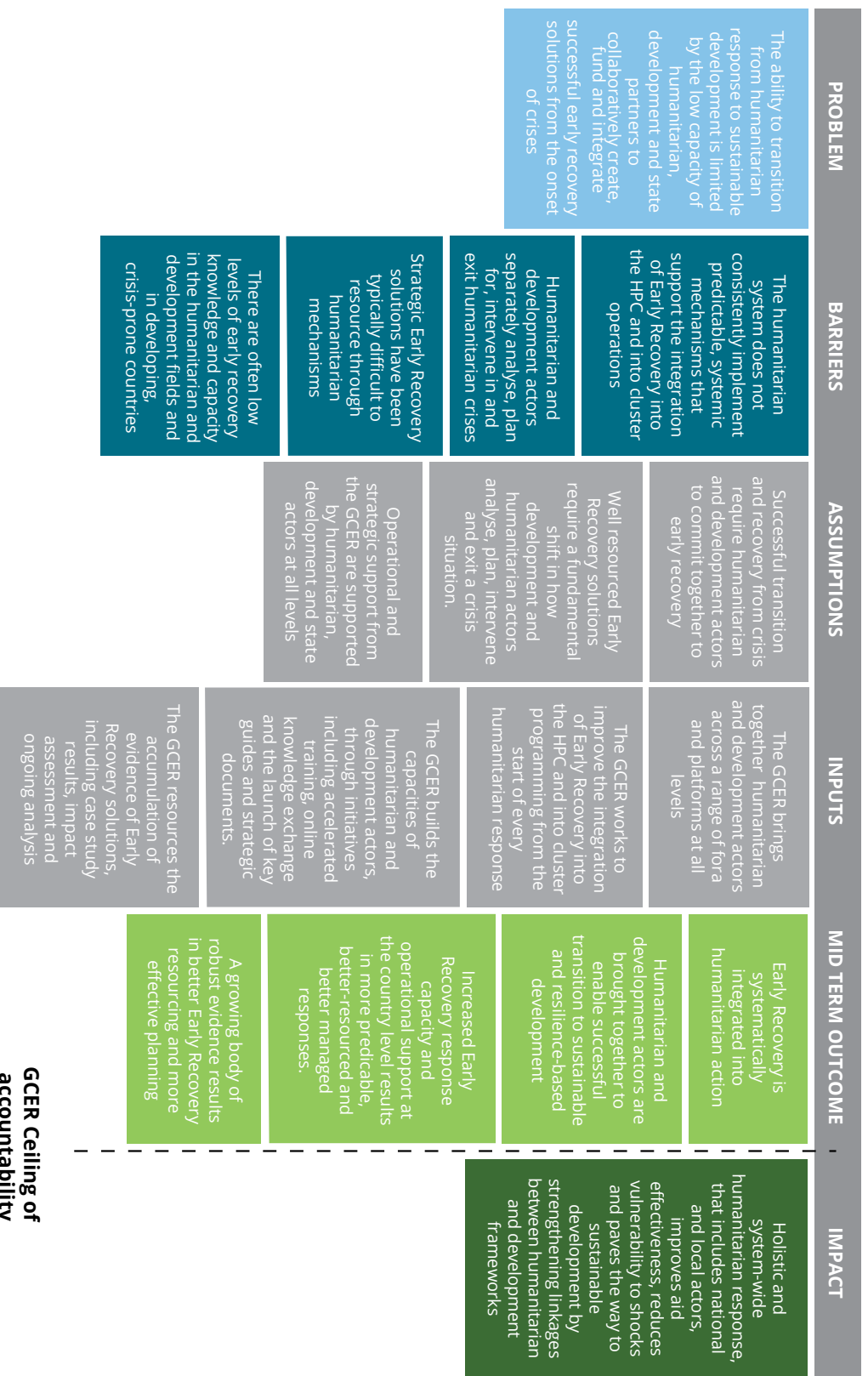
Emergency relief addresses peoples' survival and basic well-being. Humanitarian action must do more than meet the urgent need of saving lives. It must also take into account time-critical actions that can pre-empt a crisis and mitigate its impact, ultimately saving even more lives. It should restore the hope and capacities that affected communities need to rebuild their lives, livelihoods and environment in a sustainable way. Integrating the ER approach in humanitarian settings, and implementing ER projects helps achieve these goals, and is also a cost-effective and sensible way of doing humanitarian business.

The GCER led by UNDP advocates for humanitarian actors to integrate approaches into their humanitarian work, where possible, that will mitigate the impact of a future crisis on a community. The criteria for integrating ER into humanitarian appeals<sup>19</sup> are:

- Life sustaining: Does the project help sustain the lives saved?
- Time Critical: Should the project be implemented alongside relief interventions?
- Bridge between relief and long term recovery: Does the project serve as a link between relief and long term recovery by building upon relief assistance and laying the essential foundations for long term recovery/reconstruction?
- Facilitate the delivery of relief assistance: Does the project help facilitate the delivery of relief assistance?
- Strengthen national and local capacity to take charge of the recovery process: Does the project aim to resuscitate and strengthen national and local capacity to coordinate and lead the implementation of ER programmes and plan for full recovery?
- Reduce dependence on relief assistance: Does the project help support the resilience and spontaneous recovery efforts of communities, and help restore livelihoods, community infrastructure and basic social services?

<sup>19</sup> GCER training course for ER Advisors and Cluster Coordinators (based on: 'Including ER Requirements in Flash Appeals: A Phased Approach', CWGER and IASC CAP Sub-Working Group, January 2009)

## Early Recovery Coordination: Theory of change



**GCER Ceiling of accountability**



## ER Programming

The types of ER programmes identified in humanitarian response plans can be regrouped into four categories:

LIVELIHOODS	BASIC INFRASTRUCTURE	GOVERNANCE	CAPACITY BUILDING
Agricultural and non-agricultural Economic recovery Government employment Cash and vouchers for seeds, fertilizer, hand tools, community infrastructure rehabilitation Rehabilitation of productive assets (e.g. fishing boats, livestock)	Waste management Utility systems (water, electricity) Roads, bridges, schools, clinics Local government buildings Community buildings: prisons, markets Mine awareness and clearance	Rule of law Peace and reconciliation Community stability Social cohesion Local governance Civil society	Investing in people: Farmers, health professionals, midwives, health workers Police Government services Small and medium enterprises Civil society

Displacement has significant implications for emergencies and its development dimensions should not be overlooked. It is clear that displacement is no longer only a relief issue. ER has a significant role to play at all stages of displacement. Inclusive and effective democratic governance, conflict prevention and disaster risk reduction are essential to preventing the crises that cause displacement. Where crises nonetheless erupt, ER programming is key to reducing the vulnerabilities faced by displaced populations and strengthening their resilience. ER programming in all its dimensions -- livelihoods, infrastructure repair and rehabilitation, good governance, and capacity-strengthening -- also is essential to creating the conditions enabling displaced persons to find a safe and sustainable solution to their displacement, whether by returning home or settling elsewhere, and to begin to rebuild their lives.

The ER approach presents important opportunities to promote gender equality. Failure to include gender perspectives in early decision-making processes can have long-lasting impacts on women, men, boys, and girls particularly in the context of governance structures, policies and practices, which can reinforce existing socio-economic disparities between men and women.

## Institutional Framework

The global Cluster Leads, led by Global Cluster Coordinators, are expected to strengthen the system-wide preparedness and technical capacity in humanitarian emergencies and to ensure predictable leadership and accountability. At the country level, clusters are activated by the IASC on the recommendation of the

Humanitarian Coordinator (HC) following consultation with the Humanitarian Country Team (HCT). Once established in the field the clusters are led by Cluster Coordinators under the leadership of the HC and HCT. The aim for the cluster leads is to ensure a coherent and effective response<sup>20</sup>. Ideally, where possible the CLA at the global level should lead the response at the country level too. The CLAs are also responsible for acting as a Provider of Last Resort (PoLR) defined as “where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfill critical gaps identified by the cluster and reflected in the HC-led HCT Strategic Response Plan (SRP).”<sup>21</sup>

In 2013, the IASC Principals have endorsed the following recommendations for strengthening ER:<sup>22</sup>

1. Request Clusters (except logistics and ITC clusters) to integrate ER into all the different phases of the Humanitarian Programme Cycle (HPC) as the foundation for building resilience in a crisis or post-crisis context. Deliverable: A report to the Principals on progress in integrating ER into their work.
2. Confirm the Global Cluster on ER (formerly known as the Cluster Working Group on ER), led by UNDP, as the Cluster coordination mechanism for developing ER policies and supporting their implementation in close consultation with other IASC bodies. Agree that the roles and responsibilities of the Cluster are to develop guidance on ER; support clusters on integrating ER into the strategic humanitarian response and into the operational programming of all clusters; advocate on resource mobilization for all clusters and Humanitarian Country Teams (HCT) ER strategic objectives; strengthen the capacity of HCT in ER and strengthen the linkages between humanitarian operations and development frameworks including durable solutions strategies for IDPs and returning refugees.
3. Request UNDP as chair of the Cluster to develop an ER inter-cluster country support roster, steered by the Strategic Advisory Group (SAG). The purpose of this roster is to deploy ER advisor(s) who report(s) to the Humanitarian Coordinator (HC).
4. Recommend that IASC organisations use existing coordination structures such as inter-cluster coordination groups to coordinate and integrate the overall ER approach at the country level.
5. Request HCTs to identify thematic areas that are not included within the existing coordination mechanisms of a crisis-affected country. An additional coordination body may be created locally to meet specific ER needs, which would not be covered otherwise. In consultation with the Global Cluster Lead for ER, the HCT will determine the name of this body according to the issue being addressed and recommend the agency with the appropriate capacity and coverage to lead it at the national and sub-national level. This agency would be confirmed by the ER Coordinator during the cluster activation process and be accountable to support that work in the country, as a cluster lead agency would be. Where possible, local capacities and structures will be encouraged to lead ER coordination efforts.

<sup>20</sup> IASC Generic Terms of Reference for Cluster Leads at the Country Level

<sup>21</sup> IASC (PR/1212/4223/7) Reference Module for Cluster Coordination at the Country Level (November 2012): The 2008 definition of Provider of Last Resort (POLR) was revised by the IASC Principles in December 2011 to read: “Where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfill critical gaps identified by the cluster and reflected in the HC-led HCT Strategic Response Plan (SRP)”

<sup>22</sup> IASC Principals’ Recommendations on Strengthening ER, 1 November 2013

The GCER has been designated by the UN Secretary-General to support, with the Global Protection Cluster, more coherent, predictable and effective approaches to ensuring safe and sustainable solutions for IDPs and returning refugees. To this end, in countries emerging from crises, a durable solutions strategy for IDPs and returning refugees is to be developed and implemented under the leadership of the UN Resident/Humanitarian Coordinator (RC/HC), in partnership with national stakeholders. The GCER, particular through a Technical Working Group (TWG) on Durable Solutions, supports such field-level processes, including through the development of guidance and by deploying ER Advisers (ERAs) to support RC/HCs to lead the Humanitarian Country Team in developing durable solutions strategy.

UNDP supports ER in three main ways:

1. *At the global level*, UNDP leads the Global Cluster on ER (GCER) which focuses on four main lines of action: (i) Providing direct strategic and coordination support to Humanitarian Coordinators (HCs), Resident Coordinators (RCs), Deputy Special Representatives of the Secretary-General, Humanitarian Country Teams (HCTs) and Cluster Lead Agencies at the country level; (ii) Defining and coordinating ER work that is not covered by other clusters (e.g. governance, non-agricultural livelihoods); (iii) Providing initiative and guidance on the integration of ER in the work of other clusters, and inter-cluster coordination of ER; and (iv) Influencing the global policy agenda on humanitarian financing, civilian capacities, and strategic planning to strengthen the potential for, and impact of ER within international crisis response and recovery efforts.
2. *At the country level*, UNDP helps HC/RCs and the HCT to **integrate ER approaches into the entire humanitarian response** through the deployment of ER Advisers (ERAs). ERAs work across the humanitarian community, and help develop common strategies to strengthen the links between relief, recovery and development – including in needs assessments, appeals and the work of all clusters. UNDP's Crisis Response Unit maintains a roster for quick ERA deployment on behalf of the GCER. UNDP has taken on the lead role for **clusters for ER** activated to address the issues not covered by any of the other clusters that have been activated in-country. These issues are often related to emergency livelihoods/ employment/economic recovery; community infrastructure/debris management; support to local authorities. UNDP deploys Cluster Coordinators and Information Management Officers in support of Country Offices in their role as Cluster Lead Agency.
3. As part of the *response to a crisis*, UNDP also works with the affected country and its humanitarian and development partners (e.g. local authorities, civil society organisations and the private sector) to **design and implement programmes** needed to help people move from humanitarian assistance to development.

## Key Documents

### ER COORDINATION CORE DOCUMENTS

- <http://earlyrecovery.global/>
- ER in one minute video
- Implementing ER
- Strategic Plan for ER 2015-2017
- Guidance Note on Inter-Cluster ER
- 2015 Global ER Overview
- IASC Reference Module for Cluster Coordination at Country Level (revised July 2015)
- Guidance on ER Coordination (2016)
- IASC Humanitarian Programme Cycle (version 2.0, July 2015)
- Generic ToR ER Advisor (Revised May 2016)
- Gender Entry points in the TOR of ERAs
- Competency Framework ERA
- Generic ToR CCfER (Revised Aug 2016)
- Gender Entry points in the TOR of CCfER
- Competency Framework CCfER

### HUMANITARIAN-DEVELOPMENT NEXUS

- After the World Humanitarian Summit Better Humanitarian-Development Cooperation for Sustainable Results on the Ground (2016)
- WHS Commitment to action - Transcending humanitarian-development divides (2016)
- UN SG Report for WHS (2016)

### PROTRACTED DISPLACEMENT

- Preliminary Operational Guide for Joint Durable Solutions Strategies (2016)
- Addressing Protracted Displacement (2015)
- SG Decision on Durable Solutions (2011)
- IASC Framework on Durable Solutions for IDPs (2010)
- Handbook for the Protection of IDPs (2010)
- OCHA Guiding Principles on Internal Displacement (2004)
- UNDG Guidance Note on Durable Solutions for Displaced Persons (2004)

## Appendix 2

# EVALUATION CONSTRAINTS

### **Limitations to the quantitative data**

The team anticipated that little quantitative data would exist, beyond that captured in the closed questions of the online survey and in funding trend analysis from FTS. In particular, quantitative performance data was scarce, PMRs were not universally available, were not sufficiently granular to measure ER performance and rarely captured outcome-level results. CCPMs captured only a limited set of data, most of which concerned process.

Several reasons explain this absence of quantitative data. First, the boundaries of ER are inherently difficult to define (indeed, the flexibility of this concept is important to allow it to adapt to different situations), so different stakeholders define it differently even within the same country situation. Second, performance measurement requires targets against which to measure progress, but target-setting is inherently approximate in the humanitarian domain as neither the full scope of needs nor the availability of financial resources is generally known at the outset of an emergency. Finally, in the domain of early recovery, the clusterised funding and programming was so limited relative to the needs and requests that the participating organisations rarely had an incentive to invest in full-scale systems for measuring results.

### **Gender equality**

At the global level, the evaluation assessed GCER's role in integrating GEEWG into ER policies, tools and guidance. At the country level, the evaluation team was attentive to gender equality issues that arose during the course of data collection. However, the team did not find a significant amount of gender disaggregated data at the outcome/result level (there was more at the output/activity level). As the levels of effort available did not permit a separate stream of gender-focused research at global or country levels, this evaluation did not provide significant insights regarding gender equality results in ER.

### **Representativeness of the country case studies**

The country case studies met the desired sampling parameters of regional distribution, variation in type of emergency (natural disaster or conflict) and time period. However, two of the case studies (Sudan and Lebanon, which turned out to be among the more interesting) were not classic clusters governed by the IASC and the HPC.

### **Bias in the online survey data**

The evaluation team used the sum of all the lists of key stakeholders used by GCER as the basis for the pushed online survey. While this did include one or two representatives from each of the key humanitarian agencies and donors (primary stakeholders), it also contained all of the people trained by GCER over the past three years and all of the ERAs and CCfERs deployed over the past decade. This gave the survey significant depth in capturing the experience and perceptions of experts who had been close to the cluster (trainees and deployees), but also lent the survey a distinct "insider bias," including a disproportionate number of UNDP staff (especially among the trainees). The evaluation team believes that this explains, to a large extent, the variance between the more positive view from the online survey and the more negative perceptions of the key informants. A similar variance between online survey results and key informant interviews was also observed in the GPC 2017 evaluation.



## Appendix 3

# LIST OF INDIVIDUALS INTERVIEWED

<b>New York, Geneva and Global stakeholders</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
Fabrizio	Andreuzzi	UNDP
Diego	Antoni	UNDP
Arefu	Araki	Japan (JICA)
Roger	Bellers	EU (ECHO)
Andy	Billo	USA (USAID)
Einar	Bjorgo	UNITAR
Ugo	Blanco	UNDP
Glaucia	Boyer	UNDP
Martin	Buettner	OCHA
Dominique	Burgeon	FAO
Lin	Cao	UNDP
Martina	Caterina	Special Rapporteur on Human Rights of IDPs
Pedro	Conceicao	UNDP
Awa	Dabo	UNDP
Rekha	Das	UNDP
Anne	Davies	UNDP
Aissata	De	UNDP
Saumik	De	UNDP
Jahal	de Meritens	UNDP
Isabelle	de Muyser-Boucher	OCHA
Annalisa	de Vitis	UNDP
Maurice	de Wulf	UNDP
Petra	Demarin	Canada (GAC)
Christopher	Demerse	Canada (GAC)
Shane	Doherty	OCHA
Yasumitsu	Doken	UNDP
Rossana	Dudziak	UNDP
Khadra	Elmi	JIPS
Simon	Ernst	Australia (DFAT)
Manuel	Fontaine	UNICEF

Alan	Fox	UNDP
Johannes	Fromholt	UNDP
Francesco	Galtieri	Independent consultant
Amy	Gill	UNDP
John	Ging	OCHA
Johan	Grundberg	IOM
Antoine	Haarman	UNDP
Matilde	Habouzit	UNDP
Christina	Hackmann	UNDP
Jan	Harfst	UNDP
Xavier	Hernandez Ferre	UNDP
Loretta	Hieber Girardet	OCHA
Louis	Hoffman	IOM
Belinda	Holdsworth	OCHA
Dusan	Jovanovic	CANADEM
Stephanie	Julmy	OCHA
Erik	Kastlander	UNICEF
Jackie	Keegan	UNHCR
Stuart	Kefford	OCHA
Douglas	Keh	UNDP
Taija	Kontinen-Sharp	UN Secretariat
Nance	Kyloh	USA (USAID)
Brian	Lander	WFP
Romano	Lasker	OCHA
Bruno	Lemarquis	UNDP
Linda	Maguire	UNDP
Ernesto	Maio	UNDP
Laura	Meissner	USA (USAID)
Jette	Michelsen	Denmark (MFA)
David	Murphy	OCHA
Corinna	Nater	UNDP
Ewa	Nilsson	Sweden (SIDA)
Roberto	Paganini	UNDP
Tanya	Pedersen	UNDP
Sarah	Poole	UNDP
Gareth	Price-Jones	Care International
Anke	Reiffenstuel	Germany (BMZ)
Rebecca	Reynolds	UNDP

Samual	Rizk	UNDP
Simon	Russell	UNHCR
Jordan	Ryan	UNDP
Stephen	Salewicz	Canada (GAC)
Matthew	Sayer	EU (ECHO)
Snezana	Sazdic	OCHA
Jo	Scheuer	UNDP
Tanja	Schuemmer	IASC
Corrado	Scognamillo	UNDP
Sara	Sekkenes	UNDP
Owen	Shumba	UNDP
Bonaventure	Sokpoh	Groupe URD
Agnese	Spiazzi	OCHA
Marcel	Stoessel	Switzerland (SDC)
Hansjoerg	Strohmeyer	OCHA
Fergus	Thomas	UK
Katy	Thompson	UNDP
Thomas	Thomsen	Denmark (MFA)
Krishna	Vatsa	UNDP
Moises	Venancio	UNDP
Bettina	Woll	UNDP
Jennifer	Worrell	OHCHR

<b>Evaluation Advisory Group (external)</b>			
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>	<b>Affiliation</b>
Roger	Bellers	EU (ECHO)	Donor
Beate	Bull	Norway (NORAD)	Donor
Dominique	Burgeon	FAO	Global Cluster
Manual	Fontaine	UNICEF	UN agency
Priya	Gajraj	RC/HC Sénégal	RC/HC
Louis	Hoffmann	IOM	SAG
Brian	Lander	WFP	UN agency
Jette	Michelsen	Denmark (MFA)	Donor
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Manal	Fouani	UNDP (RBEC)
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<b>Geneva workshops</b>		
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Natalia	Baal	Joint IDP Profiling Service (JIPS)
Paloma	Blanch	UNDP (Deployee)
Eva Garcia	Bouzas	UNHCR (Global Protection Cluster)
Nicolas	Brass	UNHCR
Rekha	Das	UNDP (GCER)
Tom	Delrue	UNDP (Deployee)
Maurice	Dewulf	UNDP (Deployee)
Linda	Doull	WHO (Global Health Cluster)
Rob	Duijs	UNDP (Deployee)
Johannes	Fromholt	UNDP (CRU)
Matteo	Frontini	UNDP (Deployee)
Rhonda	Gossen	UNDP (Deployee)
André	Griekspoor	WHO (Global Health Cluster)
Matilde	Habouzit	UNDP (GCER)
Margunn	Indreboe	UNDP (Deployee)
Erik	Kastlander	UNICEF (WASH/Child Protection/Education Clusters)
Jackie	Keegan	UNHCR
Stuart	Kefford	UNDP (Deployee)
Ginette	Kidd	IOM
Brian	Lander	WFP
Bruno	Lemarquis	UNDP (CRU)
Eva	Lesrauwaet	UNDP (Deployee)
Ernesto	Maio	UNDP (GCER)
Jahal	de Méritens	UNDP (GCER)
Bruno	Minjauw	FAO (Food Security Cluster)
David	Murphy	Inter-Cluster Coordination Group
Corinna	Nater	UNDP (GCER)
Roberto	Paganini	UNDP (GCER)
Gareth	Price-Jones	Care International
Luca	Pupulin	REACH
Tanja	Schuemer	IASC Secretariat
Sara	Sekkenes	UNDP (IASC Task Team on Strengthening the HDN)
Antoine	Sfeir	UNHCR
Agnese	Spiazzi	OCHA
Cecilia	Utas	UNDP (Deployee)
Annalisa	Vitis	UNDP (GCER)



<b>New York workshops</b>		
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Anou	Borrey	UNDP (BPPS)
Aurelie	Boukobza	UNDP (CRU)
Lin	Cao	UNDP (RBAP)
Charles	Chauvel	UNDP (BPPS)
David	Coffey	UNWOMEN
Henia	Dakkak	UNFPA
Rekha	Das	UNDP (CRU)
Randi	Davis	UNDP (BPPS)
Jahal	De Meritens	UNDP (CRU)
Yasumitsu	Doken	UNDP (BPPS)
Xavier Hernandez	Ferre	UNDP (CRU)
Bradley	Foerster	DOCO
Manal	Fouani	UNDP (RBEC)
Paolo	Galli	UNDP (RBEC)
Amy	Gill	UNDP (BPPS)
Nathalie	Guillaume	EOSG
Antoine	Haarman	UNDP (CRU)
Mohammed	Hilmi	InterAction
Pia	Hussein	OCHA
Hisashi	Izumi	UNDP (RBA)
Douglas	Keh	UNDP (BPPS)
Taija	Kontinen-Sharp	EOSG
Bruno	Lemarquis	UNDP (CRU)
Michael	Lund	UNDP (BPPS)
Rita	Missal	UNDP (BPPS)
Caroline	Nichols	InterAction
Jose Cruz	Osorio	UNDP (BPPS)
Alejandro	Pacheco	UNDP (RBLAC)
Laurel	Patterson	UNDP (BPPS)
Thierry	Prouteau	UNDP (CRU)
Anna Eva	Radicetti	IOM
Dr. Naqib	Safi	UNICEF
Jo	Scheuer	UNDP (BPPS)

Owen	Shumba	UNDP (BPPS)
Elena	Tischenko	UNDP (RBAP)
Krishna	Vatsa	UNDP (BPPS)
Moises	Venancio	UNDP (RBAS)
Bettina	Woll	UNDP (CRU)

<b>Sudan</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
John	Anodam	UNDP
Sophie	Battas	EU
Bavo	Christiaens	OCHA
Tom	Delrue	RCO
Vincent	Edwards	World Vision
Omer	Elhag	UNDP
Ahmed	Ganjari	Government
Abdelqader	Gharaiba	IOM
Anna Saleem	Högberg	Sweden
Paul	Howe	ADRA
Musa	Ibrahim	UNDP
Muhammad	Imram	Mercy Corps
René	Kersten	Netherlands
Srinivas	Kumar	UNDP
Manoj	Kumar	Care International
Ushant	Lalla	UNDP
Eva	Lescauwaet	UNDP
Dr. Arun K	Mallik	WHO
Munier	Mohammed	Plan International
Driss	Moumane	CRS
Ulrich Tobias	Müller	Switzerland
Kate	Orrick	UK
David	Prata	Coopi
Selva	Ramachandran	UNDP
Marta	Ruedas	RCO
Emily	Russell	DRC
Osama	Tageldin	UNDP
Jennifer	Williams	Goal

<b>Pakistan</b>		
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Ignazio	Artaza	UNDP
Neil	Buhne	UNDP
Federica	Dispenza	UNDP
Mina	Dowlatchahi	FAO
Katrien	Ghoos	WFP
Inna	Gladkova	UNHCR
Zafar	Iqbal	UNDP
Arshad	Jadoon	WFP
Ajmal	Jahangeer	FAO
Hidayat Ullah	Khan	UNDP
Muhammed Banaras	Khan	FAO
Ahmeed Moeen	Malik	UK
Aadil	Mansoor	UNDP
Ruvendrini	Menikdiwela	UNHCR
Cris	Munduate	UNICEF
Charles	Njugi	UNICEF
Hadia	Nusrat	UN Women
Ariana	Pelham	UK
Laura	Sheridan	UNDP
Noor ul	Smin	Government
Shukria	Syed	UNDP
Naoko	Takasu	UNDP
Tareq	Talahma	OCHA
Siraj	Ul haq	Government
Hussain	Ullah	OCHA
Jawad	Ullah	UNDP
Heli	Uusikyla	OCHA
Mian Adil	Zahoor	Government

<b>Nepal</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
Damodar	Adhikari	WHO
Prem	Awasthi	RCO
Dan	Ayliffe	RCO
Pragya	Bashyal	UNDP
Kedar Babu	Dhungana	UNDP
Chinatsu	Endo	UNDP
Manisha	Gautam	UNDP
Seeta	Giri	UNDP
Valerie	Guilland	RCO
Stine	Heiselberg	RCO
Shyam Sundar	Jnavaly	ADRA-Nepal
Mohita	Joshi	UNDP
Sophie	Kemkhadze	UNDP
Renaud	Meyer	UNDP
Anirudra	Nepal	Government
Geeta Devi	Prtadhan	VSO
Krishna Bahadur	Raut	Government
Sanjeev Khuma	Shakya	Save the Children
Yam Nath	Sharma	UNDP
Hikmat Kumar	Shresta	Government
Rafeeqe A	Siddiqui	UNDP
Vilaya P	Singh	UNDP
Yubaraj	Subedi	Government
Amardip	Sunuwar	Government

<b>Lebanon</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
Fadi	Abilmona	UNDP
Mario	Abou Zeid	Government
Naoko	Akiyama	UNICEF
Tanya	Chapuisat	UNICEF
Alain	Chatry	UNDP
Mireille	Girard	UNHCR
Silvana	Grispino	Oxfam
Garo	Haroutunian	UNDP
Margunn	Indreboe Alshaikh	UNDP
Camilla	Jelbart Mosse	Lebanon Humanitarian INGO Forum
Marina	Lo Giudice	UNDP
Celine	Moyroud	UNDP
Abdallah	Muhieddine	UNDP
Hussein	Nasrallah	UNDP
Luca	Renda	UNDP
Bastien	Revel	UNDP
Jean Charles	Rouge	UNDP
Elena	Rovaris	WFP
Thomas	Russell	UK
Maurice	Saade	FAO
Hanna	Schmitt	RCO
Caroll Ann	Sparks	UNHCR
Tom	Thorogood	UNDP
Anne-France	White	OCHA



<b>Haiti</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
Gerty	Adam	Government
Ernesto	Bafile	OIM
Julie	Bara	UNICEF
Barbara	Calixte	UNDP
Jean-Baptiste	Chenet	ITECA (NNGO)
Abner	Dorvil	UNICEF
Rachelle	Elien	UNDP
Jean Max	Gabriel	Government
Junia	Gedeon Dulaurier	Government
Yvonne	Helle	UNDP
Elodie	Herard	UNDP
Nathanael	Hishamunda	FAO
Kashka	Huyton	UNDP
Bernice	Kavanagh	Government
Kate	Learmonth	UNFPA
Eva	Lescrauwaet	UNDP
Jetro	Mathieu	ASA (NNGO)
Lynn	McMillan	Canada
Ernest-Moise	Mushekuru	FAO
Jumaine	Nuru	WFP
Sophie	Ortheula	CARE HAITI
Jessica	Pearl	MERCY CORPS
Achille	Pierre-Fils	CRS
Pady	Price	Government
Franssonette	Prussien	Government
Marie Frédérique	Roche	Canada
Fabien	Sambussy	OIM
Javier	San Roman Ortiz	AECID
Martine	Thérer	UNDP
Amalia	Torres	OIM
Jordi	Torres-Miralles	EU
Ronald	Tran Ba Huy	WFP
Audrey	Vacheron	RCO
Emilie	Vautravers	SOLIDARITE INTERNATIONAL
Kalima	Vedaste	OCHA

Michel	Vegains	UNICEF
Marc	Vincent	UNICEF
Jean	Yves-Robert	Government

<b>Central African Republic</b>		
<b>First name</b>	<b>Last name</b>	<b>Organisation</b>
Salvator	Bijojote	OCHA
Bruno	Bokoto	UNDP
Pascale	Brouillet	France
Pascal	Diro	WFP
Bienvenu	Djangha	UNDP
Alexandre	Gomis	UNDP
Laurent	Guepin	MINUSCA
Antoine	Haarman	UNDP
Joseph	Inganji	OCHA
Robert	Jaade	World Bank
Zakaria	Keita	UNDP
Stéphane	Kouam	UNDP
Aboubacar	Koulibaly	UNDP
Thierry	Leppa	OJED (NNGO)
Charles	Mback	RCO
Robert	Pani	Government
Cecile	Quan	UNDP
Jean-Alexandre	Scaglia	FAO
Arnault	Serra-Horguelin	MINUSCA
Davide	Stefanini	EU
Mario	Tavolaj	IOM
Natasha	Van Rijn	UNDP
Aimé	Wata	UNHCR
Jacques	Wathum	UNHCR
Rose	Yardenou	UNHCR
Blaise	Zaka	OKTK (NNGO)





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## Appendix 4

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## Appendix 5

## ONLINE SURVEY DATA (WITHOUT OPEN-ENDED QUESTIONS)

Q1. WHAT IS/WAS YOUR ORGANISATIONAL AFFILIATION AT THE TIME YOU WERE INVOLVED IN A MAJOR EARLY RECOVERY PROGRAMME		
Answer Choices	Responses	
RESIDENT/HUMANITARIAN COORDINATOR	5,75%	10
UNDP	58,05%	101
OCHA	2,30%	4
OTHER UN AGENCY	10,34%	18
INTERNATIONAL DEVELOPMENT BANK	0,00%	0
DONOR GOVERNMENT/AGENCY	3,45%	6
HOST GOVERNMENT	0,00%	0
INTERNATIONAL NGO/INTERNATIONAL RED CROSS	6,90%	12
NATIONAL NGO/NATIONAL RED CROSS	0,00%	0
ACADEMIC/RESEARCH/CONSULTING FIRM	1,15%	2
DEPLOYEE ON CONTRACT (I.E. AS EARLY RECOVERY ADVISOR) AND NOT AFFILIATED TO ANY ORGANISATION	6,90%	12
FOR-PROFIT PRIVATE SECTOR	0,00%	0
Other (please specify)	5,17%	9
	<b>Answered</b>	<b>174</b>
	<b>Skipped</b>	<b>0</b>

<b>Q2. WHICH EARLY RECOVERY SITUATION DO YOU HAVE MOST EXPERIENCE OF (CHOOSE THE ONE COUNTRY SITUATION THAT WILL BE THE FOCUS FOR YOUR REMAINING QUESTIONS)?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
GLOBAL POLICY/INSTITUTIONAL ROLE	26,44%	46
PREFER NOT TO DECLARE WHICH COUNTRY	4,02%	7
BURUNDI	2,87%	5
CAMEROON	0,57%	1
CENTRAL AFRICAN REPUBLIC	4,60%	8
COLOMBIA	0,57%	1
DEMOCRATIC REPUBLIC OF CONGO	5,17%	9
ECUADOR	0,57%	1
GUINEA	0,00%	0
HAITI	6,32%	11
IRAQ	2,87%	5
JORDAN	0,00%	0
LEBANON	1,72%	3
LIBERIA	1,72%	3
LIBYA	0,57%	1
MYANMAR	2,87%	5
NEPAL	4,60%	8
NIGER	0,57%	1
NIGERIA	2,87%	5
PAKISTAN	4,60%	8
PHILIPPINES	0,57%	1
OCCUPIED PALESTINIAN TERRITORIES	0,57%	1
SOUTH SUDAN	2,30%	4
SUDAN	2,30%	4
SYRIA	2,87%	5
UKRAINE	0,57%	1
YEMEN	3,45%	6
ZIMBABWE	0,57%	1
Other (please specify)	13,22%	23
	<b>Answered</b>	<b>174</b>
	<b>Skipped</b>	<b>0</b>

<b>Q3. HAVE YOU RECEIVED TRAINING TO BE AN EARLY RECOVERY ADVISOR OR EARLY RECOVERY CLUSTER COORDINATOR?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
YES	69,54%	121
NO	30,46%	53
	<b>Answered</b>	<b>174</b>
	<b>Skipped</b>	<b>0</b>

<b>Q4. IN THE HUMANITARIAN/EARLY RECOVERY CONTEXT WITH WHICH YOU ARE MOST FAMILIAR, WHAT WAS YOUR PRIMARY ROLE?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
MEMBER OR OFFICER OF THE IASC (NOT UNDP OR OCHA)	3,14%	5
MEMBER OF THE GLOBAL STRATEGIC ADVISORY GROUP FOR THE GCER	1,26%	2
OCHA GLOBALLY/OFFICER OF THE GLOBAL CLUSTER COORDINATION GROUP/STAIT/PEER-TO-PEER	1,26%	2
GLOBAL CLUSTER COORDINATOR (AT GLOBAL LEVEL)	0,63%	1
DONOR GOVERNMENT/AGENCY AT GLOBAL LEVEL	2,52%	4
UNDP HQS/GENEVA/REGIONAL BUREAU SENIOR MANAGEMENT (P5 AND ABOVE)	5,66%	9
UNDP HQS/GENEVA/REGIONAL BUREAU STAFF (P4 AND BELOW)	6,29%	10
HUMANITARIAN/RESIDENT COORDINATOR	3,14%	5
MEMBER OF THE HCT AT COUNTRY LEVEL (NOT UNDP)	5,03%	8
UNDP COUNTRY DIRECTOR	5,03%	8
UNDP COUNTRY OFFICE STAFF	12,58%	20
EARLY RECOVERY ADVISOR TO THE RCO	10,06%	16
EARLY RECOVERY CLUSTER CO/COORDINATOR AT COUNTRY LEVEL	16,98%	27
MEMBER OF THE EARLY RECOVERY CLUSTER AT COUNTRY LEVEL	8,81%	14
COUNTRY LEVEL COORDINATOR OF ANOTHER CLUSTER	2,52%	4
DONOR GOVERNMENT/AGENCY AT COUNTRY LEVEL	1,89%	3
HOST GOVERNMENT REPRESENTATIVE	0,63%	1
I NEVER HAD ANY ROLE IN THE CLUSTER AND WISH TO END THE SURVEY HERE	5,03%	8
Other (please specify)	7,55%	12
	<b>Answered</b>	<b>159</b>
	<b>Skipped</b>	<b>15</b>



**Q5. THE GCER HAS THREE GLOBAL GOALS: (1) TO MAINSTREAM EARLY RECOVERY INTO HUMANITARIAN ACTION, (2) TO CONVENE HUMANITARIAN AND DEVELOPMENT ACTORS TO ENSURE TRANSITION TO SUSTAINABLE DEVELOPMENT, AND (3) TO INCREASE EARLY RESPONSE CAPACITY AND OPERATIONAL SUPPORT AT COUNTRY LEVEL. TO WHAT EXTENT DOES THE GCER MEET THE NEEDS OF YOUR ORGANISATION?**

Answer Choices	Responses	
GCER fully meets the needs of my organisation	13,27%	15
GCER mostly meets the needs of my organisation	35,40%	40
GCER somewhat meets the needs of my organisation	35,40%	40
GCER slightly meets the needs of my organisation	11,50%	13
GCER never meets the needs of my organisation	2,65%	3
n/a	13,28%	17
	<b>Answered</b>	<b>113</b>
	<b>Skipped</b>	<b>80</b>

**Q7. HOW USEFUL ARE THESE RESOURCES PROVIDED BY GCER?**

Answer Choices	Very	Useful	Somewhat	Rarely	Never	N/A
Staff/employees from GCER/UNDP	23.66%	42.75%	16.79%	3.82%	0.00%	14.50%
Advice/technical assistance	19.85%	47.33%	17.56%	3.05%	0.76%	11.45%
Onsite training/workshops	23.66%	36.64%	12.98%	3.05%	0.76%	22.90%
Online training	13.74%	29.77%	21.37%	3.82%	0.00%	32.06%
Guidance/reference material	26.72%	35.11%	22.14%	4.58%	0.76%	10.69%
	<b>Answered</b>					
	<b>Skipped</b>					

**Q9. THIS QUESTION IS ABOUT EFFICIENCY. TO WHAT EXTENT HAS UNDP USED ITS COMPARATIVE ADVANTAGES (CONVENING AUTHORITY, FUNDS, TECHNICAL EXPERTISE, RELATIONSHIPS) TO FULFIL ITS CLUSTER LEAD AGENCY RESPONSIBILITIES?**

Answer Choices	Responses	
To a great extent	9,73%	11
To a large extent	26,55%	30
To some extent	44,25%	50
To a limited extent	18,58%	21
Not at all	0,88%	1
n/a - do not know	10,64%	0
	<b>Answered</b>	<b>113</b>
	<b>Skipped</b>	<b>80</b>

<b>Q10. HOW EFFECTIVE DO YOU THINK THE GCER HAS BEEN IN ACHIEVING THESE GOALS FROM ITS STRATEGIC PLAN?</b>						
<b>Answer Choices</b>	<b>Very</b>	<b>Effective</b>	<b>Somewhat</b>	<b>Slightly</b>	<b>Not at all</b>	<b>N/A</b>
GOAL 1: Early Recovery is systematically mainstreamed into human	7.14%	23.21%	35.71%	21.43%	8.93%	3.57%
GOAL 2: Humanitarian and development actors are brought together	1.79%	26.79%	30.36%	28.57%	10.71%	1.79%
GOAL 3: Increase Early Recovery response capacity and operation	1.79%	28.57%	33.93%	21.43%	10.71%	3.57%
	<b>Answered</b>					<b>53</b>
	<b>Skipped</b>					<b>134</b>

<b>Q13. THE ROLE OF AN EARLY RECOVERY ADVISOR IS TO ADVISE THE HUMANITARIAN COORDINATOR ON THE INTEGRATION OF EARLY RECOVERY THROUGHOUT THE HUMANITARIAN RESPONSE, AND TO SUPPORT OTHER CLUSTERS WITH THEIR INTEGRATION OF EARLY RECOVERY. HOW EFFECTIVE WAS THE DEPLOYMENT AND POSITIONING OF AN EARLY RECOVERY ADVISORS TO INTEGRATING EARLY RECOVERY INTO HUMANITARIAN RESPONSES?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
Very effective	5,00%	2
Effective	25,00%	10
Moderately effective	32,50%	13
Slightly effective	17,50%	7
Not at all effective	2,50%	1
n/a - do not know	17,50%	7
	<b>Answered</b>	<b>40</b>
	<b>Skipped</b>	<b>134</b>

<b>Q15. DID THE EARLY RECOVERY CLUSTER ACHIEVE ITS PLANNED RESULTS AT COUNTRY LEVEL?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
All results achieved	3,13%	2
Most results achieved	26,56%	17
Some results achieved	46,88%	30
Few results achieved	10,94%	7
No results achieved	0,00%	0
n/a - do not know	12,50%	8
	<b>Answered</b>	<b>64</b>
	<b>Skipped</b>	<b>110</b>

<b>Q18. HOW WELL-MANAGED WERE THESE ELEMENTS OF CLUSTER COORDINATION AT COUNTRY LEVEL?</b>						
<b>Answer Choices</b>	<b>Very well</b>	<b>Well-managed</b>	<b>Moderately</b>	<b>Not</b>	<b>Very poorly</b>	<b>N/A</b>
Participatory planning	6.02%	40.96%	28.92%	13.25%	3.61%	7.23%
Coordination meetings	12.05%	37.35%	31.33%	8.43%	2.41%	8.43%
Completeness of Information Management	2.41%	36.14%	38.55%	13.25%	2.41%	7.23%
Usefulness of Information Management	4.82%	33.73%	40.96%	10.84%	3.61%	6.02%
Quality of reporting	4.82%	43.37%	30.12%	10.84%	1.20%	9.64%
	<b>Answered</b>					<b>58</b>
	<b>Skipped</b>					<b>116</b>

<b>Q19. THE ROLE OF AN EARLY RECOVERY ADVISOR IS TO ADVISE THE HUMANITARIAN COORDINATOR ON THE INTEGRATION OF EARLY RECOVERY THROUGHOUT THE HUMANITARIAN RESPONSE, AND TO SUPPORT OTHER CLUSTERS WITH THEIR INTEGRATION OF EARLY RECOVERY.HOW EFFECTIVE WAS THE DEPLOYMENT AND POSITIONING OF AN EARLY RECOVERY ADVISOR TO INTEGRATING EARLY RECOVERY INTO THE OVERALL HUMANITARIAN RESPONSE?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
Very effective	3,45%	2
Effective	27,59%	16
Moderately effective	31,03%	18
Slightly effective	8,62%	5
Not at all effective	3,45%	2
n/a - do not know	25,86%	15
	<b>Answered</b>	<b>58</b>
	<b>Skipped</b>	<b>116</b>

<b>Q21. HOW WELL DID UNDP ACHIEVE THESE SIX CORE FUNCTIONS OF CLUSTER COORDINATION AT COUNTRY LEVEL?</b>						
<b>Answer Choices</b>	<b>Very well</b>	<b>Well</b>	<b>Moderately</b>	<b>Not well</b>	<b>Very poorly</b>	<b>N/A</b>
Support service delivery (alignment, division of labour)	6.02%	27.71%	37.35%	12.05%	0.00%	16.87%
Inform the HCT's strategic decision-making (needs assessment, gap analysis, priority-setting)	8.43%	31.33%	32.53%	12.05%	0.00%	15.66%
Plan and implement cluster strategies (develop cluster plans and indicators)	9.64%	33.73%	26.51%	10.84%	1.20%	18.07%
Monitor, report on, and evaluate cluster performance	2.41%	31.33%	36.14%	9.64%	1.20%	19.28%
Build national capacity for early recovery planning and implementation	4.82%	22.89%	37.35%	15.66%	2.41%	16.87%
Support robust advocacy (identify concerns, advocate for recovery)	9.64%	36.14%	28.92%	12.05%	1.20%	12.05%
	<b>Answered</b>					<b>58</b>
	<b>Skipped</b>					<b>116</b>

<b>Q23. HOW WELL WAS EARLY RECOVERY INTEGRATED INTO THE WORK OF YOUR ORGANISATION/CLUSTER?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
Very well	15,05%	14
Well	37,63%	35
Moderately	30,11%	28
A little	7,53%	7
Not at all	1,08%	1
n/a - do not know	8,60%	8
	<b>Answered</b>	<b>93</b>
	<b>Skipped</b>	<b>81</b>

<b>Q26. HOW MUCH DOES YOUR ORGANISATION VALUE UNDP'S LEADERSHIP OF THE GLOBAL CLUSTER FOR EARLY RECOVERY?</b>		
<b>Answer Choices</b>	<b>Responses</b>	
Very highly	26,88%	25
Highly	31,18%	29
Moderately	21,51%	20
Little	6,45%	6
Not at all	1,08%	1
n/a - do not know	12,90%	12
	<b>Answered</b>	<b>93</b>
	<b>Skipped</b>	<b>81</b>

Q28. DID THE EARLY RECOVERY CLUSTER FOCUS ON THE RIGHT OBJECTIVES?		
Answer Choices	Responses	
Definitely	16,67%	21
Mostly	50,79%	64
Somewhat	18,25%	23
Little	3,97%	5
Not at all	1,59%	2
n/a - do not know	8,73%	11
	<b>Answered</b>	<b>126</b>
	<b>Skipped</b>	<b>48</b>

Q31. HOW SIGNIFICANT WERE THESE CHALLENGES DURING YOUR DEPLOYMENT/MISSION?						
Answer Choices	Very well	Significant	Moderately	Limited	Not at all	N/A
Resources - not enough money to do much	33.33%	37.04%	18.52%	1.85%	9.26%	0.00%
Coordination - early recovery did not work well, as a cluster or an inter-cluster issue	7.41%	20.37%	29.63%	18.52%	16.67%	7.41%
Coordination - OCHA mechanisms and/or other coordination structures did not work well	7.41%	25.93%	14.81%	24.07%	18.52%	9.26%
Operational - the context itself was very challenging	18.52%	31.48%	24.07%	22.22%	3.70%	0.00%
UNDP Country Office pulled me away from my cluster or advisor duties onto UNDP programming tasks	7.41%	20.37%	14.81%	9.26%	18.52%	29.63%
Humanitarian Coordinator was not supportive of early recovery	5.56%	16.67%	22.22%	9.26%	27.78%	18.52%
	<b>Answered</b>					<b>42</b>
	<b>Skipped</b>					<b>132</b>



Q32. WHEN YOU NEEDED SOLUTIONS OR HELP, WHERE DID YOU FIND THEM?		
Answer Choices	Responses	
People from other clusters or OCHA	45,24%	19
Your own or your ER team's experience	57,14%	24
People from the UNDP country office	52,38%	22
Early Recovery documents or guidelines	69,05%	29
Other documents or guidelines	35,71%	15
Contact from GCER staff in Geneva	59,52%	25
Contact staff from CRU in New York	38,10%	16
Other (please specify)	16,67%	7
	<b>Answered</b>	<b>42</b>
	<b>Skipped</b>	<b>132</b>

Q34. CHOOSE THE ANSWER THAT BEST FITS YOUR SITUATION		
Answer Choices	Responses	
I was trained but have never used that learning or been deployed	16,24%	19
I was trained and have mainly used that learning in a policy/advisory role	18,80%	22
I was trained and used that learning in one or more deployments as Early Recovery Advisor or Cluster Coordinator	31,62%	37
I was trained and used that learning as an Early Recovery manager or officer within a UNDP country office	23,08%	27
I was trained and used that learning while working in the field for another organisation	10,26%	12
	<b>Answered</b>	<b>117</b>
	<b>Skipped</b>	<b>57</b>

Q35. HOW USEFUL WAS THE TRAINING TO YOUR WORK?		
Answer Choices	Responses	
Essential	27,84%	27
Very useful	63,92%	62
Moderately useful	8,25%	8
Limited use	0,00%	0
Not useful at all	0,00%	0
	<b>Answered</b>	<b>97</b>
	<b>Skipped</b>	<b>77</b>

## Appendix 6

# HUMANITARIAN DEVELOPMENT (PEACEBUILDING) NEXUS AND THE NEW WAY OF WORKING

Throughout this evaluation, the team heard stakeholders use the terminology of the Humanitarian Development (and sometimes also) Peace nexus, and of New Way of Working, more or less interchangeably. Particularly for stakeholders working in active crises in the field and for whom English is not their mother tongue, the debate around these concepts can be confusing and can even appear irrelevant. In order to clarify these concepts, which are important to the way forward for the GCER, we have attempted to explain them below. In essence, we see the Humanitarian Development (Peace) Nexus as being a way of characterising what needs to be addressed, and the New Way of Working as being a primary means of how to address the Nexus. HD(P)N is the what, and NWoW is the how.<sup>23</sup>

### **Why: the segmented approaches of humanitarian, development and peace actors are inefficient and ineffective in addressing protracted crises**

As characterised by one of many bodies who have tried to explain this problem: “Crises have evolved, both in sheer number and in complexity; with countries and ever growing number of affected communities facing several simultaneous shocks coming from climate-related hazards, violent conflict, pandemics, unstable economic markets or population growth. We also continue to face protracted crises, affecting a larger number of people over the long term; they increasingly impede the prospects for peace and development, and compromise opportunities for national capacity building. In addition, they fundamentally challenge humanitarian and development assistance, with insufficient emergency resources coupled with programming difficulties to pursue development objectives.” (Concept note: joint workshop on the Humanitarian, Development and Peace Nexus: The UN Working Group on Transitions and the IASC Task Team on Humanitarian and Development Nexus in protracted crises)

### **What: the Humanitarian Development Peace nexus is a concept that recognises the need for better coherence between humanitarian, development and peace efforts in order to ensure that we “Leave No One Behind”**

While the HD(P)N has not been formally defined, there seems to be a consensus among the universal users of the term that it captures the need to reduce the programmatic and linear (temporal) separation between humanitarian and development action, partly because so many conflicts have their origins in development failure, but also partly because solutions to crisis require more coherent and deliberately connected action by humanitarian, development (and in most cases peace) actors. This link has been made, for example, in the December 2016 QCPR resolution para 24. A useful summary comes from the NGO network Interaction:

“In the context of fragile states, disasters, conflict, and other acute vulnerabilities, meaningful and sustainable impact requires complementary action by humanitarian and development actors. There are important, systemic changes that can be made in international assistance efforts to meet and lessen the need for aid while also complementing local development efforts. As reflected by a broad consensus of humanitarian and development professionals and reiterated in the U.S.-endorsed Grand Bargain on humanitarian financing, more flexible funding mechanisms and programmatic approaches are needed. It is also important to

<sup>23</sup> The evaluation team considers this way of distinguishing the concepts is consistent with the one adopted by the European Union (19 May 2017) in the [Council conclusions on operationalizing the humanitarian-development nexus](#): (our emphasis added) “Operationalising the humanitarian-development nexus requires a common vision and cultural changes in organisations resulting in new approaches in policies and legal frameworks to systematically foster complementarity, synergies and cooperation between humanitarian, development and other relevant actors. The overarching aim is to promote, at the earliest opportunity, **coherent ways of working** that are **more effective and efficient** in **analysing the factors of fragility, vulnerability and conflict**, as well as the local/national capacities to address risks and vulnerabilities, and in developing prevention measures, enhancing response, **supporting early recovery** and stabilisation, addressing needs, building self-reliance and reducing risks. In doing so, initial and continued focus should be on **delivering collective outcomes**, also at country level, by working **collaboratively and in complementarity across institutional boundaries on the basis of comparative advantages** of each community of actors while fully respecting humanitarian principles, and seizing synergies to achieve the Sustainable Development Goals.”

recognise that efforts to meet the Sustainable Development Goals have an inherent weakness: progress towards these goals can be lost in an instant due to natural disasters or completely reversed for decades by man-made crises.

Today's reality is that development and humanitarian assistance are often required concurrently, especially in complex and protracted crises. And while they need to be complementary, humanitarian and development efforts should not be confused with one other. When states are explicitly excluding portions of their population, or are responsible for the harm befalling them, principled humanitarian action must be supported. Yet where possible, development actors must also engage early and in a sustained way with humanitarian actors to bridge the humanitarian and development nexus so that crises are more likely to end sooner and are less likely to repeat themselves." (Interaction Issue Brief: 2016). This reinforces the need to address the nexus as a way to ensure that we leave no one behind as we pursue the achievement of Agenda 2030.

## **How: three complementary approaches: the Grand Bargain, the New Way of Working, and Sustaining Peace**

### **Grand Bargain**

The Grand Bargain is the way that donors and humanitarian agencies will improve their efficiency and effectiveness. Building on foundational work by several processes of humanitarian donor reform including work by OECD DAC/INCAF, it took shape as a major outcome from the recommendations of the 2016 SG's High Level Panel on Humanitarian Financing. "The 'Grand Bargain' is an agreement between more than 30<sup>24</sup> of the biggest donors and aid providers that aims to get more means into the hands of people in need. It is essentially a 'Grand Bargain on efficiency' between donors and humanitarian organisations to improve the effectiveness and efficiency of humanitarian action ... The Grand Bargain commits donors and aid organisations to providing 25 per cent of global humanitarian funding to local and national responders by 2020, along with more un-earmarked money, and increased multi-year funding to ensure greater predictability and continuity in humanitarian response" (IASC).

It is a commitment that includes both donors and humanitarian actors, and that focuses on the humanitarian system, with some secondary recognition that increasing humanitarian efficiencies must be contingent on also improving the Humanitarian Development Nexus. It is important because the Grand Bargain is the only major process that donors have explicitly signed up for and therefore carries some weight. The Grand Bargain has in turn generated a separate workstream on the Humanitarian Development Nexus within the Good Humanitarian Donorship initiative, and given encouragement to further work by OECD DAC/INCAF to address fragile contexts more systematically.

### **New Way of Working**

The New Way of Working describes how humanitarian, development (and peace) actors can achieve greater coherence, efficiencies and results, particularly for protracted humanitarian crises. "The New Way of Working can be described, in short, as working over multiple years, based on the comparative advantage of a diverse range of actors, including those outside the UN system, towards collective outcomes. Wherever possible, those efforts should reinforce and strengthen the capacities that already exist at national and local levels. A collective outcome can be described as the result that development and humanitarian actors (and other relevant actors) contribute to achieving at the end of 3-5 years in order to reduce needs, risk, and vulnerability."

NWoW is broader than the Grand Bargain in the way that it encompasses both humanitarian and development action and looks comprehensively at all the components of a response: (i) joint analysis; (ii) joint or joined up planning and programming; (iii) stronger leadership and coordination; and better financing.

NWoW originates in Core Responsibility 4 of the Secretary-General's "Agenda for Humanity" – the framing document for the World Humanitarian Summit. Core Responsibility 4 received the greatest number of commitments from WHS participants including member states, UN organizations, IFIs, NGOs, civil society, private sector and other partners. While the principles of the New Way of Working are broad and inclusive of all these actors, the major UN operational agencies, as well as the World Bank, specifically signed a Commitment to Action at the WHS to take this approach forward.

<sup>24</sup> 30 at the time of the IASC statement, as of June 2017 this number has risen to 52 (GPPI Grand Bargain annual report)

### Sustaining Peace

While development actors were building up to the Sustainable Development Summit of 2015, and while humanitarian actors were building up to the WHS of 2016 (which contained its own precursor process and set of commitments under the banner of the Peace Promise), there was a third track wherein peacebuilding actors considering how peacebuilding fits in with development and humanitarian response. As stated by the UN Deputy Secretary-General “‘Sustaining peace’ is a term that emerged from the 2015 review of the UN peacebuilding architecture. In their resolutions on the review,<sup>25</sup> the Security Council and the General Assembly defined sustaining peace “as a goal and a process to build a common vision of a society [...] which encompasses activities aimed at preventing the outbreak, escalation, continuation and recurrence of conflict.” Coherence, complementarity and collaboration between UN peace and security efforts and its development and humanitarian work are ... essential for preventing conflict and mitigating risks, fostering more sustainable outcomes and ensuring that no one is left behind.” (Speech to the Security Council 29 August 2017: [DSG/SM/1079-SC/12970-PKO/663](#))

This has been explicitly adopted as a priority by the new Secretary-General who has declared that “while the causes of crisis are deeply interlinked, the UN’s response remains fragmented. The interconnected nature of today’s crises requires us to connect our own efforts for peace and security, sustainable development and human rights, not just in words, but in practice. The 2030 Agenda for Sustainable Development and the General Assembly and Security Council resolutions on sustaining peace demonstrate strong intergovernmental support for an integrated approach. The challenge now is to make corresponding changes to our culture, strategy, structures and operations. We must rebalance our approach to peace and security. For decades, this has been dominated by responding to conflict. For the future, we need to do far more to prevent war and sustain peace.” Strengthening the linkages between development and peace will be a key theme of the upcoming High Level Panel on peacebuilding and sustaining peace (April 2018).

<sup>25</sup> GA 70/262 (2016) and SC 2282 (2016)



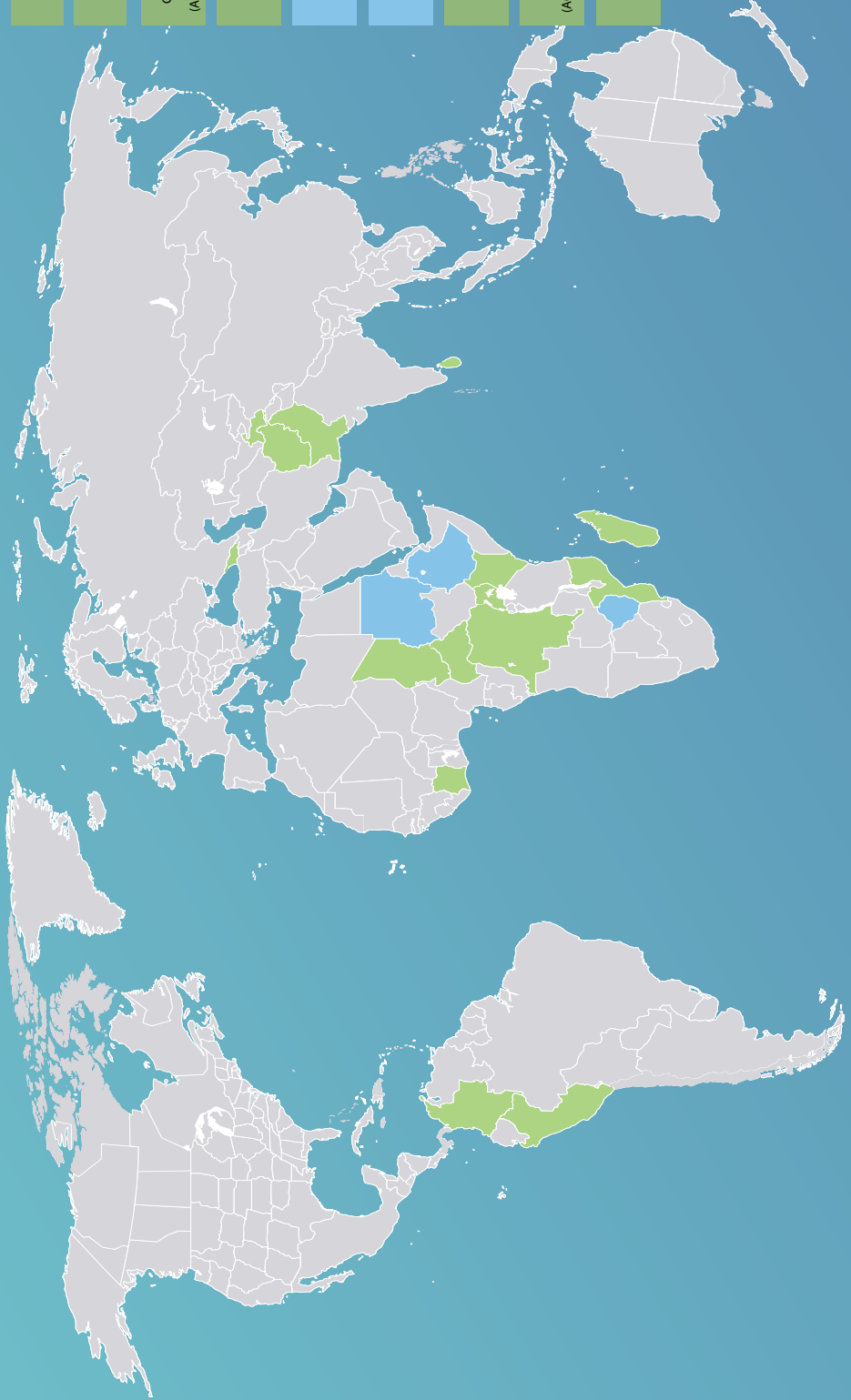


# Appendix 7 EVOLUTION FROM CLUSTERS TO SECTORS

Early Recovery Coordination Mechanisms 2005-2009

CLUSTER  
SECTOR

<b>AFGHANISTAN</b> ER Cluster (ACT, July 2008)	<b>MADAGASCAR</b> ER Cluster (ACT, Apr 2007 - DEACT, unknown)
<b>BURUNDI</b> ER Cluster (ACT, Nov 2007)	<b>MOZAMBIQUE</b> ER Cluster (ACT, Feb 2007 - DEACT, unknown)
<b>CAR</b> Economic Recovery & Infrastructure Cluster (ACT, 2007)	<b>OPt</b> ER Cluster (ACT, Mar 2009)
<b>CHAD</b> ER Cluster (ACT, July 2007)	<b>PAKISTAN</b> ER Cluster (ACT, Jul 2007)
<b>COLUMBIA</b> ER Cluster (ACT, 2006)	<b>PERU</b> ER Cluster (ACT, Jan 2009)
<b>IVORY COAST</b> Governance and Economic Recovery Cluster (ACT, 2005 - DEACT, unknown)	<b>SRI LANKA</b> ER Cluster (ACT, Dec 2008)
<b>DRC</b> ER & Resilience Cluster (ACT, 2005 - DEACT, 2009)	<b>SUDAN</b> Economic Recovery and Livelihood Sector (ACT, Dec 2008)
<b>EL SALVADOR</b> ER Sector (ACT, Nov 2009 - DEACT, unknown)	<b>TAJIKISTAN</b> Emergency and ER (ACT, Feb 2008 - DEACT, unknown)
<b>ETHIOPIA</b> ER Working Group (ACT, May 2007 - DEACT, unknown)	<b>TIMOR LESTE</b> ER Cluster (ACT, Mai 2009)
<b>GEORGIA</b> ER & Livelihoods Cluster (ACT, 2008 - DEACT, 2009)	<b>UGANDA</b> Governance, Infrastructure and Livelihoods Cluster (ACT, 2005)
<b>HAITI</b> ER Cluster (ACT, Sept 2008 - DEACT, 2009)	<b>ZIMBABWE</b> Livelihood & Institutional Capacity Building Network (ACT, Feb 2008)
<b>KENYA</b> ER Cluster (ACT, Jan 2008 - DEACT, unknown)	

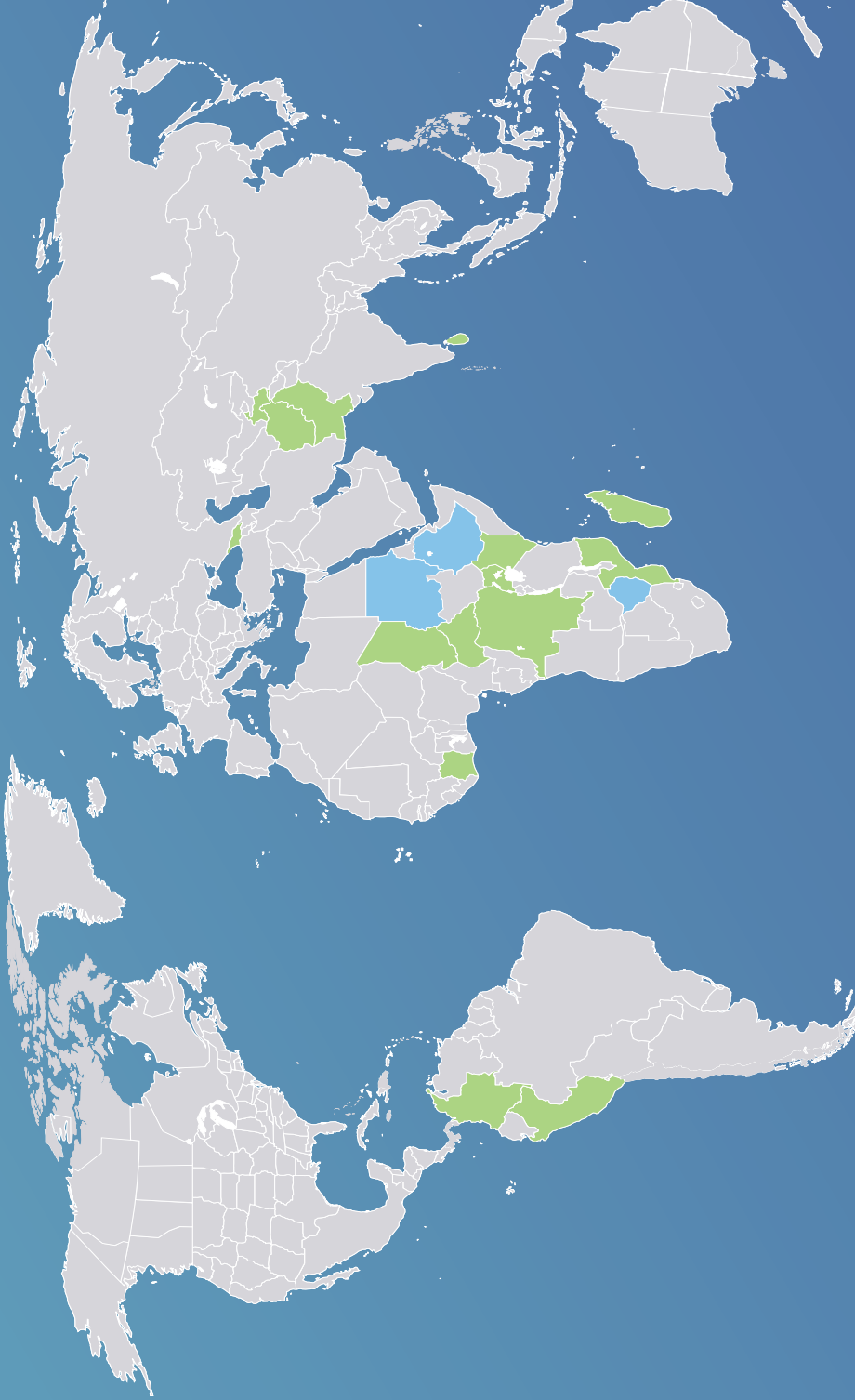




## Early Recovery Coordination Mechanisms 2010-2014

CLUSTER  
SECTOR

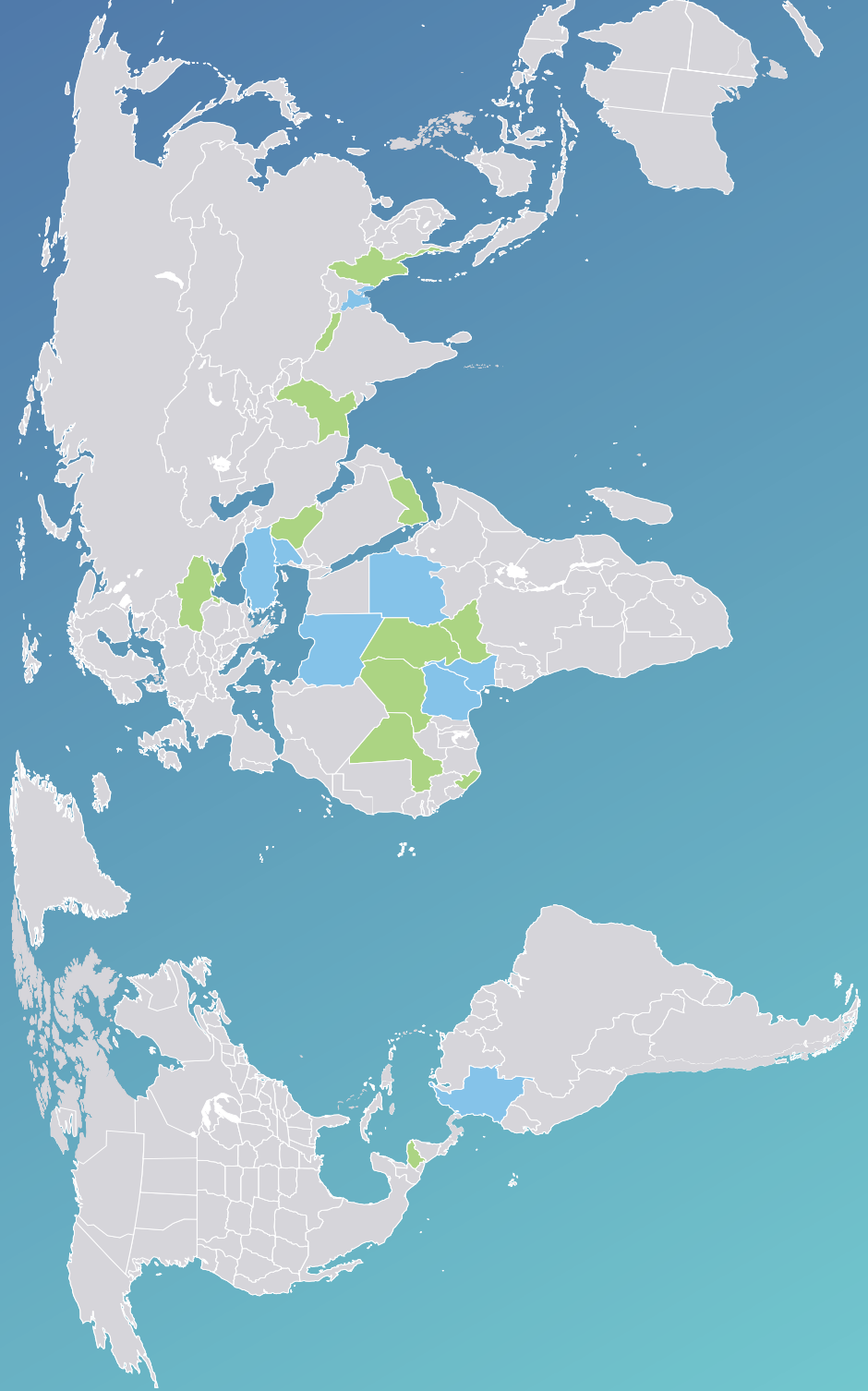
<b>AFGHANISTAN</b> ER Cluster (DEACT, Jan 2013)	<b>NIGER</b> ER Cluster (ACT, Feb 2010)
<b>BENIN</b> Recapitalisation / ER Cluster (ACT, Nov 2010 - DEACT, unknown)	<b>oPt</b> ER Cluster (Merged with Agriculture, Cash for Work and Food Cluster April 2014)
<b>BURUNDI</b> ER Cluster (DEACT, Sep 2012)	<b>PACIFIC REGION</b> ER Network (ACT, Feb 2012)
<b>CAR</b> Livelihood and Community Stabilization Cluster (renamed)	<b>PAKISTAN</b> Community Restoration Cluster
<b>CHAD</b> ER Cluster	<b>PHILIPPINES</b> ER & Livelihoods Cluster (ACT, May 2014 - Establishment of an ER Livelihood and Food Security Forum)
<b>COLUMBIA</b> ER Cluster (Transition to a Sector 2014)	<b>SRI LANKA</b> ER Cluster (ACT, Jul 2013)
<b>DOMINICAN REPUBLIC</b> ER Cluster (ACT, Feb 2010 - DEACT, unknown)	<b>SUDAN</b> Economic Recovery and Livelihood Sector
<b>HAITI</b> ER Cluster (ACT, Jan 2010 - DEACT, 2012)	<b>SYRIA</b> ER & Livelihoods Sector (ACT, 2013)
<b>HONDURAS</b> ER Cluster (ACT, Aug 2014)	<b>TIMOR LESTE</b> ER Cluster (DEACT, 2012)
<b>IRAQ</b> Social Cohesion and Sustainable Livelihoods Cluster (ACT, Nov 2014)	<b>UGANDA</b> Governance, Infrastructure and Livelihoods Cluster (DEACT, 2005)
<b>LEBANON</b> Social Cohesion Sector (ACT, 2014)	<b>UKRAINE</b> Livelihood and ER Cluster (ACT, Dec 2014)
<b>LIBERIA</b> ER Cluster (ACT, Sept 2014)	<b>YEMEN</b> Emergency Employment and Community Rehabilitation Cluster (ACT, Mar 2010)
<b>MAURITANIA</b> ER Sector (ACT, in 2012 - DEACT, unknown)	<b>ZIMBABWE</b> Livelihood & Institutional Capacity Building Network (DEACT, Dec 2012)
<b>MYANMAR</b> ER Cluster (ACT, Nov 2010)	



Early Recovery Coordination Mechanisms 2015-2017



<b>BANGLADESH</b> Host Community Working Group (ACT, 2017)	<b>NIGERIA</b> ER & Livelihood Sector (ACT, Sep 2016)
<b>CAR</b> Livelihood and Community Stabilization Cluster	<b>NIGER</b> ER Cluster (DEACT, 2015)
<b>CAMEROON</b> ER and Resilience Sector (ACT, 2015)	<b>PAKISTAN</b> Community Restoration Cluster
<b>CHAD</b> ER Cluster	<b>SUDAN</b> Recovery, Return and Reintegration Sector (Renamed)
<b>COLUMBIA</b> ER Sector	<b>TURKEY</b> Livelihood Sector (ACT, 2016)
<b>HAITI</b> ER Sector (ACT, Nov 2016)	<b>TURKEY/GAZIANTEP</b> ER and Livelihood Sector (ACT, 2016)
<b>HONDURAS</b> ER Cluster (DEACT, Apr 2015)	<b>SYRIA</b> ER & Livelihood Sector (ACT, 2013)
<b>IRAQ</b> Emergency Livelihood Cluster (Renamed)	<b>UKRAINE</b> Livelihood and ER Cluster (DEACT, Jun 2016)
<b>LIBYA</b> ER Sector (ACT, 2015)	<b>YEMEN</b> Emergency Employment and Community Rehabilitation Cluster
<b>LIBERIA</b> ER Cluster (DEACT, 2015)	
<b>LEBANON</b> Social Cohesion Sector	
<b>MALI</b> ER Cluster (Unofficial ACT, 2015 - DEACT, 2017)	
<b>MYANMAR</b> ER Cluster (DEACT, Nov 2016)	
<b>NEPAL</b> ER & Livelihood Cluster (ACT, Apr 2015 - DEACT, Aug 2015)	







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