

IASC Transformative Agenda

A Review of Reviews and Their Follow-Up

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Disclaimer

The views expressed in this paper are those of the review team and do not necessarily represent those of the funder.

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Acronyms

AAP	Accountability to Affected Populations
BPRM	Bureau of Population, Refugees, and Migration (US)
CAP	Consolidated Appeals Process
CAR	Central African Republic
CERF	Central Emergency Response Fund
DFID	Department for International Development (UK)
DG ECHO	European Commission's Humanitarian Aid and Civil Protection Department
DRC	Danish Refugee Council
DSRSG	Deputy Special Representative of the Secretary-General (UN)
ED	Emergency Director
EDG	IASC Emergency Directors Group
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization of the United Nations
FTS	Financial Tracking Service
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HPC	Humanitarian Program Cycle
HRP	Humanitarian Response Plan
IAHE	Inter-Agency Humanitarian Evaluation
IARRM	Inter-Agency Rapid Response Mechanism
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IFRC	International Federation of Red Cross and Red Crescent Societies
IOM	International Organization for Migration
L3	Level 3
MFA	Ministry of Foreign Affairs
MIRA	Multi-Sector/Cluster Initial Rapid Assessment
MSF	Médecins Sans Frontières
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OFDA	Office of US Foreign Disaster Assistance
OHCHR	Office of the High Commissioner for Human Rights (UN)
OPR	Operational Peer Review
ProCap	Protection Standby Capacity Project

PSEA	Preventing Sexual Abuse and Exploitation
RC	Resident Coordinator
SCHR	Steering Committee for Humanitarian Response
SRP	Strategic Response Plan
STAIT	Senior Transformative Agenda Implementation Team
TA	Transformative Agenda
UN	United Nations
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNFPA	United Nations Population Fund
UN HABITAT	United Nations Human Settlements Programme
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

In 2011, the Inter-Agency Standing Committee (IASC) principals adopted the Transformative Agenda to give new momentum to the 2005 Humanitarian Reform and strengthen leadership, coordination and accountability in humanitarian action. Their ultimate objective was to enhance accountability to affected populations. Building mainly on lessons derived from the responses to the Haiti and Pakistan crises in 2010, initial efforts focused on large-scale, under-capacitated disasters. In such level 3 (L3) emergencies, the Transformative Agenda introduced measures for quickly deploying experienced staff, empowering leadership and making additional, pooled funds available. The Transformative Agenda also elaborated a set of protocols that define, among others, a new humanitarian program cycle that is applicable in all humanitarian emergencies today.

This review was requested at a meeting between IASC emergency directors and major humanitarian donors in December 2014. It aims to identify lessons learned from the implementation of the Transformative Agenda and to provide suggestions for addressing identified obstacles for change. The review builds on the evidence collected in a series of operational peer reviews (OPRs) and other evaluative work, focusing on recent L3 responses. To complement the synthesis of existing evidence, the review team interviewed 85 senior humanitarian staff and donor representatives at headquarters and in the field.

Results indicate that the Transformative Agenda had positive effects in important areas at a time when the humanitarian system's capacities were severely stretched. Notably, the Transformative Agenda strengthened the leadership of humanitarian coordinators, reinforced global coordination (including with donors), tightened mutual accountability between leaders of the humanitarian response and facilitated field-level rollout through, for example, the timely deployment of senior support missions. There was progress in surging staff following an L3 declaration, though with an imbalanced focus on coordination roles and without detailed plans for succession. As a result of considerable investments, slight improvements were also noted in cluster coordination. Investments made in training and mentoring helped the uptake of policy guidance in the field. The support of donors and the earnest engagement of IASC emergency directors and especially their chair were crucial to this progress.

However, the Transformative Agenda led to little or no change in areas such as the humanitarian country team's collective leadership, accountability to affected populations, security and protection. There was also limited progress in decentralization and in effectively linking different coordination fora. Moreover, the Transformative Agenda had the unintended negative effect of increasing process demands on field staff. The lengthy protocol-writing process, inflexible application of the Transformative Agenda's tools to contexts they were not designed for and UN OCHA's crucial, but increasingly contested role limited the reform's uptake. The reform's focus on IASC members and the initial phase of the response also did not encourage engagement with local actors or the development of a longer-term perspective.

Overall, the Transformative Agenda made significant progress in encouraging change in a difficult context. Yet, its restrictions and drawbacks also illustrate the limitations of this type of top-down, bureaucratic approach to change. The review team therefore invites members of the meeting between emergency directors and donors to consider the following suggestions in the run-up to the World Humanitarian Summit:

1. Do not launch a new global reform process, but consolidate the Transformative Agenda, and focus on its contextualization and roll-out.
2. Slim down inter-agency processes and focus on delivery.
3. Address critical gaps in protection, decentralization of the response, longer-term human resources solutions, longer-term planning and links to local actors and security/risk management.
4. Refocus on crisis-affected people with, for instance, an accelerated shift to cash.

Introduction

The Transformative Agenda

ORIGINS AND GOALS OF THE TA

In December 2011, the Inter-Agency Standing Committee (IASC) principals adopted the Transformative Agenda, a global reform process of the humanitarian system that seeks to strengthen leadership, coordination and accountability in humanitarian emergencies. The Transformative Agenda builds on the IASC's previous reform efforts, most notably the humanitarian reform triggered by the 2005 Humanitarian Response Review, which introduced, among other mechanisms, the cluster approach.¹ Drawing mainly on the lessons of the 2010 Haiti earthquake, the 2010 Pakistan floods and the 2011 drought in East Africa and the Horn of Africa, and under pressure from G10 donors,² IASC principals aimed to give new momentum to the humanitarian reform by "simplifying processes and mechanisms, improving inter-agency communication and collaboration, and building confidence in the system as a whole." Their "ultimate objective" was to enhance accountability to affected people³ – a commitment echoed in a separate statement made by IASC principals.⁴ The principals also made a commitment to raising concerns about security management with the United Nations Department of Safety and Security. In addition, IASC principals made an official statement highlighting the priority of protection in December 2013.⁵

To achieve these objectives, IASC principals agreed to (1) set up a mechanism for deploying strong, experienced senior humanitarian leadership; (2) strengthen leadership capacities and rapid deployment of humanitarian leaders; (3) improve strategic planning at the country level; (4) enhance the accountability of the humanitarian coordinator and humanitarian country team; and (5) streamline coordination mechanisms adapted to operational requirements and context. Building the capacities of local actors and the IASC system would support these efforts.⁶

The responsibility for implementing the Transformative Agenda was distributed between various actors. The 2012 IASC Transformative Agenda Chapeau designated humanitarian country teams, country clusters, cluster lead agencies and the UN Office for the Coordination of Humanitarian Affairs (UN OCHA) as the primary actors responsible for implementing the reforms. Meanwhile, the senior management of

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- 1 UN OCHA (August 2005), "Humanitarian Response Review: An independent report commissioned by the United Nations Emergency Relief Coordination & Under-Secretary-General for Humanitarian Affairs, Office for the Coordination of Humanitarian Affairs (OCHA)."
 - 2 "Donors gave agencies a rather hard time" at a meeting held 26–27 September 2011 in Montreux. USAID (2012), "EDG–Donor Meeting: Management Briefing." 3. G10 refers to major humanitarian donors: Australia, Canada, Denmark, European Commission, Germany, Japan, Sweden, Netherlands, Norway, United Kingdom, United States.
 - 3 IASC (2012), "IASC Transformative Agenda, Chapeau and Compendium of Actions," 2.
 - 4 IASC (December 2011), "Commitments on Accountability to Affected People/Populations."
 - 5 IASC (December 2013), "Statement on the Centrality of Protection in Humanitarian Action."
 - 6 IASC (2012), "Chapeau and Compendium of Actions, IASC Transformative Agenda," 1.

IASC members was responsible for disseminating reforms to regional and country management within their agencies.

The IASC Working Group led the normative work of the Transformative Agenda.⁷ Its subsidiary bodies, dedicated steering groups, sub-working groups, task teams and reference groups developed a series of protocols to help achieve the Transformative Agenda's objectives. Initial efforts focused on major humanitarian emergencies: the first set of Transformative Agenda protocols established the process of system-wide L3 activation for large-scale, under-capacitated emergencies. Activation empowered the humanitarian leadership, enabled the deployment of surge staff through the inter-agency rapid response mechanism, triggered an immediate allocation from the Central Emergency Response Fund and led to a series of assessment and planning exercises.⁸

The other Transformative Agenda protocols were applicable in all emergencies, L3 and non-L3 alike. These reference documents defined a new humanitarian program cycle and addressed coordination at the country level, accountability to affected populations and preparedness. No protocols were created to address protection and security management.

In March 2013, the IASC Working Group adopted an implementation strategy for the Transformative Agenda and handed over primary oversight of field-level implementation to the IASC Emergency Directors Group (EDG). The EDG is a network of emergency directors in IASC organizations, chaired by the head of OCHA's emergency department, the Coordination and Response Division. The strategy outlined methods for ensuring the uptake of reforms in the field, ranging from inter-agency simulation exercises and support missions, to trainings and other dissemination tools. The strategy also suggested a revision of Transformative Agenda protocols, which had been flagged by field staff as "unrealistic" and not appropriately adapted to contexts.⁹

In early 2014, the EDG created the Senior Transformative Agenda Implementation Team (STAIT) to provide additional support for field-level implementation. Current and planned STAIT activities include missions and operational peer reviews, field support (e.g., remote consulting for humanitarian management), communications (e.g., webinars), learning (e.g., short summaries of lessons learned) and policy revision (e.g., policy input for headquarters).¹⁰

7 IASC Working Group (2011), "Operationalizing the IASC Principals Transformative Agenda."

8 IASC (2012), "Humanitarian System-Wide Emergency Activation: definition and procedures. IASC Reference Document: 2."

9 Steering Group for the Implementation of the Transformative Agenda (2013), "Improved coordinated response: from Transformative Agenda to Transformative Action. Strategy for the Dissemination, Implementation and Institutionalization of the Transformative Agenda."

10 Interview with STAIT staff, 11 May 2015.

To date, the implementation of OPRs and STAIT missions has been the predominant focus of STAIT activities. The aim of both exercises is to support the inter-agency management of humanitarian responses through a real-time analysis of the response, identifying necessary course-correctors early on.¹¹ The protocols stipulate that OPRs should take place within 90 days after the declaration of an L3 emergency. OPRs provide country-level action plans that outline recommended improvements. Humanitarian country teams are supposed to deliver a status update to the EDG and IASC principals 60 days after the publication of the OPR report.¹² OPRs also provide recommendations on areas for global-level action. To date, five OPRs in L3 emergencies (the Philippines, the Central African Republic, South Sudan, Iraq and Syria) have been finalized. STAIT missions are conducted upon the invitation of the humanitarian country team. STAIT mission reports mainly provide country-focused recommendations and suggest a response from the country team within 60 to 90 days. STAIT missions to Sudan, Yemen and Niger have been completed. The implementation of OPR and STAIT mission recommendations is monitored by the EDG secretariat, based at UN OCHA in New York.

Objectives

This review was initiated by a meeting between the EDG and donors in December 2014.¹³ It aims to identify lessons learned from the implementation of the Transformative Agenda, drawing on evidence such as the OPRs. The EDG–donor meeting was interested “to undertake an overview of main lessons learnt, including from the OPRs and STAIT mission reports, and provide a series of findings and recommendations that may assist the advancement of the implementation of the TA and result in the enhanced effectiveness of the collective response of the international humanitarian system.”¹⁴

The research team worked closely with DG ECHO, STAIT, the EDG secretariat and members of the EDG–donor meeting to further clarify the objectives and potential use of this review (see the inception report in Annex 4). They are to:

- Analyze the follow-up to the recommendations of OPRs and STAIT mission reports;
- Identify areas where the Transformative Agenda has achieved positive results and where it needs further attention;
- Identify systemic drivers and inhibitors of change in the Transformative Agenda’s rollout;
- Contribute to sector-wide learning, support preparation for the World Huma-

OBJECTIVE: ANALYZE FOLLOW-UP TO OPR RECOMMENDATIONS AND IDENTIFY SYSTEMIC DRIVERS AND INHIBITORS OF CHANGE IN THE TA’S ROLLOUT

11 See, e.g., EDG (May 2014), “South Sudan Operational Peer Review – Draft Terms of Reference.”

12 The first working draft of the OPR guidance, applicable to the Philippines and CAR, specified only 30 days for the status update. IASC (2013), “Operational Peer Review. Guidance. Working Draft.”

13 Extract from the chair’s summary: “In addition, there is a willingness to task a consultant to undertake a synthesis of the findings and recommendations of the Operational Peer Reviews (OPR) and STAIT missions in view of the next meeting. . . . ECHO to explore funding for a consultant to review lessons learned including from the OPR and STAIT mission reports.” DG ECHO (2014 Dec)

14 Original Terms of Reference, 15 January 2015.

nitarian Summit in 2016 and broadly outline recommendations that address the key obstacles identified.

DG ECHO tasked the INSPIRE Consortium to undertake this research.¹⁵ The primary audiences of this review are participants of the EDG–donor meeting.

Assumptions

The review team understands the Transformative Agenda as an effort to effect change within the humanitarian system that is structured around the IASC. It is helpful to analyze the Transformative Agenda as an institutional change process. Successful change processes typically require parallel efforts in three areas:¹⁶

- Policy direction: e.g., IASC statements and Transformative Agenda protocols.
- Process and structure: e.g., setup of EDG and STAIT, changes in formal reporting lines.
- People: e.g., how changes are communicated and disseminated to ensure staff buy-in, trust and incentives.

The humanitarian system structured around the IASC is a particularly difficult environment in which to implement institutional change, for the following reasons:

1. The IASC system includes a large number of humanitarian organizations. Key players are large UN agencies (e.g., WFP, UNHCR, UNICEF), UN OCHA as a coordinating body, and international non-governmental organizations usually representing or represented by umbrella organizations (e.g., InterAction, ICVA, SCHR). Most international NGOs do not participate directly in the IASC and related bodies. Other important humanitarian organizations, such as the International Committee of the Red Cross (ICRC) and the International Organization for Migration (IOM), have standing invitations to the IASC, but they tend not to participate very actively in global reform processes. Critical actors such as non-traditional relief agencies, emerging donors and national and local actors are not represented at all. Consequently, reform efforts initiated by the IASC have an inherent tendency to focus on internal issues and to pay less attention to actors that are not, or not fully, represented.
2. While the emergency relief coordinator chairs the IASC, there is no formal hierarchy among IASC members. Therefore, no single entity can decree change. Rather, it needs to be negotiated within a network of competing stakeholders in which leadership roles are often contested.
3. Humanitarian organizations are represented in the IASC and its subsidiary bodies through their global executive leadership and emergency directors.

15 See also Director-General Claus Sorensen's e-mail to donors and chair of the EDG, dated 15 May 2015.

16 The academic literature on institutional/organizational change is vast. Our assumptions on change management are based, among other literature, on Stacey (2011), *Strategic Management and Organisational Dynamics*; Baecker (2003), *Organisation und Management*; and Spencer Brown (1969), *Laws of Form*.

The effective implementation of change, however, also requires management and staff at regional, country and field levels to understand and buy into the objectives and implementation modalities of the reform process. Thus, a reform effort like the Transformative Agenda needs some tangible products and results that can be shared and disseminated with the whole community to build momentum and buy-in. It must also ensure that each participating organization understands the benefits of the collective undertaking.

Scope

FOCUS AND SCOPE OF THE REVIEW

The review focuses on the overall progress of the Transformative Agenda's implementation, at both field and headquarters level. Evidence collected and reviewed for this study focuses primarily on humanitarian responses to L3 emergencies. While this does not capture the totality of humanitarian response, it includes the most relevant contexts for collecting lessons on the implementation of the Transformative Agenda: First, all Transformative Agenda protocols apply to L3s and some only apply there. Second, the Transformative Agenda was rolled out sequentially, first in L3 emergencies, then in non-L3s. Third, OPRs are only conducted for L3 emergencies and part of this study's objectives was to review their results and follow-up. Finally, the response to L3 crises accounted for more than one-third of global humanitarian aid contributions from 2013 to 2015.¹⁷ Therefore, findings based on an analysis of L3 responses provide a strong indication of systemic issues related to the Transformative Agenda's rollout.

The scope of this review imposes some limitations that were consciously chosen to ensure that the review could be implemented within the given time and budget constraints. It focuses on the inter-agency level and on issues directly related to the Transformative Agenda. Hence, agency-level implementation is not considered, although some related issues are addressed when discussing the effects of the Transformative Agenda and the potential drivers and inhibitors of change. Similarly, OPR findings on other issues – such as staff living conditions, funding and gender – are only considered when and as they relate to the Transformative Agenda. This review does not systematically assess the Transformative Agenda's impact on crisis-affected people, but analyzes what progress was made regarding the direct objectives of the reform (i.e., leadership, coordination and accountability).

Methods

METHODS OF THE REVIEW

The review team mostly used qualitative methods, including document analysis and interviews, which were coded with the qualitative research software MaxQDA (a list of codes and their descriptions can be found in Annex 3). In a second step, we quantified the coded information for further analysis. We supplemented the research with other quantitative methods where feasible – for example, in the analysis of G10 funding trends. Internal workshops, internal and external peer reviews, and close coordination

¹⁷ Source: FTS/UN OCHA; USD committed to L3 emergencies vs. all emergencies in 2013, 2014, 2015.

throughout the review process with DG ECHO, STAIT and UN OCHA ensured feedback and quality control.

At the core of this review is an analysis of OPR findings, recommendations and their follow-up in the Philippines, South Sudan and the Central African Republic, and analysis relating to the STAIT missions in Sudan and Yemen, because in these cases, status updates were collected and transmitted to the research team alongside the original reports. More-recent STAIT mission reports and OPRs, as well as a number of other written sources, are only considered as complementary evidence. For example, the team reviewed EDG–donor meeting minutes and annexes (e.g., progress reports and lessons learned papers), the inter-agency humanitarian evaluation of the Philippines, the IASC Cluster Approach Evaluation (Phase 2) and a number of other sources, including donor perception surveys, STAIT webinars, UN and NGO annual reports, and relevant research papers.

To complement the information in written sources, the team conducted semi-structured interviews both at field (28) and headquarters (57) level, encompassing a wide range of actors: G10 donors (20), UN (46), international and local non-governmental organizations (17), ICRC (1) and IOM (1). The detailed list of interviewees can be found in Annex 2. The typically hour-long expert interviews helped the team to sample the perceptions of different groups of actors, contextualize findings and collect ideas for further reform. Interviewees were selected to provide a strong coverage of emergency directors and G10 donors, as well as a mixed set of key actors for each of the three OPR countries assessed in detail.

Taken together, the written evaluative evidence and interviews with the most relevant stakeholders constitute a robust evidence base from which to draw conclusions and suggestions for reform. The review team used evidence only where and when it was consistent across different stakeholder groups and contexts, unless otherwise specified.

A first draft of this report was shared with the EDG–donor group, after which we incorporated relevant feedback into the final version.

Limitations

LIMITATIONS

Certain limitations are related to the evidence base used for this review. The analysis of the follow-up of OPR and STAIT mission recommendations might be biased because it is based on self-reporting by humanitarian country teams and the EDG. The research team could not systematically verify and triangulate their claims because staff consulted for this study reported little knowledge of the status of recommendations (due to staff turnover, for example) and could therefore also add little to the team’s understanding of why certain recommendations were not or only partially addressed. Local UN OCHA offices and the EDG secretariat added color codes to designate different levels to the implementation of action points: green, yellow, red and grey. The appropriate use of color codes also could not be systematically verified by the research team.

The team interviewed a wide range of stakeholders to triangulate findings and generate new evidence. But representativeness varies between stakeholder groups. G10 donors and UN staff, especially at the headquarters level, are strongly represented. By contrast, non-traditional donors are not represented despite the review team’s best

efforts to conduct interviews with them. And in a few cases the research team did not manage to interview important stakeholders in the field despite several requests. Interview findings are likely biased in favor of the IASC system, which the review team has tried to take into account when interpreting data. Moreover, interviewees often had difficulty attributing change to the Transformative Agenda, especially as awareness of this reform initiative varied greatly; awareness was lowest in the field and highest among headquarters staff.

Effects of the Transformative Agenda

The Transformative Agenda had positive effects in important areas such as humanitarian coordinator (HC) leadership, global coordination and formal accountability. However, the Transformative Agenda led to little or no change in areas such as collective leadership, accountability to affected populations (AAP), security and protection. Furthermore, the reform process had the unintended negative effect of increasing process demands.

This chapter describes the effects of the Transformative Agenda in its leadership, coordination and accountability pillars as well as in four related issue areas: accountability to affected populations, preparedness, security and protection. The chapter begins with an overview of OPR and STAIT mission report findings, recommendations and their follow-up. These provide a first indication of where progress has been made and where it has been lacking. Consecutive sections (2.1–2.4) complement the findings of the OPR analysis with interview results and document review, and provide a more detailed picture of the Transformative Agenda's effects.

OPR ANALYSIS

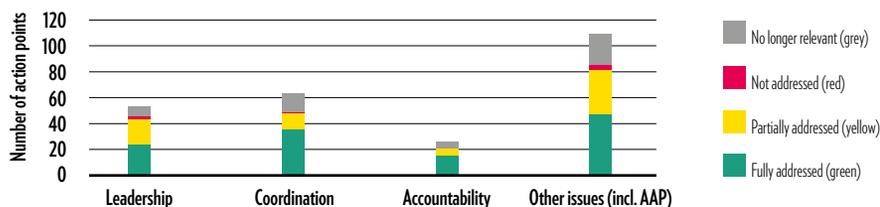
Operational peer reviews in the Central African Republic (CAR), the Philippines and South Sudan as well as STAIT missions in Sudan and Yemen outlined 251 action points, of which 209 were directed at actors in the field and 42 at headquarters. Of the 251, 53 concerned leadership, 63 coordination and 26 accountability; the rest considered other issues such as accountability to affected populations. The review team interpreted a high number of action points for an issue area as an indication that there were continued problems in this area, and a low number of action points as an indication for successful reform.

The analysis of status updates shows that almost half of the action points were reported as fully addressed (green), nearly one-third were partially addressed (yellow) and only eight action points were not addressed at all (red). The remaining 51 action points were no longer feasible to implement (grey) and largely relate to the Yemen response, in which the security situation changed drastically after the STAIT mission. The review team interpreted a high rate of implementation of action points as a sign for successful reform in an issue area and, conversely, a low rate of follow-up as a sign for a lack of progress.

An interpretation of action points and status updates generates preliminary results related to the Transformative Agenda's achievements (see Graph 1). For example, the comparatively low number of action points and high rate of implementation indicate relative progress in the area of formal accountability. By contrast, the relatively high number of action points related to AAP and their low level of implementation indicate little progress in this area. Both leadership and coordination present a mixed picture,

with coordination showing a higher number of action points but also comparatively stronger follow-up than leadership. For a more detailed analysis of OPR action points, see Annex 1.

Graph 1: Action points and their follow-up per issue area



Source: own compilation

Leadership

The Transformative Agenda aimed to improve response by deploying “from the outset of a large-scale emergency, humanitarian leadership of the right level and experience” to lead the response. Its objectives were to devise procedures for the activation of L3 emergencies, ensure the quick deployment of staff “with an emphasis on core coordination functions for effective inter-agency response” and empower the HC in the first three months, “the critical period for successful humanitarian action.”¹⁸

Objective	New tools	Description
Empower leadership	L3-ready HC pool (from 2012)	A database of senior HCs (D2-grade and above) who can be deployed within 72 hours of an L3 declaration
	Review of UNDP DOCO training (from 2013)	Inclusion of an updated HC module in the resident coordinator induction course
	L3 activation and empowered leadership protocols (from 2012)	Automatic CERF allocation of \$10-20 million; HC can take decisions on behalf of the HCT when there is no consensus
	HCT effectiveness program (from 2012)	The IASC strategy for HCT effectiveness focuses on coaching HCs in team leadership and facilitation skills; ¹⁹ providing advice and facilitation support to HCTs to boost their effectiveness as a team; and building the capacity of UN OCHA offices to support HCT
Improve rapid deployments	IARRM (last updated: July 2014)	A composite inter-agency database of senior staff who can be surged following an L3 declaration

¹⁸ IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions.”

¹⁹ These included formal leadership coaching through Save the Children’s Humanitarian and Leadership Academy (piloted in 2013), as well as monthly phone calls with the EDG chair (UN OCHA Coordination and Response Division).

HC leadership improved due to the increased appointment of dedicated HC capacity, investments in the HC pool and support from UN OCHA headquarters. No systemic improvements were noted in collective leadership through the humanitarian country team (HCT). There was progress in surging staff following an L3 declaration, but with an often imbalanced focus on coordination roles and without detailed plans for succession.

HC LEADERSHIP IMPROVED

Interviewees widely regarded improved HC leadership as the Transformative Agenda’s biggest achievement (one-third – more than any other issue area). This confirms OPR results, where the comparatively few action points related to the HC were matched by a high implementation rate that indicates progress. The relatively quick deployment of dedicated HCs (whether deputy, standalone or regional) provided value in the scale-up of humanitarian operations. For example, the first senior HC in CAR was deployed within a week of L3 activation. Interviewees also saw improvements in the quality of HCs, which they attributed to investments in the pool and to the clarification of roles and responsibilities through annual HC performance compacts and reviews. HC training was considered to be of higher quality than the resident coordinator trainings by most double- or triple-hatted humanitarian coordinators interviewed for this study. Automatic allocations from the Central Emergency Response Fund (CERF) to L3 emergencies made the response more predictable and enabled HC authority. The majority of HCs interviewed for this study stressed the value of troubleshooting and of mentoring support from UN OCHA’s New York headquarters.

LACK OF STRONG IASC SENIOR-LEVEL COMMITMENT

Despite this progress, a number of unresolved issues detracted from HC authority. Six out of nine HC interviewees felt that the local UN OCHA office did not support their leadership and acted autonomously from them.²⁰ Similarly, OPRs reported “concerns by some HCs about the reporting line” from OCHA heads of offices to them.²¹ At the same time, and in response to external audits, the rules for accessing country-based pooled funds grew more rigid, leading to stricter control by UN OCHA headquarters, rather than stronger HC authority or more flexible funds. UN career paths were also seen as limiting HC authority. Many HCs were wary of openly dissenting from their releasing organizations and/or the UNDP, fearing negative consequences for their careers. By the same token, many humanitarian organizations were seen as reluctant to release their best staff for humanitarian coordination, especially for L3 crises. This points to a lack of strong IASC senior-level commitment or suggests that executive management did not place the right incentives.²²

“The best HCs are retired or have already secured a promotion. . . . they have nothing to lose” (donor representative)

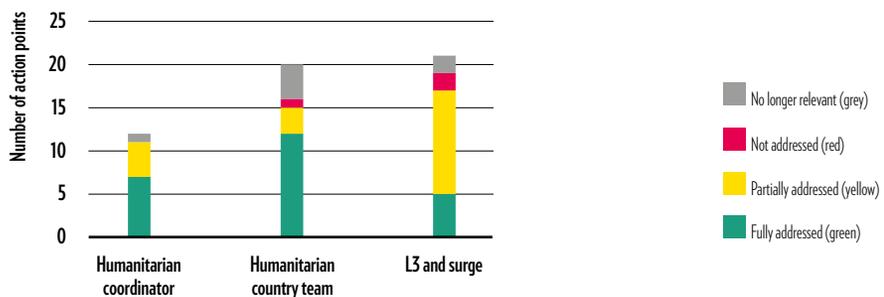
20 Despite the review team’s best efforts and facilitation from the EDG Secretariat, we could not balance these views with UN OCHA heads of offices in a number of contexts, including the Philippines and South Sudan.

21 EDG (2015), “EDG Action Point Monitoring: Comprehensive Overview of Progress in Action Point Implementation from EDG, OPR and STAIT Missions. Response to the South Sudan OPR.”

22 Unlike NGOs, UN organizations require principal-level approval before staff can submit an application to the pool.

Only two HCs interviewed for this study claimed to have exercised their formal authority, mostly through their discretion over pooled funds. In both the Philippines and South Sudan, however, this led to strong resistance within the HCT. The majority of HCs today continue to lead country teams exclusively through persuasion.²³

Graph 2: Action points and their follow-up related to leadership



Source: own compilation

While changes to HC leadership were mostly positive, there were limited systemic improvements in collective leadership through the HCT. Although more than 60 percent of field interviewees acknowledged that the existence of HCTs and the participation of NGOs are now more systematic, they still questioned the effectiveness of the HCT as a strategic planning and decision-making body. Where progress is seen in collective leadership, it is always tied to good personal leadership, either of the HC, HCT members or both, that can overcome competition for resources. A lack of trust and cooperative spirit was noted in CAR and Sudan, among other places. Despite some progress, cluster lead agencies continued to represent mainly the interests of the agency, rather than of the cluster. HCT meetings were often inefficient due to their large size. Crucially, humanitarian organizations often sent representatives without decision-making authority to participate in them. Reportedly, many of these meetings were poorly facilitated and mainly served as information-sharing exercises. This reduced the ability of HCTs to agree on common strategies (e.g., prioritization, gap analysis, advocacy and resource mobilization) to guide the response. Therefore, larger UN agencies usually saw the creation of smaller or executive HCTs as a positive development that results in efficiency gains, though to the detriment of representation.²⁴ Controversial debates about donor participation in HCTs diverted attention away from performing core tasks and undermined trust among humanitarian actors. At the same time, it was mostly donors who pushed for the HCTs to become “more strategic” and “not too operational.”

²³ This, however, is not a problem in and of itself. A landmark study by the Active Learning Network for Accountability and Performance (ALNAP) on leadership found “personal authority as the determining factor of effective leadership, as opposed to the authority vested in position or status.” Persuasion and the ability to forge consensus and to enable others to lead are crucial, as is organizational support for the leader. Buchanan-Smith and Scriven (2011), “Leadership in Action: Leading Effectively in Humanitarian Operations”; Clarke (2013), “Who Is in Charge Here? A literature review on approaches to leadership in humanitarian operations.”

²⁴ E.g., in Afghanistan, CAR and Sudan. NGOs were generally represented through focal points or leaders of consortia.

Especially at global level, many interviewees felt that executive management had a special responsibility for communicating and incentivizing stronger collaboration and collective leadership at country level. While the EDG was seen as a positive example in this context, a number of voices, predominantly in NGOs as well as in UN agencies and UN OCHA, highlighted that this cooperative spirit was not shared at principal level. A clear message to country-level leadership on why agencies should work collectively was therefore missing.

“The different members of the collective are currently not feeling that they are bound by the collective decisions but by decisions in their own agencies. This is the hardest nut in the equation.” (NGO representative Geneva)

PROGRESS IN QUICKLY DEPLOYING
LEADERS FOLLOWING AN L3
DECLARATION

There was much progress in quickly deploying leaders following an L3 declaration. In line with the Transformative Agenda’s focus, there was a demonstrated surge in coordination capacity to large-scale emergencies. For example, UN OCHA surge deployments more than doubled, from 91 in 2012 to 209 in 2014 (153 of these were L3 responses).²⁵ The comparatively high number of surge-related action points and their low likelihood of implementation, however, indicate considerable weaknesses. Surge, for instance, did in many cases not affect operations staff to the same extent. This led to an unintended imbalance between coordination and delivery, and to weak staff presence in deep-field locations, where living conditions remained poor (in the three OPR countries closely analyzed for this review). Furthermore, the short duration of surge deployments created issues related to high turnover and succession, especially in protracted crises. While often highly regarded, senior surge staff created an additional layer of planning on top of their in-country peers. On several occasions, they devised strategies and plans that, as a result of changing conflict dynamics and gaps in handover, were revised by subsequent surge teams instead of being implemented.²⁶ There was little progress in structuring the transition from waves of surge deployments to longer-term deployments or recruitment, and consideration for national staff and existing national capacities was lacking (e.g., in the Philippines and CAR).

RESPONSES TO L3 EMERGENCIES WERE
BETTER FUNDED THAN OTHER CRISES

L3 declarations not only triggered inter-agency mobilization of staff and internal resources, but also caught the attention of donors and the media. In 2014, responses to L3 emergencies – with the exception of Syria – were consistently better funded than protracted crises with comparable funding needs (see Graph 3).²⁷ The success of L3 activation created fears that deactivation would result in funding shortfalls. By the same token, many interviewees felt that the purpose of L3 declarations had shifted from ensuring an effective, rapid international response to supporting fundraising for protracted crises, like Syria. In reaction to this, a recent inter-agency note defined the

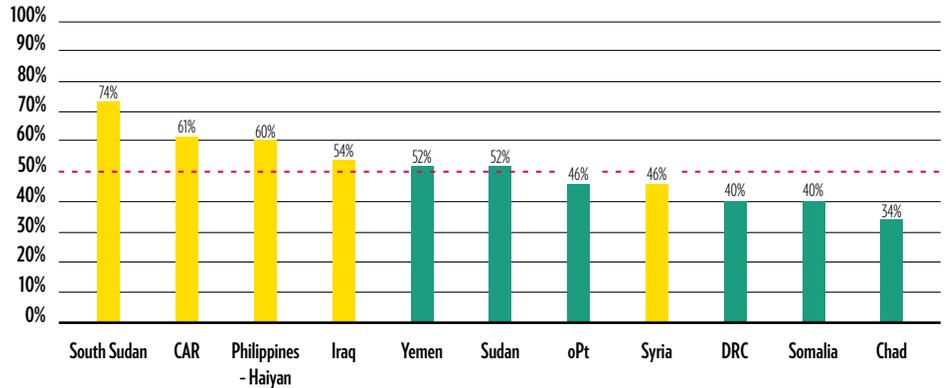
25 EDG (June 2015), “Transformative Agenda Update: Agency Annex.”

26 UN OCHA, for instance, instituted three-month-long surge deployments after the Philippines response.

27 Successful fundraising, however, was not accompanied by quicker disbursement, which remained an issue of concern in all L3 emergencies.

maximum length of inter-agency L3 responses to one year.²⁸ This note also reiterated the originally intended meaning of L3 activation: “a short term injection of additional capacity” that does not “determine the severity of the crisis itself.”

Graph 3: Percentage of funding received against country-level plans of over \$500 million (2014)



Source: EDG (2014), “The IASC Transformative Agenda and beyond: looking forward to 2015, background paper for EDG-Donors meeting, December 4, 2014.”

Coordination

The Transformative Agenda sought to streamline coordination mechanisms, “focusing on delivery of results, rather than process.” Clusters would be activated only when needed and deactivated thereafter. Their leadership would be composed of dedicated, trained and experienced cluster coordinators, prioritizing information management “to enhance the collection and analysis of data on the progress and impact of cluster activities.” Decentralization to sub-national level and inter-cluster coordination were noted as areas in need of further attention.²⁹

²⁸ EDG (2015), “What does the IASC humanitarian system-wide level 3 emergency response mean in practice? Agreeing a common understanding of the L3 Response.”

²⁹ IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions.”

Objective	New tools	Description
Streamline inter-agency processes	Humanitarian Program Cycle (last version: 2015)	A new set of strategic tools and time-bound deliverables for HC and HCT
Improve cluster leadership and information management	Cluster Coordination Reference Module (last version: 2015)	A reference guide for cluster coordination in non-refugee situations
Optimize coordination structure	Draft guidance on inter-cluster coordination (November 2013)	Description of roles and linkages between different coordination fora
	Joint UNHCR-OCHA note on coordination in mixed settings (April 2014)	Clarification on leadership and coordination arrangements in which both IASC and UNHCR models of response would apply (refugees and IDPs together)

Through the creation of the Emergency Directors Group, the Transformative Agenda had clear positive effects on global coordination, including with donors. As a result of considerable investments, slight improvements were also noted in cluster coordination. Process demands, however, increased substantially - the opposite of the intended result. There was little progress in decentralization and in effectively linking different coordination fora.

POSITIVE EFFECT ON GLOBAL COORDINATION

Although not directly assessed by OPRs, the Transformative Agenda had a positive effect on global coordination in particular, especially through an active EDG and the informal networks created by it. This small group of emergency directors established a common language and built trust through ad-hoc meetings, field missions and yearly reviews of country operations. Despite variable decision-making power within their own organizations, the EDG members managed to resolve inter-agency issues (e.g., recalling non-cooperative HCs or country representatives) and acted as the motor of the Transformative Agenda's implementation.³⁰

TA INCENTIVIZED CLUSTER LEAD AGENCIES TO DEDICATE RESOURCES

Issues related to field-level coordination generated the greatest number of action points in analyzed OPRs and STAIT mission reports. Among these, comparatively few issues linked to clusters were raised. The Transformative Agenda incentivized cluster lead agencies to dedicate more resources to cluster coordination and information management. With the exception of preparedness and early recovery activities, the role of clusters and inter-cluster coordination is now better understood in the field, and their management has improved.³¹ Some larger NGOs now routinely assume cluster co-leadership roles. Global clusters added value by establishing rosters, promoting good practice, providing training and deploying their own staff to emergencies.³² Even with improved capacities and management, however, challenges related to joint assessments, institutional learning and the predictability and efficiency of

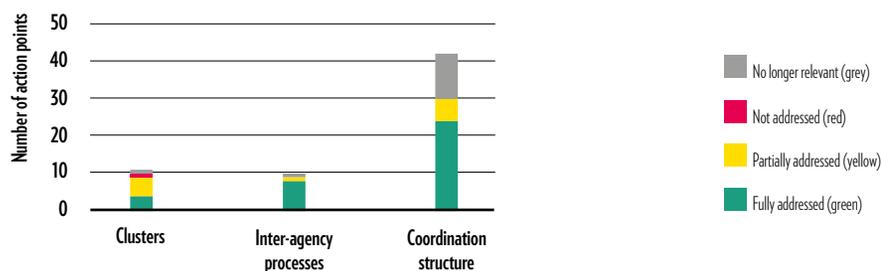
³⁰ See also Section 3.2.

³¹ Preparedness was added to cluster activities through the Transformative Agenda. There is also continued debate over the mandate of the early recovery cluster.

³² For instance, at the start of the response to Typhoon Haiyan, almost all of the global cluster coordinators were deployed.

cluster coordination persisted. 12 out of the total pool of interviewees remarked that additional investments in cluster coordination would yield only marginal gains within the current humanitarian structure.

Graph 4: Action points and their follow-up related to coordination



Source: own compilation

INCREASED PROCESS DEMANDS ON FIELD STAFF

The rollout of the Transformative Agenda did not streamline coordination; on the contrary, investments in inter-agency processes increased demands on field staff. The Transformative Agenda included the definition of a humanitarian program cycle (HPC), intended to strengthen collective planning and delivery.³³ These new processes fostered coordination, and the related products increased transparency and were generally appreciated by the headquarters of UN agencies and G10 donors. In practice, and contrary to the protocol’s recommendation, however, country teams applied the HPC timeline of deliverables rigidly, regardless of the emergency type, which resulted in heavy coordination processes that were poorly adapted to the context. While coordination surge capacity helped country teams to understand and comply with the protocols, many interviewees questioned why the IASC Steering Group developed new products for the HPC instead of adapting ones that were already tested.³⁴ Critically, field staff questioned the utility of HPC products altogether, as these did not influence their decision-making or programming. Even donors sometimes admitted that they were overwhelmed by the number of information products and rarely used them in making funding decisions.³⁵

NO FUNDAMENTAL CHANGES TO THE COORDINATION STRUCTURE

The Transformative Agenda did not introduce changes to the coordination structure. Although a 2013 draft guidance on inter-cluster coordination clarified the linkages between the HCT, inter-cluster coordination groups and clusters, a recurring finding across OPRs is that these links were not effective.³⁶ Over 40 OPR and STAIT mission recommendations (more than in any other issue area) were aimed at optimizing linkages in coordination. These included suggestions to strengthen operational inter-cluster support for the HCT and to bolster the HCT’s strategic direction towards inter-cluster coordination by clarifying roles and responsibilities. A recent decision to assign

33 Not all country teams adopted the HPC. For instance, South Sudan kept working through the consolidated appeals process. The relevant OPR recommended that the HCT adopt the HPC.

34 E.g., UNHCR’s joint needs assessment tools instead of the Multi-Cluster Initial Rapid Assessment (MIRA).

35 For more details, see Section 3.2 of this report.

36 UN OCHA (November 2013), “Guidance on Inter-Cluster Coordination. Draft.”

UN OCHA heads of offices (or deputies) to chair inter-cluster coordination groups only partially addresses these wider concerns. There was also no progress in decentralizing coordination and decision-making. Coordination capacity was still disproportionately based in capitals and regional hubs, away from operations. In addition, field cluster coordinators typically continued to report directly to the capital (creating a silo effect), instead of linking horizontally with staff in hubs. Information flows were often one-way, from the field to the center, which disempowered sub-national staff.

Historically, there have also been complications in mixed refugee-IDP situations, because the boundaries between the UNHCR vs. the IASC/OCHA coordination models were unclear. A recent agreement between the emergency relief coordinator (ERC) and the high commissioner for refugees on the structure of leadership and coordination in these situations promises clearer roles and responsibilities. Revised written guidance (e.g., UNHCR Emergency Handbook) and five joint follow-up missions supported the rollout of this policy guidance, but the research team did not collect evidence on whether these efforts resulted in better gap coverage and reduction of overlaps.

Accountability

The Transformative Agenda set out to enhance mutual accountability “within and between the HC, HCT members, cluster coordinators and other cluster partners” to achieve collective results. The Transformative Agenda would establish modalities to refer “cases of under-performance to the global level for swift resolution” and ensure that real-time evaluations become timelier and more targeted. “Each of these changes would ensure that the humanitarian community is agile and responsive to operational challenges, enabling humanitarian organizations to reach as many people in need as possible, as soon as possible.” Tools were also developed to ensure the implementation of the Transformative Agenda itself.³⁷

37 IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions.”

Objective	New tools	Description
Enhance mutual accountability	Updated cluster lead agency appraisals	HC acts as external reviewer in the performance appraisal of certain cluster lead agency heads and UN OCHA
	IASC Response Monitoring and Reporting Framework (2012)	Guidance and reporting templates for field-level monitoring against country-level response plans (SRP/HRP)
Support and monitor TA implementation	Ad-hoc EDG meetings (2011-ongoing)	Forum for global inter-agency planning and problem resolution
	Biannual EDG-donor meetings (2012-ongoing) ³⁸	Strategic discussion and update to donors on TA implementation
	Biannual progress reports on TA implementation (2012-ongoing)	Updates on inter-agency TA implementation and agency-level institutionalization
	Yearly EDG review of country operations (2012-ongoing)	End-of-year review of humanitarian operations and planning for next year ⁴⁰
	Yearly donor perception surveys on TA (2012-ongoing)	Perception surveys of donor field staff on achievements of TA ⁴¹
	Matrix on EDG-donor meeting action points (2014)	A matrix of commitments made during EDG-donor meetings
	L3 simulation exercises (2012, 2013)	L3 activation and emergency response simulation
	IASC field visits (2012, 2013)	Inter-agency management support missions (discontinued; precursor of OPRs)
	OPRs, ED and STAIT missions (since 2013) ³⁹	Peer reviews and inter-agency management support

The Transformative Agenda strengthened mutual accountability between humanitarian actors. In parallel, the EDG and donors went to great lengths to ensure that processes related to the Transformative Agenda were implemented by, for example, creating STAIT and operational peer reviews. These measures

38 The first meeting between the EDG and donors took place 26–27 September 2011 in Montreux, chaired by the UK's DFID and UN OCHA. This paved the way for the adoption of the Transformative Agenda. Regular EDG–donor meetings started in December 2012, with a rotating donor chair: US, Sweden, Canada, UK, European Commission and, most recently, Norway. The next chair is Germany, in early 2016.

39 There were five emergency director missions in 2013 and five in 2014. Five OPRs and four STAIT missions were completed from 2014 to 2015 (the last STAIT mission to Nepal, however, was not concluded by the end of this report's drafting).

40 The first such EDG review of operations in late 2012 was convened with the purpose of promoting the TA in non-L3 contexts.

41 Summary report presented at June 2015 EDG–donor meeting. The survey methods are now being redesigned.

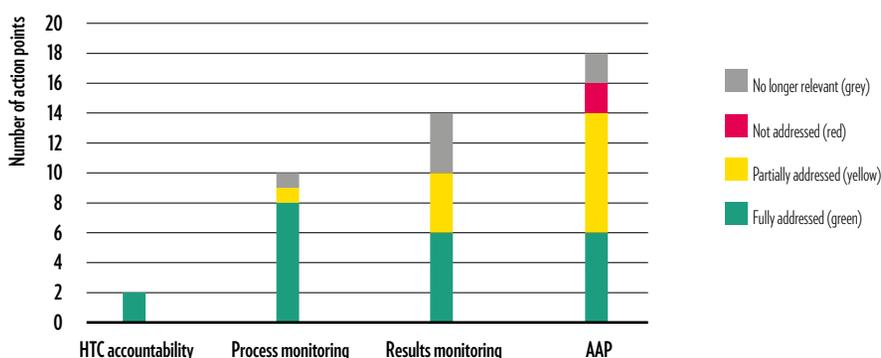
supported the implementation of the Transformative Agenda, but they also created additional process demands. The majority of interviewees perceived no related improvements in delivery.

STRONGER HCT ACCOUNTABILITY

As a result of the Transformative Agenda, several agencies changed their performance appraisal processes and thereby strengthened HCT member accountability to the HC. The HC now contributes to the appraisals of, for example, the WFP, FAO and UNHCR country representatives for their cluster lead performance. Others, such as UNICEF, integrated the collective output of the HCT in representatives' appraisals to encourage alignment with the Transformative Agenda. UN OCHA, for its part, made the appointment of its head of office conditional on the approval of the concerned HC; in line with UN Secretariat rules, however, HCs serve as additional, rather than first, reporting officers in performance appraisals. Expectations made of HCs were solidified as annual performance compacts and reviews between the HC and the ERC became routine and more-robust processes. HC appraisals are now also systematically taken into account in the UN Development Group appraisal of double- or triple-hatted coordinators. While mutual formal accountability for UN agencies increased as a result, similar changes were not introduced for donors or NGOs and there was no systematic progress in the inter-agency monitoring of results in the field, despite evolving guidance. The low level of follow-up on related OPR action points mirrors these findings (see Graph 5). HCTs did not assign appropriate indicators or lacked joint monitoring systems altogether, as donors continued to incentivize project- and agency-based monitoring.⁴² Thus, evidence of the achievement of jointly set goals is missing.

... BUT NO SYSTEMATIC PROGRESS
IN INTER-AGENCY MONITORING OF
RESULTS IN THE FIELD

Graph 5: Action points and their follow-up related to accountability and AAP



Source: own compilation

⁴² All three OPRs noted weakness in common results monitoring. The IASC website currently lists joint monitoring reports from nine emergencies between 2014 and 2015 (Philippines, Afghanistan, Burkina Faso, Iraq, Yemen, South Sudan, Somali, the occupied Palestinian Territories and Nepal). Available from: <https://www.humanitarianresponse.info/en/documents/document-type/humanitarian-programme-cycle/document-type/periodic-monitoring-report> (accessed 23 October 2015).

The EDG and donors set up a range of mechanisms to support and monitor the Transformative Agenda’s implementation. These strengthened the political traction of reforms and supported their take-up. For instance, every six months, UN agencies report on Transformative Agenda implementation. G10 donors share Transformative Agenda perception surveys, commission research and provide additional funds for Transformative Agenda-related mechanisms. Visits from IASC principals, emergency directors and the STAIT aimed to improve compliance in the field through high-level scrutiny and support. All of these new mechanisms, however, were also seen as “feeding the process beast” (15 percent of interviewees even stated, without being asked, that improvements in formal accountability did not translate into better impact at all). The authoring of additional information products and the organization of high-level visits in particular were criticized for putting undue burden on field staff. Emergency director and STAIT missions, by contrast, were largely perceived as adding value.

The OPR process, for example, included a “reflection day,” enabled strategic discussion among humanitarian leaders and created a “time out” after heavy engagement in day-to-day operational response. Interviewees commended the team’s composition of senior peers (as opposed to external evaluators) and the participatory self-assessment method (described by one interviewee as “a big fat mirror”). Some debated the timeliness of the OPR process.⁴³ OPRs were also helpful for explaining the Transformative Agenda to country-level staff. Indeed, for several interviewees, the OPR marked their first exposure to the Transformative Agenda and their expected responsibilities. Considering the generally low awareness of the Transformative Agenda in the field, final OPRs and STAIT mission reports, together with STAIT webinars, sometimes served as valuable induction resources for staff arriving well after their publication. OPRs outlined both global- and field-level recommendations. The former fed into the revision of protocols and triggered some instances of acute problem solving (e.g., leadership change). For HCTs, however, recommendations often echoed plans that already existed. As a result, the follow-up of recommendations was not a priority for most HCT members, who reported generally low ownership, even though they submitted status updates on the implementation of recommendations, which were systematically monitored by UN OCHA.

Other Issues

Accountability to Affected Populations

The Transformative Agenda’s ultimate objective was to enhance accountability to affected populations by improving leadership, coordination and accountability. AAP has since grown into an area of reform in its own right, supported by a separate protocol. The protocol was informed by a commitment made by IASC principals in 2011 to integrate AAP into all

⁴³ Dissenting voices called for less uniform teams that would, for example, include more gender and protection specialists. Some said that they would slightly delay the OPR process, timing it after the most logistically difficult period of the response is over, i.e., four to six months after L3 declaration. Others found delays in certain OPRs (e.g., Syria) to be politically driven.

*country strategy documents, increase transparency of operations, improve feedback and complaint mechanisms, and include affected populations in decision-making processes that affect them and in the design, monitoring and evaluation of programs.*⁴⁴

The overwhelming majority of interviewees identified AAP as the area showing least progress within the Transformative Agenda. Very few HCTs developed AAP frameworks and action plans, and the ones developed at the global level were operationally irrelevant for teams on the ground. Innovations such as common hotlines and feedback systems are still in their pilot phase and lack links to inter-agency decision-making fora.

LIMITED PROGRESS MADE IN
ENHANCING AAP

Interviews, OPRs, STAIT mission reports and a review of EDG–donor discussions reveal a widespread acknowledgement of the limited progress made in enhancing inter-agency accountability to affected people. Related OPR action points had a very low level of follow-up (see Graph 5). AAP was variously called a Transformative Agenda “failure,” an “afterthought” and the “elephant in the room.”⁴⁵

One explanation is that the Transformative Agenda’s primary focus was formal accountability between different components of the humanitarian system and viewed the strengthening of AAP as a potential outcome of these investments. However, HCT accountability for reaching jointly defined goals did not improve (see above). Moreover, many interviewees questioned whether these goals actually represented the needs of affected people. Coordinated needs assessments were seen as lacking sufficient community involvement, and joint strategies and goals often did not build on the results of these needs assessments.

MOSTLY UNCHANGED DONOR PRACTICE
DID NOT HELP AAP

Unchanged donor practices were also a reason for the lack of progress in AAP. According to emergency directors and other Transformative Agenda champions, donors still show little flexibility in programming and budgets “to meet new/different needs identified through feedback mechanisms.”⁴⁶

Finally, the instruments developed to strengthen inter-agency AAP were not fully suited for the task. The inter-agency AAP frameworks and action plans for the Philippines and CAR, for example, were developed at the global level. Without sufficient consultation of field staff and affected people, however, these plans were not detailed and localized enough to become operationally relevant. Therefore, OPRs and STAIT mission reports mostly recommended HCTs to develop their own AAP action plans, with the help of thematic advisors if needed. As a result, the senior HC in CAR, for instance, devised a four-phase approach, including a starter kit on good AAP practice and an analysis of stakeholder perceptions of humanitarian activities. But the extent to which such overarching plans would consider the needs and preferences of communities is questionable. Instead, there is a growing inter-agency consensus on the need to regard

44 IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions”; IASC (Dec. 2011), “Commitments on Accountability to Affected People/Populations.”

45 This is despite progress made by individual organizations, especially INGOs, in creating AAP mechanisms. Inter-agency complaints mechanisms are now piloted in the Democratic Republic of the Congo and Ethiopia by the IASC Task Team on Accountability to Affected Populations, and Protection from Sexual Exploitation and Abuse (AAP/PSEA). IASC Emergency Directors Group (16 June 2015), “Protection and Accountability to Affected People. Final Background Paper for EDG–Donor Meeting.”

46 IASC Emergency Directors Group (16 June 2015), “Protection and Accountability to Affected People. Final Background Paper for EDG–Donor Meeting.” See also Section 3.2.

affected communities as primary agents of response and granting them greater voice, including through the increased use of cash-based assistance.⁴⁷

Preparedness

*The Transformative Agenda sought to bolster leadership, coordination and accountability by building capacities for preparedness. With the help of early warning systems, HCTs and IASC members would engage in inter-agency contingency planning and coordinated preparedness to improve collective response readiness. In high-risk countries, preparedness activities would aim to strengthen the resilience and response capacities of local actors.*⁴⁸

There is little evidence with which to judge the effects of the Emergency Response Preparedness Protocol in the field. The Transformative Agenda is perceived as having decreased engagement with the preparedness and response capacities of local actors.

EMERGENCY RESPONSE PREPAREDNESS
WAS NOT PRIORITIZED

OPRs and STAIT mission reports highlight that humanitarian actors did not prioritize emergency response preparedness activities, which often lacked adequate risk and contextual analysis. The relevant Transformative Agenda protocol was released only in summer 2015, so it is too early to judge its effects.⁴⁹

LITTLE ENGAGEMENT WITH LOCAL
ACTORS

None of the interviewees claimed that the Transformative Agenda strongly improved the preparedness and response capacities of local actors. Rather, the focus on improving inter-agency response detracted from the humanitarian community's alignment with and support for local actors and their capacities (see Section 3.5). OPRs continued to emphasize this as a problem and recommended consulting local partners, including them in coordination and building their capacities. Cluster transition or exit strategies, relationships with host governments and links with development programming were also noted as suboptimal in reviewed L3 emergencies.

Security

*IASC principals committed to initiating “a discussion with the UN Department of Safety and Security on the operationalization of the new Security Risk Management System to enable UN agencies to gain timely access to people in urgent need in environments with security risks.”*⁵⁰

There is no protocol or inter-agency guidance related to security. Thus, changes in the quality of security management cannot be attributed to the Transformative Agenda. A number of interviewees considered security mana-

47 World Humanitarian Summit Secretariat (2015), “Restoring Humanity: Synthesis of the Consultation Process for the World Humanitarian Summit,” ix.

48 IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions.”

49 UN OCHA's regional office piloted an earlier version in the Nepal response, but the review team did not interview anyone involved in that response. STAIT is preparing a mission to Nepal for the fall of 2015.

50 IASC (2012), “IASC Transformative Agenda, Chapeau and Compendium of Actions.”

gement to be an area requiring immediate and high attention. OPRs and STAIT mission reports confirmed this and suggested that improved security management is crucial for better delivery.

SECURITY MANAGEMENT SHOULD BE A
PRIORITY AREA REQUIRING IMMEDIATE
ATTENTION

The emergency director mission to Syria in January 2013 recommended that a “separate security protocol for humanitarian action similar to the approach taken by the EU vis-à-vis ECHO” should be drafted. A protocol was submitted but rejected by the UN Department of Safety and Security (UNDSS), a non-IASC member, at principal level. In March 2014, the EDG Secretariat reported that the under-secretary-general of UNDSS was committed to improving UNDSS support for humanitarian operations and that best practices were being compiled for use across contexts.⁵¹ Since no relevant guidance was issued and no related activities were implemented under the Transformative Agenda, changes in security management cannot be attributed to the Transformative Agenda.

Without being explicitly asked, 10 interviewees said that they viewed security management (including access negotiations) as a priority area requiring immediate attention. The South Sudan and CAR OPRs and Yemen mission report recorded very low satisfaction among humanitarian actors with the security and risk analysis provided by UNDSS. The possible causes noted were the low numbers and wrong profiles of UNDSS staffers and their limited presence outside the capital. In addition, UNDSS security management often lacked appropriate and timely links to the humanitarian community (embedding UNDSS in UN OCHA in South Sudan was identified as a positive example).

Protection

Protection was not explicitly included in the Transformative Agenda Chapeau. In May 2013, informed by the experiences in Sri Lanka and the consequent UN Human Rights up Front initiative, a joint background paper by the Office of the High Commissioner for Human Rights and UNHCR outlined steps to ensure the protection of human rights in humanitarian crises through rights advocacy and better integration of human rights considerations into humanitarian activities. In December 2013, a statement by IASC principals on the centrality of protection assigned responsibility to HCs, HCTs and clusters for developing and implementing comprehensive protection strategies. IASC guidance on the application of protection in emergencies is forthcoming.⁵²

STAIT missions, OPRs and EDG meetings have taken protection into consideration despite their absence in the actual protocols. Overall, the Transformative Agenda had little effect on protection, although some stakeholders felt that enhanced leadership supported stronger HC advocacy on protection.

51 EDG (2015), “EDG Action Point Monitoring: Comprehensive Overview of Progress in Action Point Implementation from EDG, OPR and STAIT Missions.”

52 IASC Principals (2013), “The Protection of Human Rights in Humanitarian Crises. A Joint Background Paper by OHCHR and UNHCR”; IASC (December 2013), “Statement on the Centrality of Protection in Humanitarian Action.”

Both the emergency director and STAIT field missions tackled protection as an issue that needs considerably more attention. Some interviewees felt that growing expectations made of humanitarian leaders to take up rights advocacy, combined with empowered leadership in the field, were strengthening HC advocacy of rights, and they viewed some recent expulsions of HCs as related to this trend. A recent global review of protection, however, found that the “Humanitarian Reform and Transformative Agenda have not significantly enhanced the leadership of HCs on protection issues.” There are also no new systems in place for rewarding such leaders, either in terms of promotion or automatic UN statements expressing support for them.⁵³ Support from headquarters varied, and the performance of double- or triple-hatted HCs continued to be reviewed against competing expectations and priorities, such as the strengthening of relations with the host government.⁵⁴

Similarly, there is little evidence of progress regarding the system-wide, central integration of human rights protection into humanitarian action. The recent protection review found that “the architecture of the humanitarian system regarding protection has become clearer but that responsibilities and synergies are not well-defined between the different sets of actors. Reforms have not delivered in terms of better and consistent protection outcomes.”⁵⁵ Interviews conducted for this study confirmed this assessment. Inter-agency protection strategies were endorsed only in Syria and South Sudan, but these strategies lacked actionable commitments.⁵⁶

53 As a rare example, the UN Security Council condemned the expulsion of the HC/RC/DSRSG from South Sudan. Al Jazeera (2 June 2015), “South Sudan expels UN humanitarian coordinator,” <http://www.aljazeera.com/news/2015/06/south-sudan-expels-humanitarian-coordinator-150601184223872.html>.

54 Niland and Polastro (2015), “Independent Whole of System Review of Protection in the Context of Humanitarian Action,” 41.

55 Ibid., 21.

56 IASC (2015), “Response to the Crisis in Syria. Operational Peer Review.”

Factors

The Transformative Agenda made progress in its main objectives largely due to the earnest engagement of emergency directors and the support of donors. Training and mentoring support helped to get policy guidance taken up in the field. An excessive focus on processes, however, detracted from the reform’s ability to impact delivery. Transformative Agenda tools were applied inflexibly and in contexts they were not designed for. The Transformative Agenda lacked a vision for long-term impact and was initially not set up to engage local actors. UN OCHA’s role in the Transformative Agenda is perceived as crucial but contested.

This chapter analyzes in greater detail the factors that helped the Transformative Agenda to achieve progress and the factors that inhibited change.

IASC Emergency Directors Drove the Reform Process

IASC EMERGENCY DIRECTORS DROVE REFORMS

Many of the Transformative Agenda’s achievements were only made possible by the earnest engagement of the Transformative Agenda’s champions, such as the IASC emergency directors. These networks included primarily senior staff at UN headquarters, but there were also enthusiastic staff from a few large international non-governmental organizations (in theory representing umbrella organizations), who, in doing so, defied the incentives of their organizations, which often saw little value in engaging in reform processes perceived as “UN navel-gazing.” Despite their limited authority, Transformative Agenda champions invested heavily in an inter-agency change process that ran counter to the competing positions of their agencies with regard to funding and mandates. Many of these stakeholders, however, pointed out that certain principals’ ownership of the reform process decreased over time, undermining collective leadership and support to inter-agency brokers. Difficulties in getting agencies to nominate the right kinds of profiles to the L3-ready HC pool and the slow uptake of reforms in the field, for example, support these perceptions. EDG–donor meetings have repeatedly discussed this issue: “top-level Agency buy-in around the TA reforms must be reinforced along with a culture shift inside agencies to ensure that reforms and support to the TA are reflected all the way down the chain to agencies’ field level teams.”⁵⁷

57 DG ECHO (December 2014), “Chair’s report,” 5. See also Pantuliano, Bennett, Fan, Foley (2014), “Review of the Inter-Agency Standing Committee. Requested by the IASC Principals Steering Group.”

The effective engagement of IASC emergency directors was supported by – and manifested in – the formalization of their group, as the EDG, in early 2014.⁵⁸ The review of the IASC described the EDG as “effective and professional.”⁵⁹ This perception was confirmed by interviews conducted for this study. Interviewees also emphasized the active and positive role of the EDG chair. While the EDG rose to prominence, the IASC Working Group “generally lost its voice and position as a group meant to inform the IASC’s priorities and agendas.”⁶⁰ Therefore, the EDG today is the most relevant IASC interface for G10 donors hoping to influence policy and operations. The emergence of the EDG and its engagement with the Transformative Agenda contributed to the greater visibility of, and greater attention given to, emergency work, especially in organizations with dual emergency and development agendas.

Donors Contributed to Achieving Results But Did Not Change Their Funding Practices

Clearer and more-coherent donor messaging at headquarters put pressure on IASC organizations to implement reforms. Several donors reported a harmonization of messages across their aid departments that were overseeing the work of different humanitarian and development agencies in executive boards.⁶¹ More prominently, G10 donors increased cooperation with each other and reinforced already existing platforms such as the OCHA Donor Support Group, the Good Humanitarian Donorship initiative and Montreux retreats. G10 donors engaged closely with IASC emergency directors through biannual meetings. They contributed to policy by commissioning research (e.g., review of incentives for the implementation of the Transformative Agenda and this review) and donor perception surveys on the implementation of the Transformative Agenda in the field. Several donors now include in contracts an explicit commitment to the Transformative Agenda.⁶² Moreover, donors provided one-off contributions to IASC organizations to support their institutionalization of the Transformative Agenda and of STAIT.

Despite greater coherence, there remain a few contested issues. Donors have different views on their participation in humanitarian country teams, on the role that UN OCHA should assume and on whether pooled funds are preferable to the bilateral allocation of resources. Critical voices also felt that donors were using fora like the EDG-donor meeting too much to promote their own agendas and to micromanage reform processes, while resisting demands to monitor the follow-up to their own commitments. A few G10 donors admitted to a tendency of micromanaging processes related to the Transformative Agenda. This was partly driven by their disappointment with previous UN-led reforms that they perceived as having lost steam and focus, as well as by the

58 IASC (2014), “IASC Concise Terms of Reference and Action Procedures,” 4.

59 Pantuliano, Bennett, Fan, Foley (2014), “Review of the Inter-Agency Standing Committee. Requested by the IASC Principals Steering Group,” 4.

60 Ibid.

61 E.g., US’s BPRM and USAID/OFDA, the European Commission’s DG Development and Cooperation and DG ECHO.

62 E.g., BPRM and DG ECHO.

requirement that technical-level donor staff ensure the same level of close oversight and monitoring of multilaterally-funded UN agencies as of NGOs funded exclusively by them. Less coherent donor messaging was noted in the field, where representatives sometimes did little to coordinate messages and lacked a good understanding of the Transformative Agenda or viewed it as a policy unit-driven exercise.⁶³

In addition, there was little change in donor practices. While ECHO, for example, made progress and accepted the UN common audit in its own house, donors failed to harmonize reporting requirements, despite repeated calls from humanitarian organizations⁶⁴ and the administrative burden this posed for IASC organizations (the current co-chairs of the Good Humanitarian Donorship initiative are reviewing ways to ease these requirements, but donors interviewed for this study emphasized that they were bound to accountability mechanisms in their own countries). Critically, while donors generally appreciated products resulting from heavy inter-agency processes, there was little change in funding strategies that continue to take little note of inter-agency plans. In Syria, for example, bilateral funding arrangements were not revised when country teams delivered the requested whole-of-Syria common strategy. This also holds true for other contexts, where G10 donors usually continue to allocate on average less than 60 percent of their contributions to country-level strategic plans (see Graph 6). The remainder is used for funding projects not included in the strategic plans, often based on personal and historical ties.⁶⁵

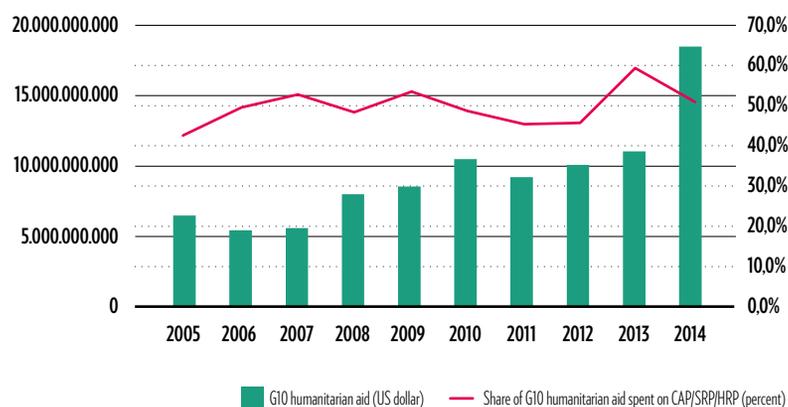
As long as donors allocate primarily to individual agencies, these agencies will have little incentive to increase the sharing of their own needs assessment data, since original data are a key asset in competitive fundraising practices. This situation often undermined efforts to reinforce joint strategic planning in the field. Donors and operational agencies shared the perception that, despite some improvements, clusters and inter-agency plans were often used for fundraising and encouraged “horse-trading” between agencies. Based on the interviews conducted for this study, country-based pooled funds did not appear to provide an effective solution to these problems. Operational organizations felt that they actually increased inter-agency competition. Pooled funds were also seen as less flexible and as allowing lower overheads for implementing organizations in comparison to bilateral grants.

63 One exception is CAR, where donors claimed close cooperation despite the fact that many lack permanent representation. Few donors, namely UK’s DFID, USAID/OFDA and DG ECHO, could routinely designate a dedicated (but junior, compared to UN country directors) humanitarian representative in emergencies. A lack of coordination among these in-country representatives and their diplomatic staff led to a perception of mixed messaging in areas such as the protection of civilians (e.g., Sudan). Other donors assigned the humanitarian portfolio to their trade consults. These double- or triple-hatted donor representatives were viewed as giving little priority to humanitarian issues, especially when such a priority would contradict other economic or political concerns.

64 E.g., UK DFID (July 2014), “Chair’s summary. EDG–donor meeting,” 4.

65 See also De Geoffroy, Leon, Beuret (2015), “Evidence-based decision-making for funding allocations.”

Graph 6: G10 humanitarian aid contributions and their share in country-level plans



Source: own compilation, based on FTS/UN OCHA

Reforms Led to Process Overload, But Training and Mentoring Benefited Implementation

As a headquarters-led, inter-agency change process, the Transformative Agenda had a tendency to solve problems by creating guidance, processes and structures. The humanitarian program cycle, for example, includes a number of new processes to be completed at country level, and additional tools were created to monitor the Transformative Agenda's implementation (see Section 2.3). Staff involved in the Transformative Agenda's design conceded that they "got lost in the process" and that many innovations ended up "feeding the beast" instead of streamlining – one of the Transformative Agenda's objectives.

"Every six months at the EDG-donor meeting we get asked where are you with the TA implementation. We are ushered to do more OPRs. We keep talking and "drum-beating" about the TA instead of asking: show me how are you doing better monitoring or assessments, how do you achieve better results..." (UN emergency director)

LENGTHY PROTOCOL WRITING PROCESS

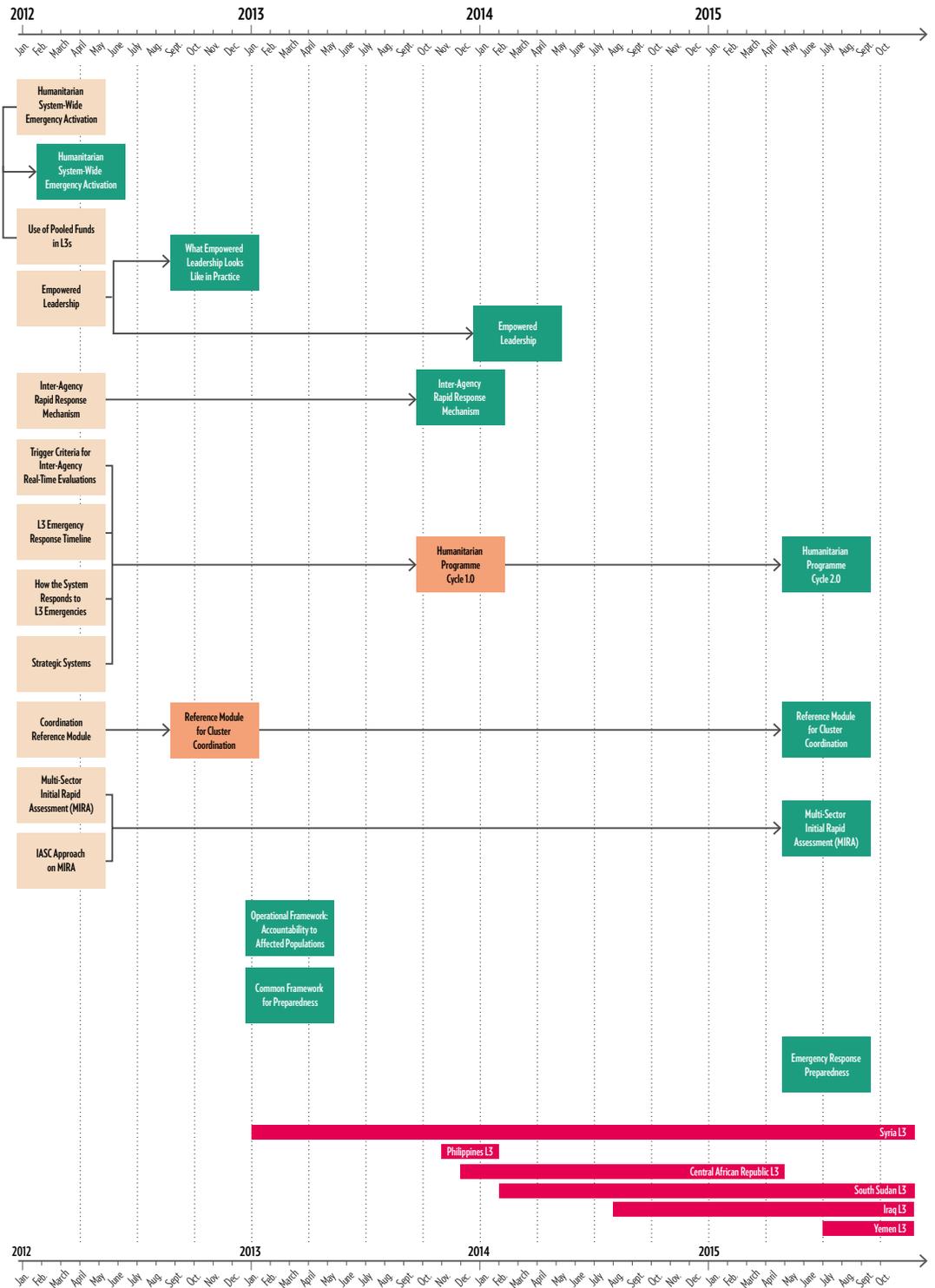
The Transformative Agenda also suffered from a lengthy process of protocol-writing and revision. For several years, key protocols remained drafts awaiting revisions, never finished. On the one hand, this ensured the constant improvement of existing protocols. Eleven protocols were consolidated into seven, which contain more details and graphs. Over the years, however, an additional three issue areas with their own protocols were added to cover accountability to affected populations, the preparedness of local actors and humanitarian organizations' emergency response preparedness. In other words, protocols became clearer, more coherent – and longer. For example, the most recent version (2015) of the reference module for cluster coordination details the

roles and responsibilities of IASC clusters in leadership, but the document’s length is double that of the 2012 version. Field staff and organizations not closely involved in the drafting of protocols perceived the normative work as a “never-ending process” and as having “obtuse” or “abstract” results. They often regarded draft protocols as irrelevant to their work and waited for the final products before disseminating them within their organizations.

At the same time, the Transformative Agenda stressed an approach to guidance dissemination that is softer and more people-centered, an approach that led to clear benefits in the field. All of the humanitarian coordinators interviewed had high regard for their induction and leadership trainings, as well as for the mentoring support of the head of UN OCHA’s Coordination and Response Division. STAIT webinars were similarly highly regarded by participants for encouraging an exchange of good practices.⁶⁶ Field support missions led by emergency directors or STAIT, as well as the coaching and mentoring parts of the operational peer reviews, contributed to a better understanding of expectations of humanitarian country teams, at least among the participating individuals.

⁶⁶ To date, STAIT has held 12 webinars with an average of 200 participants for each.

Graph 7: L3 emergencies and the dissemination of Transformative Agenda protocols



Source: own compilation

Original (unpublished) First version Final version (as of October 2015)

Transformative Agenda Tools Were Applied Inflexibly and In Contexts They Were Not Designed For

TA WAS APPLIED TO ALL EMERGENCIES,
INCLUDING PROTRACTED CRISES

As discussed earlier, the Transformative Agenda was triggered by criticism of the international response to the mega-disasters in Haiti, Pakistan and the Horn of Africa in 2010 and 2011. As a result, the Transformative Agenda focused on issues most relevant for the first phases of the response to large-scale, sudden-onset natural disasters, such as leadership, surge capacity and coordination. Other systemic weaknesses – including engagement with and support for local actors, longer-term staffing issues, humanitarian access and protection – were not priorities at the beginning. However, the Transformative Agenda was applied to all emergencies. In recent years, protracted conflict situations have come to account for the lion’s share of humanitarian response⁶⁷, and alongside this trend, the Transformative Agenda grew in ambition, and the IASC adopted new protocols on areas like preparedness. Due to the late addition of these protocols, however, little progress has been felt in the relevant areas to date. Those who played a role in the initial development of the Transformative Agenda described this as “mission drift”: reforms became “blurry” over time.

“The TA was designed for natural disasters, not protracted crises. For the latter, you need different response modalities that raise questions regarding the role of the UN; the importance of building local capacities” (UN emergency director)

INFLEXIBLE APPLICATION OF TOOLS

A related and widely shared concern was that the Transformative Agenda protocols were applied inflexibly. The tendency to use processes and timelines rather uniformly added to coherence and transparency across contexts, but it reduced the operational relevance of protocols and contributed to top-heavy process demands that detracted from effectiveness. For example, the inflexible application of the humanitarian program cycle meant that existing plans were not sufficiently considered and that resulting products were of limited use for operations. Many interviewees, however, saw this as part of a “teething problem,” which was partially addressed with the rollout of updated guidance and increased mentoring and training.⁶⁸

Focus on “Own House” Prevented Stronger Engagement With Local Actors and Longer-Term Focus

FOCUS ON THE IASC-LED SYSTEM ...

The Transformative Agenda focused on getting the IASC house in order and consequently deprioritized attempts to engage non-IASC members and local actors, including national authorities and NGOs. This remained a problem in, for example, the Philippines, where the international response undervalued its links to the authorities. Similarly, weak links to the government undermined the transition to recovery in Nepal. Mixed experience with the IASC-led response led to a perception that disaster-affected countries were becoming more reluctant to accept international humanitarian aid.

67 The crises in Iraq and Syria accounted for over one-fourth of overall humanitarian contributions in 2014 – \$6.25 billion of \$23.4 billion. Source: FTS/UN OCHA.

68 The first HPC (version 1.0) did not explicitly distinguish between different kinds of crises, but encouraged field teams to apply the cycle with flexibility. The newly adopted version (2.0) provides different templates for different types of emergencies.

The Transformative Agenda, steered by a “group of life-savers” (the EDG), also emphasized the initial and short-term aspects of humanitarian action. Despite a relevant protocol, leaders who were surged following L3 declarations gave little priority to development concerns, capacity building for local partners and similar issues. Moreover, while humanitarian country teams have since 2012 adopted multi-year appeals and plans that in 2014 constituted 33 percent of global appeals, these were not equally matched by multi-year donor grants.⁶⁹ There was also little or no investment into the harmonization of humanitarian and development planning and funding streams, even though these were known gaps.⁷⁰ The Transformative Agenda also failed to address weaknesses in the mandate and work of the early recovery cluster.

UN OCHA Played a Crucial But Contested Role

UN OCHA’s role in the implementation of the Transformative Agenda was perceived as highly ambiguous; more so than other IASC members’ contributions. As mentioned earlier, UN OCHA was an important driver and enabler of the reforms – for example, through its effective chairmanship of the EDG, the drafting of protocols, the mentoring of humanitarian coordinators, dialogue with donors and the follow-up to OPRs and other missions. This resolute approach was crucial for maintaining the reform’s momentum and ensuring that inter-agency discussions translated into tangible products and decisions.

UN OCHA’s strong engagement on behalf of the Transformative Agenda however led to a widespread perception that the Transformative Agenda was an “OCHA thing,” despite the important contributions of single agencies in initiating and implementing the reform. This perception was reinforced when the STAIT was initially hosted by UN OCHA, until it was moved to UNDP in 2015 to underscore its independence, and the tendency of donors to develop new initiatives during meetings as UN OCHA’s Donor Support Group.

Due to this close association of the Transformative Agenda with UN OCHA, the otherwise growing agency opposition to UN OCHA’s role negatively affected buy-in and commitment to the reform process. Reasons mentioned for this growing opposition include both general trends and issues directly related to the implementation of the Transformative Agenda:

The perception was widespread that UN OCHA’s general role had been shifting from an enabler, service provider (e.g., information management, secretarial support for the HCT and clusters) and consensus builder to a role that interviewees variously described as “imposing,” “controlling” and “directing” both at headquarters and in the field. Unilateral revisions of guidance materials after lengthy inter-agency processes, for example, led humanitarian agencies to feel frustrated and alienated. Related tensions – particularly between UN OCHA and UNHCR, but also with other agencies

69 Global Humanitarian Assistance (2015), “GHA Report 2015.”

70 Awareness of these issues is reflected in a number of IASC member and donor meeting minutes. See, for example, Canada, Netherlands, Norway, Switzerland, Sweden, United States (2014), “Conveners’ Conclusions. Montreux XIII Humanitarian Retreat.”

and NGOs, delayed the circulation of certain protocols and created resistance also against the implementation of the Transformative Agenda.

At field level, UN OCHA helped to ensure compliance with the Transformative Agenda. Related requests, for example regular information requests from agencies, the promotion of inter-agency processes and pressure for the timely delivery of HPC products, came to be seen as excessive and reflected negatively on UN OCHA. UN OCHA's field-level role sometimes also led to conflicts with humanitarian coordinators who expected secretarial support, but felt they did not receive this sufficiently and therefore felt restricted in their leadership capacity.

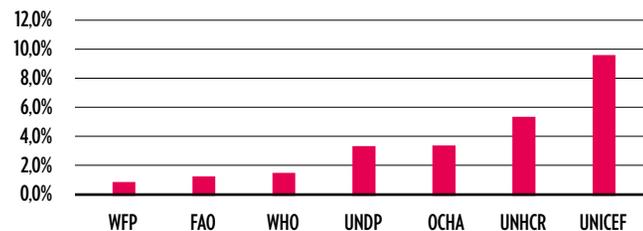
Adding to these tensions was also a perception that UN OCHA had grown disproportionately in terms of staff and budget, giving rise to inter-agency concerns. An analysis of staffing and funding numbers, however, shows that this perception is not founded on facts, as UN OCHA grew at an approximately similar or lower rate (6.9 percent per annum in budget, 3.5 percent per annum in national and international professional-grade staff) than other core UN humanitarian agencies.

Graph 8: Average annual increase in humanitarian funding of UN organizations (2005-2015)



Source: own compilation, based on FTS/UN OCHA⁷¹

Graph 9: Average annual increase in UN professional-grade staff (2009-2013)



Source: own compilation, arithmetic average of annual growth in professional-grade staff at headquarters and field, based on UN Chief Executives Board for Coordination, High-Level Committee on Management Personnel Statistics and UN OCHA's annual reports. Figures do not include temporary assignments.

Most interviewees stressed the need to strengthen UN OCHA's demand-driven service capacity, from meeting facilitation to analytical support. All interviewees reiterated that a coordinating body like UN OCHA is crucial and highly valuable.

71 Arithmetic average of annual growth in humanitarian funding, based on FTS / UN OCHA ("Global humanitarian funding: Totals per appealing agency") from 2005-2015. Figures on average annual growth might differ based on the type of averaging used (e.g., 3-year moving average; median average growth), but UN OCHA consistently ranks second or third lowest among the seven reviewed organizations."

Conclusions and Suggestions

Over the past years, the environment for humanitarian response has undergone important changes. With different numbers, types and intensities of crises, the demands and expectations on the IASC-led humanitarian system have continued to grow and adapt. While donor funding for humanitarian action has grown steadily, the overall level of investment remains limited when compared to other policy areas such as defense or development. Humanitarian reform, including the Transformative Agenda that was initiated following the mega disasters of 2010 and 2011, therefore remains a moving target.

Given the difficult context for implementing an institutional change process, the progress made by the Transformative Agenda in addressing the crucial areas of leadership, coordination and mutual accountability, is significant. Within a relatively short period of time, it developed a detailed set of guidance documents that were continuously revised and improved. It led to the creation of new institutional structures that are perceived as effective, including the EDG, EDG–donor meetings and STAIT. It also generated a range of practical activities that were generally well received, among them training and mentoring programs for humanitarian coordinators, changes in the performance reviews of some agencies’ country directors, strengthened surge mechanisms and operational peer reviews of major operations.

There are several reasons why the Transformative Agenda was relatively successful, considering the odds that usually face an inter-agency reform process. A core group of donors was very active in pushing for the reforms and overseeing their implementation – not only by monitoring follow-up to commitments made by the different actors involved, but also by providing dedicated funding for some related activities. An engaged group of emergency directors maintained the reform’s momentum, supported agency engagement in the development and implementation of the reform and set a positive example of collaboration through their work in the EDG. Supporting structures like STAIT were created to provide dedicated support to the rollout of the Transformative Agenda and its application in specific emergency settings. Last but not least, strong – albeit controversial – leadership from within UN OCHA provided the necessary focus and ability to implement practical changes.

But in the eyes of key stakeholders, the success of the Transformative Agenda is limited in two respects. First, it did not make as much progress as it could have, with regard to its core objectives. For instance, the added benefits of coordination were perceived as modest when compared to the investment made. Progress regarding empowered leadership often did not extend to collective leadership by the humanitarian country team. And changes in mutual accountability did little to increase accountability

to affected populations. Second, the reform process had unintended negative effects – namely, an increase in process demands and the bureaucratization of the response. These have made it more difficult to focus available resources on responding to emergencies and contributed to a general sense of fatigue with global reform processes.

One reason for these constraints is that the Transformative Agenda was originally designed to address the shortcomings of the international response to sudden-onset natural disasters. Yet, it was applied mainly to protracted conflict situations. Paradoxically, one of the strengths of the Transformative Agenda – i.e., its originally narrow focus – turned into a weakness as the context for humanitarian response changed, for the Transformative Agenda did not attach the same importance to issues that are critical in protracted conflict situations, such as longer-term human resources, protection concerns and access and security management. The subsequent amendment and expansion of Transformative Agenda protocols and tools were perceived by many as a dilution of the reform. Relatedly, agency buy-in and a shared sense of purpose reduced over time.

Another important reason for the Transformative Agenda’s shortcomings is that it followed the UN’s classic top-down and bureaucratic approach to change. This approach creates new guidance, processes and structures to address problems, making the system heavier and more unwieldy, rather than leaner and more flexible, as the Transformative Agenda had originally intended. It also tends to neglect the human dimension. It focuses on aspects that can be changed from the global level, such as training requirements, reporting lines and formal levels of seniority, but individual characteristics and personalities are often as, if not more, important to the success of an inter-agency response.

Moreover, the current approach to change depends on the system reforming itself. This approach requires reaching consensus among a large group of diverse and competing stakeholders and reflects the diplomatic culture of the UN. It thus shies away from tackling underlying systemic issues and competing interests and incentives. Examples include the competition between UN agencies and among NGOs; career paths that do not reward collective action and performance; the donor-orientation of the current system, which trumps accountability to affected populations; and the short-term nature of most humanitarian funding.

The review team is aware that attempts to address these issues will face serious obstacles. Yet, with the new emergency relief coordinator having taken office, the World Humanitarian Summit encouraging broader reflections on the efficiency and effectiveness of international responses and the refugee crisis in Europe creating political momentum, there is a window of opportunity for more far-reaching change. Therefore, this report not only suggests ways to further optimize the current system, but also encourages reflection on how to address some of the underlying issues.

All suggestions are informed by an understanding that humanitarian response should be localized, that reforms should be bottom-up and that headquarters should support and lead rather than dictate change processes.

We present these suggestions for the consideration of the EDG–donor meeting. The further-reaching suggestions, however, would also require that IASC principals, the UN’s overall leadership, donors and UN member states take action. The research team is aware that the further-reaching suggestions can only serve as food for thought in this study.

Consolidate the Transformative Agenda, Focus on its Contextualization and Rollout

Rather than launch a new, alternative global reform process, the emergency relief coordinator and the IASC should reap the full benefits of the Transformative Agenda by finalizing the normative work at the global level and proceed by focusing on the optimal, context-specific application of the protocols.

1. In light of the results already achieved, **do not launch a new global reform process** with a top-down approach to change at this moment in time.
2. To enable the full, effective rollout of the reforms, **strong, renewed and sustained support from all IASC principals (not only the ERC) is essential**, not least in order to demonstrate the willingness to work together to agency leaders and HCTs in the field.
3. **Declare all Transformative Agenda protocols final, and develop more dissemination materials** – for example, overviews of the responsibilities entailed by existing guidance for different actors, such as humanitarian coordinators, members of humanitarian country teams, cluster coordinators and country directors of cluster lead agencies and humanitarian country team members.
4. **Clarify the responsibilities of the HCT**, and ensure that all members understand their role before deployment.
5. **Encourage a slimmer, more context-specific application of the protocols, and strengthen mentoring and tailored support.** Require humanitarian coordinators and humanitarian country teams not to apply a standard version of the humanitarian programme cycle and the coordination system, but rather to decide consciously which parts of the system to implement and adapt to support delivery. Strengthen tailored global-level support for this process through, for example, senior field missions by, or phone conversations with, UN OCHA's Policy and Support Branch, STAIT or EDG members. Brief humanitarian coordinators and country directors more explicitly about their roles in this process.

Slim Down Inter-Agency Processes, Focus on Delivery

Despite its best intentions, the Transformative Agenda did not lead to a streamlining of coordination mechanisms and system-wide processes – to the contrary, in actuality. Country-level actors should lead a renewed effort to ensure processes are fit for purpose. Global-level actors, including IASC members and donors, need to support this effort by reducing their process demands and focusing on delivery instead. In addition to applying Transformative Agenda protocols only when and as needed to support delivery as recommended above, this would imply:

1. **Reduce process monitoring.** Donors and IASC member headquarters should reduce the number and frequency of information products they require from their country teams. To reduce the burden on operational organizations, donors should consolidate and harmonize their reporting requirements and/or make

them more flexible (in line with ongoing discussions at the Good Humanitarian Donorship initiative). In the EDG–donor group, it might be helpful to honestly assess which information products (e.g., of the current process monitoring of action points) are really necessary and which products for decision-making in donor headquarters are currently helpful.

2. **Strengthen UN OCHA's role as a coordination facilitator and inter-agency service provider.** UN OCHA has turned into one of the main actors enforcing process demands; as a result, its credibility has suffered. Together with UN OCHA and the IASC, the emergency relief coordinator should ensure that UN OCHA can play the much-needed role as inter-agency service provider: leading from behind, facilitating coordination and providing services to the humanitarian coordinator and humanitarian organizations based in country. This can be enabled by a clarification of its role, internally and externally. But this also requires the willingness and leadership of IASC principals to better communicate the value of good coordination and collective action within their own agencies. STAIT should continue to help roll out and contextualize global reforms, but only until UN OCHA can credibly reassume this role to avoid further fragmentation in the system.
3. **Use area-based coordination and a reduced number of clusters.** If national coordination capacities are insufficient, humanitarian country teams should request the activation of the lowest possible number of clusters required for the response, and the emergency relief coordinator should only authorize the activation of the most relevant clusters. At sub-national level, area-based coordination mechanisms – which are also more easily compatible with national coordination systems – should be the default solution, and clusters or thematic working groups should only be activated when and as requested by operational organizations. Sub-national coordination fora should regularly suggest agenda items for national fora and receive immediate updates on related discussions and decisions. Cluster lead organizations and coordinators should be rewarded for closing clusters or reducing the frequency of meetings as necessary for the response.
4. **Focus coordination agendas on operational needs.** All coordination fora should address issues that are operationally relevant. Coordinators should consult key organizations and affected populations to determine the agenda and format of each coordination activity. Global templates and guidance should be used flexibly and tailored to meet these needs.
5. **Use smaller steering committees for key coordination tasks.** Where large numbers of humanitarian organizations are active, clusters should systematically create smaller steering committees that include the five to ten most operationally relevant humanitarian organizations (with input from the HCT). Steering committees should lead the strategic planning, standard setting and operational troubleshooting. Plenary meetings should be held much less frequently and, alongside other information sharing tools, focus on disseminating information, standards and strategy, as well as on including relevant organizations in fundraising activities. Humanitarian country teams should also be limited in size (e.g., a maximum of 15 members) and routinely discuss strategic issues raised in clusters and at sub-national level.

Address Critical Gaps

Due to its focus on the early phases of the international response to large, sudden-onset natural disasters, the Transformative Agenda left unaddressed a number of issue areas that are crucial for the later phases of the response, conflict situations and protracted crises. Rather than launching a new global reform process, the IASC and its members should consider tackling these issues on a country-by-country basis, trying to improve the situation in a small number of priority countries first. Additional efforts should more strongly consider linkages with actors beyond the IASC, such as local and non-Western actors. The issue areas listed below may need to be reviewed based on the conclusions of the 2016 World Humanitarian Summit.

1. **Protection.** In line with the suggestions above, ensure that the forthcoming IASC guidance on protection has a small process-footprint and is adopted flexibly at the country level. For example, to enable a more central consideration for protection concerns, regularly analyze and discuss the relevance of protection needs for humanitarian programming in humanitarian country teams and cluster steering committees, drawing on the support of protection experts like the Protection Standby Capacity Project (ProCap) or the protection cluster.
2. **Decentralization and longer-term human resources solutions.** At the country level, IASC members should ensure that the bulk of their staff members are present in relevant field locations and have greater authority to take operational decisions. They should more rigorously select staff for conflict or other difficult duty stations based on their ability to work in these contexts and replace existing teams quickly in case of a drastic change in context. They should improve living conditions in field locations and provide incentives for serving in difficult duty stations – for example, through adapted career development. They should also improve the transition from short-term global surge mechanisms to longer-term human resources solutions – for example, through simplified emergency hiring procedures or better hiring and training of national and local staff. At the global level, IASC members should consider introducing system-wide education, training and certification programs for systematically missing profiles.
3. **Longer-term planning and links to local actors.** Especially but not only in protracted emergencies and recurrent natural disasters, IASC members should invest more in preparedness and increase their efforts to adopt longer-term planning horizons. Implementing multi-year strategic response plans is a step in the right direction, one that also enables better linkages to development planning cycles. To be effective, however, they need to be accompanied by multi-year grants by donors. Longer-term plans should be regularly assessed against their intended results (as opposed to sector-based outputs) and include exit strategies with a gradual transfer of responsibilities (and capacities) to national and/or local actors.
4. **Security/risk management.** Issues related to security and risk management continue to be regarded as major obstacles to a more effective response in conflict situations. This issue area requires renewed attention.

Refocus on Crisis-Affected People

The IASC-led humanitarian system needs to move from a largely rhetorical commitment to accountability to affected populations to a genuine and systematic implementation of the concept. The IASC and its members can take some incremental steps. Further-reaching steps that better translate the concept of accountability to affected populations into practice would require donors and UN member states to take action.

1. **Systematically consider how AAP practices can be strengthened at country level.** Global umbrella organizations should start or increase their efforts to collect and disseminate good practices in AAP. Individual organizations as well as coordination meetings should regularly consider how they could adapt these good practices to the country context and how they can learn from each other's experiences. For example, include the perceptions of affected populations in the deliberations of the humanitarian country team and of cluster steering committees – either by including government representatives (in disaster settings) or by considering the results of neutral assessments collecting population feedback (e.g., the Communicating with Disaster Affected Communities (CDAC) Network) in agenda setting and decision-making.
2. **Re-orient funding mechanisms to focus on AAP, instead of only being accountable to donors.** To enable and incentivize more humanitarian organizations to take AAP seriously, bilateral donors and pooled funds – at a minimum – need to give operational organizations the flexibility to react and respond to the potentially changing preferences of affected populations; this also requires a higher tolerance for risk. In addition, donors should provide stronger incentives for AAP – for example, by tying their (future) contributions to the expressed satisfaction of affected populations or to evidence of impact.
3. **Accelerate the shift to cash.** Cash enables beneficiaries to purchase goods and services from private and/or humanitarian organizations and thereby transfers decision-making power to beneficiaries and creates accountability to them. As recommended by the High-Level Panel on Humanitarian Cash Transfers, cash should thus become the default modality for humanitarian aid in most sectors.⁷² This would only require one or a small number of humanitarian agencies to assess needs, register beneficiaries and distribute cash and/or vouchers. Where markets do not work, humanitarian organizations could step in to provide goods and services for cash or multi-sector vouchers.
4. **Reconsider the sector-based mandates and voluntary coordination models of UN agencies.** The sector-based mandates of UN agencies with voluntary, largely sector-based coordination models add to the current supply-driven – as opposed to demand-driven – system and prevent a more holistic, open consideration of the needs of affected people. As recommended by a growing number of system reviews,⁷³ UN member states and donors might therefore re-consider these sector-based mandates and the voluntary coordination models for the future.

⁷² ODI (2015), “Doing cash differently. How cash transfers can transform humanitarian aid. Report of the High Level Panel on Humanitarian Cash Transfers.”

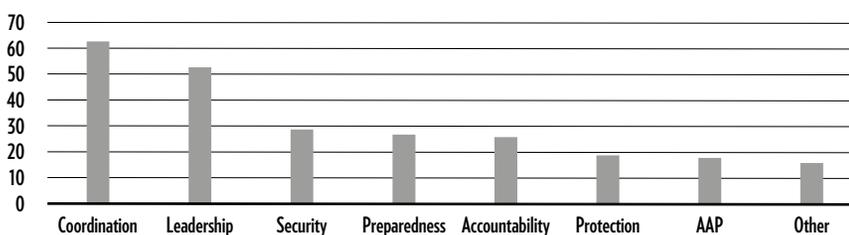
⁷³ For example: ALNAP (2015), “State of the Humanitarian System”; Niland and Polastro (2015), “Independent Whole of System Review of Protection in the Context of Humanitarian Action.”

Annex 1: Analysis of OPRs and STAIT Mission Reports

By November 2015, five OPRs and three STAIT mission reports have been finalized. These outlined 452 action points of which 400 were directed to actors in the field and 52 to headquarters, mainly the EDG. The last two OPRs in Iraq and Syria differ in that they also outline action points for donors.

The review team analyzed in detail reports that had received a status update by August 2015: the OPRs in Central African Republic, South Sudan, Philippines and STAIT missions reports in Sudan and Yemen. Of the 251 action points, 209 were directed to humanitarian country teams and 42 to headquarters. 53 concerned leadership, 63 coordination, 26 accountability, 29 security, 27 preparedness, 18 accountability to affected populations, 19 protection, and 16 other issues such as financing and resource mobilization (Graph 10).

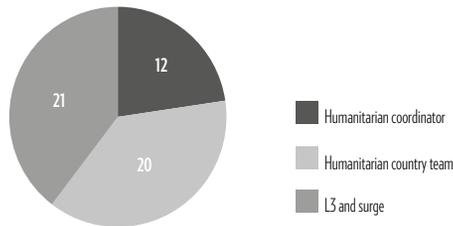
Graph 10: Number of action points per issue area



Source: own compilation

In leadership, recommendations predominantly related to surge mechanisms (e.g., improve operational field presence and surge succession) and collective leadership through the HCT (e.g., stronger focus on strategic issues, clarity on HCT membership). Comparatively few comments were related to humanitarian coordinators (e.g., deputy HC terms of reference) (Graph 11).

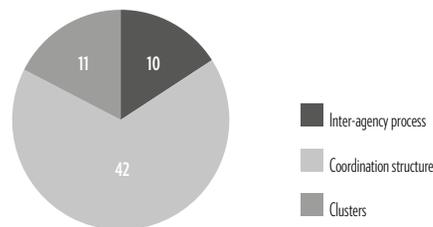
Graph 11: Action points related to leadership



Source: own compilation

The issue area that generated the greatest number of action points in the analyzed reports was coordination. Most of the identified problems and related recommendations concerned coordination structure – mainly, the links between different coordination fora and levels, and decentralization. Comparatively few issues linked to clusters (e.g., information management) and inter-agency processes (e.g., more flexible application of HPC timeline) were raised (Graph 12).

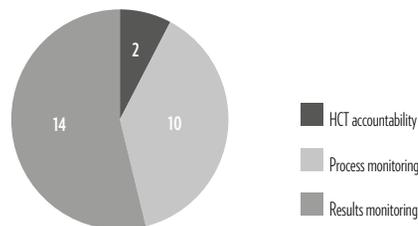
Graph 12: Action points related to coordination



Source: own compilation

With regard to accountability, the Transformative Agenda focused on mutual accountability between international humanitarian actors. In this area, comparatively few issues were identified and few action points formulated. Most action points suggested ways to improve results monitoring and to lessen the process burden on operational staff by, for example, better coordinating EDG and IASC principal missions (Graph 13).

Graph 13: Action points related to accountability

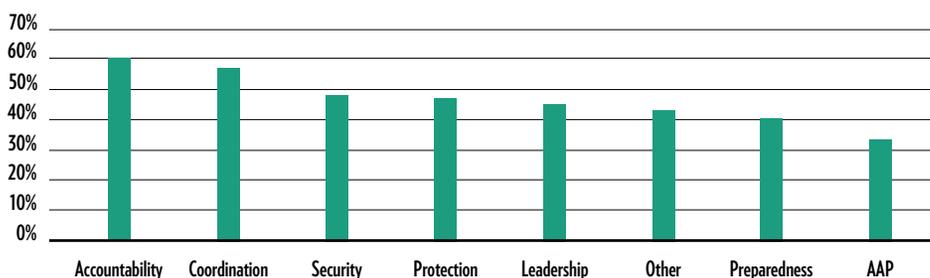


Source: own compilation

Humanitarian country teams and the EDG Secretariat provided status updates to the action points, which were collated in a matrix and color-coded according to their level of implementation. On average, nearly half of the action points were reported as fully addressed (green), 30 percent as partially addressed (yellow) and only three percent (eight action points) as not addressed (red). Of the remaining 51 action points that were no longer feasible to implement (20 percent, grey), 49 relate to the Yemen response where the security situation changed drastically after the STAIT mission.

Action points related to formal accountability had the highest implementation rate from across all issue areas. 62 percent of these were reported as fully implemented. At the opposite end of the scale is accountability to affected populations, with only 33 percent of related action points implemented fully (Graph 14).

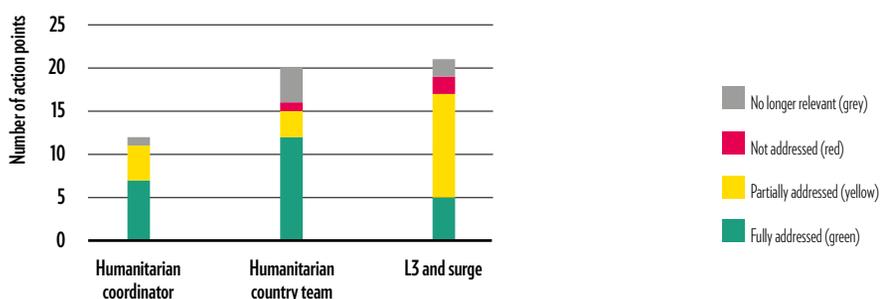
Graph 14: Percentage of action points reported as fully addressed (green)



Source: own compilation

In leadership, issues related to HC and HCT leadership had relatively good follow-up, but L3 and surge had very low likelihood of full implementation (24 percent) (Graph 15).

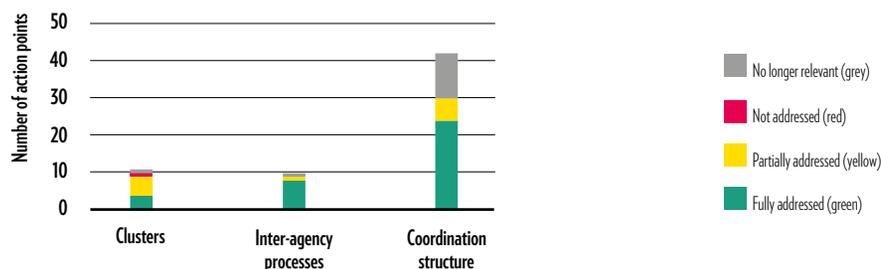
Graph 15: Action points and their follow-up related to leadership



Source: own compilation

In coordination, recommendations related to inter-agency processes had very strong follow-up (80 percent). Action points that addressed issues with the coordination structure and, especially, clusters were less likely to be implemented (Graph 16).

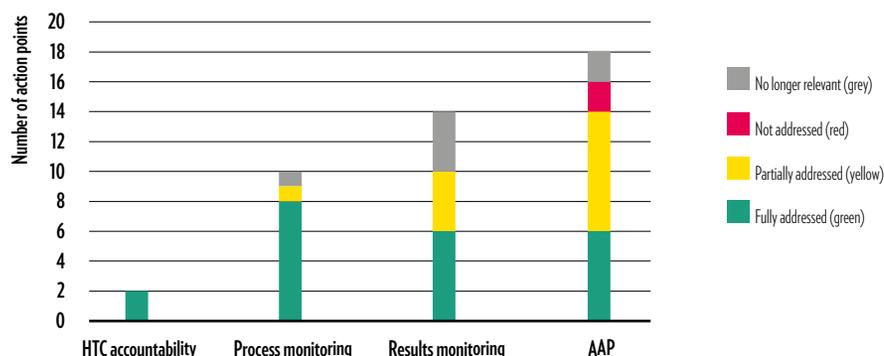
Graph 16: Action points and their follow-up related to coordination



Source: own compilation

Action points related to humanitarian actors’ mutual accountability and process monitoring had the highest implementation rate across all issue areas. Humanitarian country teams, however, reported a generally low follow-up of recommendations related to results monitoring practices. (Although not a formal Transformative Agenda pillar, many of the stakeholders interviewed, understood “accountability” as referring to accountability to affected populations – related action points had the lowest level of follow-up) (Graph 17).

Graph 17: Action points and their follow-up related to accountability and AAP



Source: own compilation

An interpretation of action points and status updates generate preliminary results related to the Transformative Agenda’s achievements (Graph 18). For example, the comparatively low number of action points and high rate of implementation indicate relative progress in the area of formal accountability. By contrast, the relatively high number of action points related to AAP, and their low likelihood of implementation indicates little progress. At a disaggregate level, this analysis shows progress in the areas of HCT accountability, inter-agency processes and process monitoring. Comparatively little progress can be noted in issues related to L3 and surge. In all other cases, the interpretation of OPR data in and by itself leads to mixed results (which were addressed by the review team through additional desk research and interviews with key stakeholders).

Graph 18: Interpretation of action points and status updates

RATE OF IMPLEMENTATION	NUMBER OF ACTION POINTS	
	Low	High
Low	Unclear	Little progress
High	Progress	Unclear

Source: own compilation

Annex 2: List of Interviewees

Nummer	Name	Position	Organization	Country/city
1.	Abdou Dieng	Fmr. Senior HC (previously HC)	N/A	CAR
2.	Afshan Khan	Office of Emergency Programmes	UNICEF	New York
3.	Aimee Ansari	Country Director	CARE	South Sudan
4.	Ali al-Za'atari	Fmr. RC/HC/UNDP Resident Representative	N/A	Sudan
5.	Alioune Badiane	Director, Programme Division	UNHABITAT	Nairobi
6.	Amy Martin	Fmr. Head of Office	UN OCHA	CAR
7.	Andrew Wyllie	Change Manager and Chief of the Programme Support Branch	UN OCHA	Geneva
8.	Ann Mary Olson	International Director, DRC	DRC	Copenhagen
9.	Anthony Craig	IASC Task Team Co-Chair, Preparedness and Resilience	WFP	Rome
10.	Arafat Jamal	Fmr. Chief IASC Secretariat	(Now: UNHCR)	Geneva
11.	Astrid van Genderen Stort	Chief IASC Secretariat	IASC	Geneva
12.	Barbara Lecq	Humanitarian Advisor	DFID	CAR/London
13.	Belinda Holdsworth	ProCap Support Unit	UN OCHA	Geneva
14.	Björn Hofmann	Division for Humanitarian Assistance and Humanitarian Demining	MFA	Germany
15.	Bob Kitchen	Director, Emergency Preparedness and Response	IRC	New York
16.	Bruno Lemarquis	Crisis Response Unit (deputy)	UNDP	New York

Nummer	Name	Position	Organization	Country/city
17.	Cathrine Andersen	Minister-Counsellor, Humanitarian Issues	Norwegian Mission to the UN in Geneva	Norway
18.	Catherine Wiesner	Deputy Assistant Secretary	BPRM	United States
19.	Chris Kaye	Fmr. Deputy HC	N/A	Philippines
20.	Chris Skopec	Senior Director, Emergency Preparedness and Response	Intl Medical Corps	Washington, DC
21.	Christelle Loupforest	Head, IASC/ECHA Secretariat	UN OCHA	New York
22.	Claire Bourgeois	Fmr. Senior HC (post discontinued)	N/A	CAR
23.	Claire Messina	Senior Coordinator of the Humanitarian Leadership Strengthening Unit	UN OCHA	Geneva
24.	Clare Dalton	Diplomatic Adviser, Multilateral Organisations and Humanitarian Action, Department of International Law and Policy	ICRC	Geneva
25.	Claude Wandeler	Second Secretary	MFA	Switzerland
26.	Claus Sorensen	Director General	DG ECHO	European Commission
27.	Daisy Dell	Fmr. Director External Relations Division (now: Asia Director)	UNHCR	Geneva
28.	David Evans	Chief Technical Advisor	UNHABITAT	Nairobi
29.	David Kaatrud	Fmr. Director, Emergency Preparedness and Support Response	WFP	Rome
30.	David Sevcik	Fmr. Technical Assistant	DG ECHO	Philippines
31.	Dominique Burgeon	Technical Cooperation Department (deputy)	FAO	Rome
32.	El Moustafa Benlamih	RC/HC a.i.	N/A	Sudan
33.	Eltje Aderhold	Division for Humanitarian Assistance and Humanitarian Demining	MFA	Germany
34.	Fausto Prieto Perez	Global Field Focal Point for Transformative Agenda	DG ECHO	Addis Ababa
35.	Francois Goemans	Head of Office	UN OCHA	CAR
36.	Gareth Price-Jones	Humanitarian Policy and Advocacy Coordinator	CARE	Geneva
37.	Geert Cappelaere	Representative (Fmr. RC/HC a.i.)	UNICEF	Sudan

Nummer	Name	Position	Organization	Country/city
38.	Gemma Connell	Fmr. Coordinator, IASC EDG	UN OCHA	New York
39.	Hafeez Wani	NNGO Focal Point	South Sudan NGO Forum	South Sudan
40.	Henrik Nordentoft	HPC Steering Group Member	UNHCR	Geneva
41.	Hosanna Fox	Fmr. Senior Policy Advisor	NGO Forum	South Sudan
42.	Ingrid MacDonald	Director, Geneva & Humanitarian Policy	NRC	Geneva
43.	Ivo Freijzen	Head of Office	UN OCHA	Sudan
44.	Jacques Terrenoire	Country Director	Mercy Corps	CAR
45.	Jasmine Whitbread	CEO	Save the Children International	London
46.	Jean McCluskey	STAIT staff	IASC	Geneva
47.	Joachime Nason	Counsellor, Humanitarian Affairs	DG ECHO	European Commission
48.	Johan Palsgård	First Secretary, Humanitarian Affairs	Permanent Mission of Sweden in Geneva	Sweden
49.	John Ging	Chair, IASC Emergency Directors Group (EDG); Director, Coordination and Response Division	UN OCHA	New York
50.	Joshua Tabah	Counsellor, Humanitarian Affairs	Permanent Mission of Canada in Geneva	Canada
51.	Justin Morgan	Country Director	OXFAM GB	Philippines
52.	Karima Hammadi	Acting Head of Office	DG ECHO	CAR
53.	Karuna Herrmann	Fmr. Coordinator a.i., IASC EDG	UN OCHA	New York
54.	Kate Halff	Executive Secretary	SCHR	Geneva
55.	Loretta Hieber-Girarder	Head of Inter-Cluster Coordination Section	UN OCHA	Geneva
56.	Louise Aubin	IASC Task Team Co-Chair, Global Protection Cluster Coordinator	UNHCR	Geneva
57.	Luiza Carvalho	Fmr. HC/RC	N/A	Philippines

Nummer	Name	Position	Organization	Country/city
58.	Mabingue Ngom	Programme Division	UNFPA	New York
59.	Manisha Thomas	Fmr. Staff at IASC Secretariat	(Now: Solutions Alliance)	Geneva
60.	Manuel Bessler	Vice Director and Head of the Department of Humanitarian Aid	MFA	Switzerland
61.	Michael Bowers	Senior Director, Strategic Response and Global Emergencies	Mercy Corps	Portland, OR
62.	Mohamed Malick Fall	Representative	UNICEF	CAR
63.	Mohammed Abdiker	Department of Operations and Emergencies	IOM	Geneva
64.	Mohammed Mehmache	Coordinator	Comite de Coordination des ONG	CAR
65.	Nance Kyloh	Senior Humanitarian Advisor, Mission to Geneva	USAID/OFDA	Geneva
66.	Neil Buhne	Director, UNDP Office in Geneva	UNDP	Geneva
67.	Olivia Tecosky	Office of the Director, OCHA I Coordination and Response Division	UN OCHA	New York
68.	Panos Moutzis	Director, STAIT	IASC	Geneva
69.	Patricia McIlreavy	Senior Director Humanitarian Policy	InterAction	Washington DC
70.	Patrick Dupont	Fmr. Head of Humanitarian and Migration Section, European Union Delegation in Geneva	DG ECHO	European Commission
71.	Patrick Saez	Head of Humanitarian Partnerships Team	DFID	United Kingdom
72.	Peter Kvist	Desk Officer	MFA	Sweden
73.	Rajendra Aryal	Fmr. Representative a.i.	FAO	Philippines
74.	Raphael Gorgeu	Senior Policy Officer	ICVA	Geneva
75.	Rasmus Stuhr Jacobsen	Head of Emergency, Safety & Supply Division, DRC	DRC	Copenhagen
76.	Rick Brennan	Emergency Risk Management and Humanitarian Response	WHO	Geneva
77.	Robert Piper	Fmr. Regional HC in Sahel	N/A	Sahel
78.	Salle Gregory	Team Leader	DFID	Philippines

Nummer	Name	Position	Organization	Country/city
79.	Simon Mansfield	Head of Office	DG ECHO	South Sudan
80.	Terence D. Jones	RC (ad interim)	N/A	Philippines
81.	Terry Morel	Head of the Division of Emergency, Security and Supply	UNHCR	Geneva
82.	Toby Lanzer	Fmr. DSRSR/RC/HC	N/A	South Sudan
83.	Tom Delrue	STAIT staff	IASC	Geneva
84.	Urban Reichhold	Programme Support Branch	UN OCHA	Geneva
85.	Yasmine Ali Haque	Representative	UNICEF	South Sudan

Annex 3: MaxQDA Codes

Table 1: Codes used for the analysis of OPRs, STAIT mission reports and interviews

Issue area	Code	Description
Leadership	HC	HC appointment, HC pool, UN OCHA support to HC
	HCT	HCT cooperation, representation of clusters and donors at HCT
	L3 and surge	L3 activation, surge, L3 deactivation and transition, balance between operations and coordination staff
Coordination	Clusters	Cluster meetings and staffing, information management
	Inter-agency processes	HPC timeline and deliverables, “process demands”
	Coordination structure	Links between coordination fora, decentralization
Accountability mechanisms and monitoring	HCT accountability	HC and HCT member reporting lines
	Process monitoring	EDG-donor meetings, requests and visits from HQ, ED and STAIT field missions (including OPRs)
	Results monitoring	Results monitoring in the field
Accountability to affected people	AAP	Issues related to AAP
Security management	Security	Security analysis, humanitarian access
Preparedness	Resilience	Preparedness and capacity building of local actors, resilience and exit strategies, linking to development
	ERP	Emergency response preparedness of humanitarians
Protection	Protection	Protection programming and advocacy
Other	Other	All other issues (e.g., fundraising strategies)

Table 2: Additional codes used only for interviews (MaxQDA)

Issue area	Code	Description
TA meaning	TA	Understanding of the Transformative Agenda
Prioritization	Progress	Issue areas with most progress
	No	Limited, no or negative change in issue areas
Global coordination	EDG-donor	Coordination at headquarters (e.g., EDG)
Financing	Financing	Decisions on funding allocations in the field and HQ
UN OCHA	UN OCHA	Role of UN OCHA
Recommendations	HC/ERC	Recommendations to the HC and the new ERC

Annex 4: Inception Report

Background

Drawing mainly on the lessons of the Haiti earthquake and the Pakistan floods in 2010, the principals of the Inter-Agency Standing Committee (IASC) adopted the Transformative Agenda in December 2011 to strengthen leadership, coordination and accountability in humanitarian emergencies.⁷⁴ The reforms were aimed at “simplifying processes and mechanisms, improving inter-agency communication and collaboration, and building confidence in the system as a whole”; the “ultimate objective” was to enhance accountability to affected people.⁷⁵

These objectives were operationalized through a series of protocols, largely developed by dedicated IASC steering groups, with the IASC Secretariat and the Emergency Directors Group (EDG) being instrumental in their implementation. Initial efforts focused on major humanitarian emergencies. The first Transformative Agenda protocols define, among others, the process of system-wide Level 3 (L3) activation. Activation empowers the humanitarian leadership, enables the deployment of surge staff through the inter-agency rapid response mechanism, triggers an immediate allocation from the Central Emergency Response Fund and leads to a series of assessment and planning exercises.⁷⁶ The other four Transformative Agenda protocols are applicable in all emergencies, L3 and non-L3 alike. These reference documents define a new humanitarian program cycle and address coordination at the country level, accountability to affected populations and preparedness.

74 In addition, there was a commitment made by the principals to address security concerns with the United Nations Department of Safety and Security (UNDSS), recognizing that the success of the Transformative Agenda largely depends on access and security.

75 IASC (2012), “Chapeau and Compendium of Actions. IASC Transformative Agenda,” p. 2.

76 L3 activation triggers the establishment of the humanitarian country team; the rapid appointment of a senior humanitarian coordinator and deployment of the Inter-Agency Rapid Response Mechanism core team; the activation of the “empowered leadership” model; the immediate implementation of the Multi Cluster/Sector Initial Rapid Assessment; the elaboration of a strategic statement; the immediate initial Central Emergency Response Fund allocation of \$10–20 million; the review of the coordination and leadership arrangements by IASC principals; and the real-time review of the response (OPR). IASC (2013), “IASC Principals Transformative Agenda,” <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-template-default&bd=87> (accessed 5 February 2015); IASC (2012), “Inter-Agency Standing Committee Transformative Agenda Reference Document: 2. Humanitarian System-Wide Emergency Activation: definition and procedures.”

In addition, the IASC Secretariat identified five priority areas for 2014–2015 under the umbrella of the Transformative Agenda: protection, accountability to affected populations, humanitarian financing, preparedness and resilience, and revitalization of principled humanitarian action.⁷⁷ Declarations made by the IASC principals highlight the priority given to protection and accountability to affected populations.⁷⁸ An independent, whole-of-system review of protection in humanitarian crises is currently ongoing.

Responsibilities for implementing the reforms are distributed among various actors. The 2012 IASC Transformative Agenda Chapeau designated humanitarian country teams, country clusters, cluster lead agencies and the UN Office for the Coordination of Humanitarian Affairs (UN OCHA) as prime actors in the implementation of the reforms. At the same time, the senior management of IASC organizations is responsible for the dissemination of reforms to regional and country managements within their agencies.⁷⁹

To support the uptake of reforms in the field, the EDG created the Senior Transformative Agenda Implementation Team (STAIT) in early 2014. STAIT currently has four full-time staff and is seeking direct financial support from donors. Current and planned STAIT activities include missions and operational peer reviews (OPRs), field support (e.g., remote consulting for humanitarian management), communications (e.g., webinars), learning (e.g., lessons learned short summaries) and policy revision (e.g., policy input for headquarters).⁸⁰

To date, the implementation of OPRs and STAIT missions have constituted the strongest focus of STAIT's activities. In accordance with the protocols, OPRs are designed to take place within 90 days following the declaration of an L3 emergency. STAIT missions are conducted upon the invitation of the Humanitarian Coordinator and the Humanitarian Country Team. The aim of both exercises is to support the inter-agency management of humanitarian responses through a real-time analysis of the response, identifying necessary course-correctors early on.⁸¹ OPRs provide country-level action plans that outline recommended improvements. Country teams are supposed to deliver a status update against the action plan to the EDG and IASC principals 60 days after the publication of the OPR report.⁸² OPRs also provide recommendations on areas for global-level action. There is no formal follow-up procedure for these recommendations. To date, three OPRs in L3 emergencies (Philippines, CAR and South Sudan) have been finalized, and two further OPR field missions are being implemented from May to June 2015 in Syria and Iraq. At the time of this inception report, one status report, on South Sudan, had been submitted. For their part, STAIT mission reports mainly provide country-focused recommendations. The response to the report, which the country

77 IASC (2013), "Priorities 2014-2015. About the Inter-Agency Standing Committee," <http://www.humanitarian-info.org/iasc/pageloader.aspx?page=content-about-default> (accessed 13 May 2015).

78 IASC (December 2011), "Commitments on Accountability to Affected People/Populations"; IASC (December 2013), "Statement on the Centrality of Protection in Humanitarian Action."

79 IASC (2012), "Chapeau and Compendium of Actions. IASC Transformative Agenda," p. 4.

80 Interview with STAIT staff, 11 May 2015.

81 See, e.g., "South Sudan Operational Peer Review – Draft Terms of Reference" (6 May 2014). Interview with STAIT staff, 11 May 2015.

82 The first working draft of the OPR guidance, applicable for the Philippines and CAR, specified only 30 days for the status update. IASC (2013), "Operational Peer Review. Guidance. Working Draft."

team has committed to, should take place within 60 to 90 days following its publication. STAIT missions to Sudan, Yemen and Niger have been completed.

Similar to OPRs, inter-agency humanitarian evaluations (IAHE) are triggered automatically after the designation of an emergency as L3. So far, an IAHE has been completed in the Philippines, one is ongoing in South Sudan, and a third was recently commissioned for CAR.

Objectives of the Review

During the EDG–donor meeting in December 2014, DG ECHO asked the INSPIRE Consortium to suggest a review process to synthesize the main lessons learned so far from the implementation of the Transformative Agenda and to analyze the steps that have or have not been taken to address concerns.

The main concerns of the EDG–donor group at the moment are: how the Transformative Agenda has been rolled out and the rollout’s ramifications for the delivery of effective aid to beneficiaries; if the agenda is the right formula; and whether the agenda actually addresses the recommendations of other evaluations and reviews (e.g., OPRs).

Based on the original terms of reference and consultations with STAIT and DG ECHO in May 2015, we understand the main objectives of the review to be the following:

Objective 1:

Provide a synthesis of existing evidence on issues related to the implementation of the Transformative Agenda.

The analysis will draw primarily on OPR and STAIT mission reports and complement them with the findings of other relevant reviews (e.g., inter-agency evaluations, strategic and country-focused single agency evaluations, lessons learned processes), as well as interviews with key stakeholders in these review processes. The synthesis will focus on issues that appear to be of a systemic nature.

Objective 2:

Analyze the steps that have or have not been taken to address the identified issues.

The analysis will focus on recommendations related to systemic issues. The team will seek to identify what actors at different levels (global, regional and country-level, inter-agency, single agency) have or have not done to address identified issues and implement recommendations. Moreover, we will endeavor to understand why these activities have or have not had the desired effect. The analysis aims to uncover the drivers and constraints for the uptake of the recommendations, as well as to identify potential design flaws in the Transformative Agenda and its implementation process.

Objective 3:

Develop recommendations for the EDG and IASC principals, donors and other key stakeholders on how to address the identified issues and constraints.

Recommendations will be developed in cooperation with key stakeholders to ensure that they are realistic and to increase the stakeholders' buy-in and ownership.

The review will cover the period between the formulation of the Transformative Agenda in late 2011 to early 2012 until the implementation of the Syria and Iraq OPRs in June 2015, with an emphasis on the most recent humanitarian responses and efforts to implement the Transformative Agenda.

Methods and Work Steps

The review team will primarily use qualitative methods to address the objectives of the review. These include a document and literature review, key informant interviews (including face-to-face and phone interviews) and joint reflections on the way forward with key stakeholders. Interim results related to the different objectives of the review will be discussed and verified with STAIT and DG ECHO.

The review team envisages the following work steps.

Objective 1: Provide a synthesis of existing evidence on issues related to the implementation of the Transformative Agenda.

1. Review OPR and STAIT mission reports as primary evidence.
2. Review secondary evidence, including inter-agency evaluations and lessons learned exercises, single-agency reviews, evaluations and lessons learned documents, UN OCHA updates on the implementation of the Transformative Agenda, STAIT webinars, EDG-donor and IASC principal meeting minutes.
3. Interview selected key stakeholders of the different review processes.
4. Identify systemic issues, related recommendations and key stakeholders for follow-up on each issue. A preliminary list of key issues and stakeholders informing the inception planning of the review, based on OPR and STAIT mission reports, is included in Annex 1.
5. Discuss and verify the final inception report with STAIT and DG ECHO.

Objective 2: Analyze the steps that have or have not been taken to address the identified issues.

6. Review available status reports on the action plans of OPRs and STAIT missions.
7. Review available documentation on actions taken related to the different issue areas at global, regional and country, as well as inter-agency and single-agency levels.
8. Analyze responses to the Transformative Agenda perception surveys.

9. Interview key stakeholders at different levels involved in designing or implementing changes related to the different issue areas. These will include headquarters; regional and country-level representatives of a selection of G10 donor representatives; non-traditional donor representatives; major UN agencies (e.g., WFP, UNHCR, UNICEF, UNDP, UN OCHA); NGOs, including IASC principals and emergency directors; and stakeholders outside the Transformative Agenda (e.g., ICRC and non-traditional actors). In countries where STAIT missions and OPRs have occurred (South Sudan, CAR, the Philippines, Niger, Sudan and Yemen), the team will consult a selection of humanitarian coordinators and deputy humanitarian coordinators, inter-cluster and cluster coordinators, regional and country directors of the UN, international and local NGOs, the ICRC, as well as donor representatives. A preliminary list of interviewees is included in Annex 2. Interviews will either be conducted by phone or face-to-face during visits to various capitals and regional hubs, as well as on the sidelines of strategic inter-agency or agency meetings.
10. Draft a summary overview of key obstacles that hinder actors from following up on recommendations and addressing systemic issues.

Objective 3: Develop recommendations for the EDG and IASC principals, donors and other key stakeholders.

11. Develop broad outlines of recommendations that address identified key obstacles.
12. Conduct bilateral discussions with key stakeholders (e.g., STAIT, donors, emergency directors) in order to verify findings and refine recommendations.
13. Request feedback from key stakeholders on draft report.
14. Present final report and recommendations at the December 2015 EDG–donor meeting.

Anticipated Challenges and Mitigation Measures

Anticipated Challenges	Mitigation Measures
Heavy reliance on secondary data to identify issues in recent emergency responses (OPR and STAIT mission reports, other evaluation and lessons learned reports)	<ul style="list-style-type: none"> • Triangulate findings on systemic issues between different reports • In interviews, verify controversial or issues that are not sufficiently substantiated
Limited opportunities to conduct in-person interviews due to the broad geographic spread of relevant stakeholders	<ul style="list-style-type: none"> • Visit strategic locations such as headquarters and regional offices of key agencies • Utilize existing meetings of relevant stakeholders to conduct interviews on the side • Use Skype with enabled video function for phone interviews, when possible • Interview requests facilitated by DG ECHO and STAIT, when possible and applicable
Limited understanding of the objectives of the Transformative Agenda among some key stakeholders; different interpretations of the Transformative Agenda and its implementation could reduce the validity of responses	<ul style="list-style-type: none"> • Define the scope of the review through the issues included in OPR and STAIT mission reports • Focus interview questions on specific issues identified through OPR and STAIT mission reports (rather than the implementation of the Transformative Agenda, more abstractly) • When appropriate, share Annex 1 of the final inception report on identified systemic issues and related recommendations with stakeholders before interviews
Potentially limited ability to develop realistic recommendations to entrenched, systemic issues; some of the obstacles that hinder actors from following up on recommendations and addressing systemic issues (e.g., the competitive nature of the humanitarian system) may be deeply entrenched and difficult to address within the setup of the current system	<ul style="list-style-type: none"> • Develop recommendations cooperatively with key stakeholders • Involve actors from outside the IASC in the process to encourage out-of-the-box thinking • Clearly identify constraints even if no realistic recommendations can be proposed

Deliverables

The team proposes that we deliver the following outputs to DG ECHO:

- (i) A first draft report of the Transformative Agenda implementation review submitted for one round of comments by 29 October 2015.
- (ii) A final report of the IASC Transformative Agenda review of 50 pages maximum, excluding annexes, by 1 December 2015, with a summary executive report of 5,000 words maximum.
- (iii) A presentation of the results of the review at the EDG–donor meeting in December 2015.

Annex 5: Literature

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