

IASC TRANSFORMATIVE AGENDA - 2012

The Humanitarian Reform process was initiated by the Emergency Relief Coordinator, together with the Inter-Agency Standing Committee (IASC) in 2005 to improve the effectiveness of humanitarian response through greater predictability, accountability, responsibility and partnership. Emergency response capacity has been reinforced at the global level according to an agreed division of labour. However, challenges still remain in deploying adequate leadership; putting in place appropriate coordination mechanisms at various levels and ensuring clear mutual accountabilities as evidenced by several major disasters over the past years. Furthermore, the application of the cluster approach has become overly process-driven and, in some situations, perceived to potentially undermine rather than enable delivery.

In light of the growing recognition of the weaknesses in the multilateral humanitarian response, the IASC Principals decided to review the current approach to humanitarian response and make adjustments, building on the lessons learned in 2010 and 2011. Based on an analysis of current challenges to leadership and coordination, the IASC Principals agreed in December 2011 to a set of actions that collectively represent a substantive improvement to the current humanitarian response model. These include:

- A **mechanism to deploy strong, experienced senior humanitarian leadership** to guide the humanitarian response from the outset of a major crisis;
- The **strengthening of leadership capacities** and **rapid deployment of humanitarian leaders** at various levels, to ensure the coordination architecture functions well;
- **Improved strategic planning** at the country level that clarifies the collective results that the humanitarian community sets out to achieve and identifies how clusters and organizations will contribute to them;
- **Enhanced accountability** of the Humanitarian Coordinator (HC) and members of the Humanitarian Country Team (HCT) for the achievement of collective results; and
- **Streamlined coordination mechanisms** adapted to operational requirements and contexts to better facilitate delivery.

Underlying the above, support to building capacities for preparedness will continue on both the programmatic and financial side. In particular, HCT and IASC organizations will act on specific early warning indicators to engage in inter-agency contingency planning and coordinated preparedness to improve collective response readiness. In high-risk countries, HCT and IASC organizations will work with national governments and civil society organizations to develop longer-term coordinated preparedness programmes to strengthen resilience and enhance response capacities.

The reforms are aimed at simplifying processes and mechanisms, improving inter-agency communication and collaboration, and building confidence in the system as a whole, from the immediate response to longer-term planning. The IASC Principals have agreed a set of actions that are feasible and take into account future challenges, including the need for improved efficiency and greater accountability to affected people.

The IASC Principals are committed to the ultimate objective of accountability to beneficiaries by ensuring that the humanitarian response delivers life-saving assistance to those in need as the result of effective and timely decision-making and planning.

In 2011, the IASC Principals decided to establish the Principals Task Team (PTT) and the Directors Task Team (DTT). The PTT/DTT process has allowed a focused acceleration of the reform process in a number of highly critical areas. The outcome of the PTT/DTT has been overwhelmingly positive, indicating that consensus can be developed across the humanitarian systems to strengthen capacity to respond effectively in humanitarian emergencies. IASC organizations have clearly indicated a desire to change and improve the way they work together.

Reform takes time and capacity and more work is still required to develop and operationalize reforms particularly at the field level. To that end the IASC organizations will focus their efforts on implementing the transformative agenda in three key areas in 2012 (leadership, coordination, and accountability). In addition, security constraints will be addressed by the Principals in a distinct effort to enable the transformative agenda to be implemented in some of the most challenging contexts.

Recognizing that the success of the transformative agenda largely depends on access and security, the IASC Principals will initiate a discussion with 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.

LEADERSHIP

From the outset of a large-scale humanitarian emergency, humanitarian leadership of the right level and experience will be in place to lead the response. In the initial period of up to three months of a Level 3 response – the critical period for successful humanitarian action - the Humanitarian Coordinator should exercise “empowered leadership”. This would enable the HC, in consultation with the Humanitarian Country Team (HCT) to make quick decisions in key areas, including strategic planning, setting overall priorities, the allocation of resources, and performance monitoring, and if necessary, propose changes in cluster leadership to the Principals concerned, in consultation with the agency/NGO concerned and HCT members.

There will be clarity on the procedure and criteria for the initiation of a system-wide inter-agency large-scale response by IASC Principals. From the outset of a large-scale emergency response, sufficient numbers of ‘the right people at the right level’ will be immediately available to deploy,

with an emphasis on core coordination functions for effective inter-agency response. They will have been pre-identified as part of an inter-agency rapid response mechanism and, to the extent possible, will have been trained together to enhance their ability to work as team. This, in combination with the commitments to empowered leadership and accountability, will ensure a timely, effective and appropriate response.

COORDINATION

Clusters will be stripped back to become lean, effective and efficient coordination mechanisms focusing on delivery of results, rather than process. Specific clusters will only be activated following a determination of need by the HC and HCT. Their relevance will be assessed on an annual basis, ensuring that they remain active only where they add value. Humanitarian partners will work together to enhance the efficacy of clusters by sharing leadership responsibilities at the sub-national level where appropriate and feasible, engaging in joint activities, such as contingency planning and assessment missions, and reallocating resources from the national to the sub-national level.

Clusters will be professionally managed by dedicated, trained and experienced Cluster Coordinators and their meetings will focus on strategy, planning and results, rather than exclusively on information-sharing or fund distribution. Meetings will be held on a need-only basis and, where appropriate, jointly with other clusters to enhance cross-cluster synergies and reduce demands on time. Efforts will also be made to improve overall inter-cluster coordination. Information management will be prioritized and resources will be pooled in order to enhance the collection and analysis of data on the progress and impact of cluster activities.

ACCOUNTABILITY

Mutual accountability will be enhanced within and between the HC, HCT members, Cluster Coordinators and other cluster partners, based on a clear, concise, time-bound and results-oriented strategy to deliver. Individual roles and responsibilities in contributing to the collective humanitarian response will be clearly outlined and can then be better communicated to all stakeholders, including donors. This will minimize misunderstandings and create transparent and realistic expectations with regard to the commitments of the HC, HCT members and Cluster Lead Agencies (specifically in their role as “Provider of Last Resort”). Implementation of the plan will be monitored, enabling feedback on the performance of both the HC and the HCT members.

Modalities will be established for referring cases of under-performance to the global level for swift resolution. Longer-term planning documents, including CHAPs and CAPs, will also become more strategic, Real Time Evaluations (RTEs) will become timelier and targeted, providing a greater contribution to operational decision-making to enhance performance. Each of these changes will 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.

TASKING FOR THE WAY FORWARD IN 2012

For change to be initiated further in 2012 action is required at a variety of levels. Moving the transformative agenda from theory to practice will require concerted and coordinated action from a number of actors. To guide the process the **ERC** will constitute a **small steering group** composed of **IASC Principals** drawn from across IASC organizations to maintain the momentum of the process, keeping **resource partners** informed and engaged.

The existing IASC mechanisms will be fully utilized, in particular, the **IASC Working Group (WG)** and, guided by the WG, the **IASC Subsidiary Bodies**. With country-level implementation the focus, and taking “Accountability to Affected People” as its guiding principle, the WG will accelerate progress in field and headquarters implementation of the reforms by operational agencies. They will follow up on implementation of action points as tasked by the IASC Principals and oversee the work of the IASC Subsidiary Bodies to ensure achievement of outcomes within the timeframes set by the Principals. The **IASC Secretariat** will support the WG and Principals to develop a sequenced work plan and a communications package for the transformative agenda; tracking progress and keeping IASC organizations informed.

Humanitarian Country Teams, country clusters, Cluster Lead Agencies and OCHA, will be the prime actors in the implementation of the transformative agenda. **OCHA** will support the Humanitarian Coordinators’ and HCTs’ implementation of the reforms via its country and regional offices. **IASC Global Clusters** will support country clusters in implementing cluster specific reforms. **OCHA** will support the HC and Cluster systems at HQ level.

IASC organizations’ senior management, from the Principals level down, will need to explain reforms to their country and regional management, making the case for their importance and benefits, and providing instructions to their country directors/representatives on their engagement in the achievement of collective results and how their organization’s practice and procedures are changing as a result.

IASC Principals Transformative Agenda Compendium of Agreed Actions

On 13 December 2011, the IASC Principals agreed to adopt and implement the following Transformative Actions based on the Principals Task Team (PTT) recommendations of 20 July, 10 October and 1 December 2011, as collated below.

While the below-outlined decisions (including to implement the inter-agency rapid response mechanism, and empowering the Humanitarian Coordinator (HC), with support from the Humanitarian Country Team (HCT), during the first critical phase) apply to the first months of a 'level 3' emergency, all other reforms agreed by the Principals during 2011 are to be applied broadly to make the international humanitarian system more effective overall.

I. Leadership

Deployment of an appropriately senior and experienced HC within 72 hours of the onset of a 'level 3' crisis

1. Agreed to discuss a deployment of a 'Senior/Emergency HC' (or similar title to be decided by the Principals) at the D2 level or above in the first 72 hours of a 'level 3' emergency response, for up to three months. The Emergency HC will be 1. senior to the RC/HC¹; 2 deputy to the RC/HC; or 3. parallel to the RC in-country (as a separate HC) – to be decided on a case-by-case basis during the ad hoc Principals Meeting taking place within 48 hours of the onset of the crisis.
2. Approved the establishment of a HC roster of candidates at the D2 level and above who are available for deployment within 72 hours of a 'level 3' emergency response.

Accountability: the roles and responsibilities of HCs, HCTs, Cluster Coordinators and OCHA

3. Recognized that the current structures, roles and relationships are based on an ineffective model, requiring consensus from all parties. In response to this, recognized the necessity to strengthen, reinforce and empower HCs, but also noted that an authoritarian model would not be appropriate. In moving forward, further recognized the distinction between the 'level 3' emergency phase (up to the first three months) and the situation in protracted crises. Noting this, agreed that the HC role should have 'empowered leadership' for the initial period of up to

¹ "UNDP stated that the appointment of any Senior/Emergency Humanitarian Coordinator above the level of the current RC/HC is not a matter for the IASC only and would have to be referred to the UNDP Administrator and the Secretary-General using the same process as for the selection of an RC/HC, but in an accelerated form."

three months in a 'level 3' emergency response. This would enable the HC, in consultation with the HCT, to make quick decisions in key areas, including strategic planning, setting overall priorities, the allocation of resources, performance monitoring and, if necessary, propose changes in cluster leadership. The level, extent and modalities of appropriate authority to fulfill the leadership function in different crisis contexts, including the concept of empowered leadership, will be further elaborated.

4. Agreed that the leadership of the HC in creating a shared strategic vision in country is key to enhancing mutual accountability and delivering a successful collective humanitarian response. Endorsed the need for a strategic, focused and prioritized strategic humanitarian plan/framework for the humanitarian response at country level which would address both the root and immediate causes of emergencies at the outset. To this end, agreed that HCs are expected to lead HCTs in creating and regularly updating a strategic plan, on the basis of which the general prioritization of the humanitarian response may be further developed (e.g. through CAPs and CHAPs). Support will be provided by OCHA to help the HC and the HCT with the rapid and effective creation of a strategic plan.
5. Agreed that while there is no substitute for effective leadership, there is nonetheless an obligation on the Principals to ensure that the humanitarian system supports rather than obstructs good leadership and the achievement of optimal results. In this regard, the Principals recognize that improvements are required to the humanitarian system at country level to simplify processes and remove ambiguities which currently undermine accountability.
6. Agreed that the IASC agencies and organizations, in particular OCHA, will ensure that necessary and timely support is provided to the HCs in fulfilling their leadership function including addressing deficiencies in the response and taking related corrective actions in consultation with HCTs.
7. Agreed that the financial aspect of leadership should be addressed in more detail, with a particular emphasis on the HC's role in the management of CAPs and pooled funds and the establishment of priorities for resource mobilization.

Recruitment and selection of Humanitarian Coordinators.

8. Supported the recent proposal of OCHA/UNDP/DOCO to streamline the nomination process for HCs and ensure their capacity for the coordination of collective humanitarian action are taken into account before they are appointed.
9. Requested OCHA to accelerate its efforts to increase the number of candidates in the pool for appointment as HCs. Particular efforts should be made to increase the number of non-UN candidates.

10. Committed to review their internal Human Resource practices and policies to ensure that good candidates are encouraged to become HCs. IASC organizations to look at ways in which experience as an HC would enhance the career prospects of members' staff.
11. Welcomed the proposal for HC Panel members to review each HC's performance at least once per year and to inform the HC-Emergency Relief Coordinator (ERC) performance compact for the following year, as a means of strengthening the accountability of the HC.
12. Agreed to support efforts to align and harmonize the current multiplicity of performance compacts for HCs/RCs/DSRSGs.

Inter-agency rapid response mechanism

13. The inter-agency response mechanism should be composed of a composite of agency emergency response capacities rather than a stand-alone integrated team. The Principals requested that the 'coordination' aspect of the rapid response mechanism be taken into account.
14. Will elaborate the structure and functions that are considered the minimum for a complete, comprehensive and coordinated response to a large-scale ('level 3') emergency.
15. Expressed a firm commitment to have on standby for immediate deployment the necessary staff with the appropriate seniority, experience and skills to meet their commitment to the inter-agency response.
16. Will undertake a comprehensive mapping of existing and developing rapid response capacities of the IASC agencies to ensure that the sum of the capacity is meeting the comprehensive response required by the Principals. Requested that IASC organizations' 'level 3' capacity mapping be fully transparent and that a clear set of actions be developed to fill any capacity gaps identified.
17. Committed to providing the information required to complete the matrix for the inter-agency rapid response mechanism.
18. Requested OCHA to undertake a gap analysis of the matrix once completed and to keep the Principals updated.
19. Agreed that the ad hoc Principals Meetings, which will be held within 48 hours of an emergency, should be used to ensure a) collective agreement on the category of the emergency and required response, b) the leadership model and whether to deploy a senior official to lead the response (title to be agreed by the Principals at the time of designation), c) the activation of the rapid response mechanism. They further agreed that agency deployments should not be delayed pending a formal designation of the level of emergency, and equally individual agencies should inform the collective of the actions they are taking.

20. In addition, the Principals agreed to meet 7-10 days after the initial meeting to review coordination and leadership arrangements and check that they are fit for purpose, as well as meet at any time required during the course of a 'level 3' emergency to resolve any coordination, strategic and operational issues.
21. Endorsed the development of an annual IASC training (building on existing training models and mainly simulation-based) for 'level 3 capable' staff, including the core staff needed to establish an OCHA Office, first line Cluster Coordinators, senior NGO representatives and senior roster staff from each of the member organizations. This should complement and build on specific agency training, and incorporate classroom elements, team-building, and emergency simulation and exercises.
22. Agreed that existing agency and inter-agency training for key functions be mapped and shared to ensure coherence, complementarity and completeness across all functions of the inter-agency rapid response mechanism. Requested that participation of staff in established trainings of partner organizations be maximized.

Classification of a system-wide level of emergency response.

23. Adopted the five criteria of scale, urgency, complexity, combined national and international capacity to respond and reputational risk to guide the Principals' discussions in determining the level of system-wide response required in a given crisis.
24. Tasked OCHA to develop a short guidance note on the common criteria to be used to classify a 'level 3' emergency response.
25. As the term 'Level 3' does not immediately resonate with the media and public and, taking into account political sensitivities that may arise, consider the adoption of a descriptive term which would be accurate, acceptable and compelling.

II. Coordination

26. Agreed that there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results.
27. Underscored the need for effective and pre-qualified management of the clusters. Agreed that, when appointing Cluster Coordinators, agencies/organizations should not only ensure that they have been appropriately trained, but that they also have the experience of working in other crises which qualifies them for the role.

28. Agreed to give due consideration to the IASC NGO consortia's proposals on minimum commitments for participation in clusters at country level.
29. Agreed the role and importance of clusters as strategic coordination mechanisms to ensure the effective delivery of the humanitarian response. The important role of national governments in cluster mechanisms in certain contexts was recognized. In this context, agreed that participation in clusters should be better defined and managed to enhance the ability of clusters to provide strategic direction, including through the creation of small (the number to be context-dependent) 'steering committees' or 'strategic advisory groups' of key operational partners, complemented by separate forums or mechanisms to ensure more broader information exchange for all cluster/sector partners.
30. Agreed that greater attention needs to be paid to coordination mechanisms at the sub-national level, which do not necessarily mirror those at the national level, but rather need to be adapted to the specific context. The mechanisms used in South Sudan provide a useful example and potential template for this.
31. Tasked the IASC Sub-Working Group on the Cluster Approach to review and, where necessary, simplify existing cluster guidance to make it less prescriptive and more empowering for HCs and HCTs to devise the most appropriate 'coordination solutions' for their country taking into account the local operational situation, including at the sub-national level.
32. Agreed that the activation of clusters must be more strategic - less automatic - and time limited. HCs should only recommend the activation of clusters when there is an identified gap in the enabling environment warranting their activation. Encouraged Cluster Lead Agencies to consider developing a clearly defined, agreed and supported sharing of cluster leadership by NGOs wherever feasible.
33. Agreed that there should be an annual review conducted by each HC/HCT and report to the ERC of the on-going status of clusters in every country operation with the view to recommend continuing, deactivating, scaling down and/or handover of clusters, as appropriate.
34. Recognized the critical role of needs assessment as a basis for overall and cluster strategy development. Agreed that needs assessment should be well coordinated, rapid and repeated/reviewed as necessary to reflect the changing dynamics, drivers and needs in the country. The results of needs assessments should inform the overall strategic planning and prioritization process.
35. Recognized the need for improved information management and the important role of OCHA in this regard and asked OCHA to consider the re-establishment of common Humanitarian Information Centres (HICs) at country level.

III. Accountability

36. Underscored the critical importance of strategic planning for enhancing mutual accountability and delivering a successful collective humanitarian response. The strategic humanitarian plan/framework should set a clear direction and establish the parameters for the overall humanitarian response.
37. Emphasized the importance of performance monitoring, including the need to establish the framework for the response and clear indicators on which performance monitoring can be based (as in the strategic humanitarian plan/framework, the CHAP/CAP and other operational planning documents). Agreed that the modalities for such monitoring should be clearly defined, as well as the appropriate means – and ‘ground rules’ - for corrective action to be taken by the HC or requested from the IASC/global cluster lead agencies.

IASC/Global Cluster Lead Agencies

38. On the basis of clearly documented expectations set out between the HC and HCT representatives in the strategic humanitarian plan/framework, further agreed that HCs will have the opportunity to input into agencies/organizations’ appraisals of their HCT staff members and each HCT member agency/organization will likewise have the opportunity to input into the appraisal of the HC. This ‘360 degree’ appraisal will enhance mutual accountability between the HC and HCT members.
39. Requested the IASC CAP Sub-Working Group to accelerate their work on improving the content and supporting implementation of the CAP guidelines, to facilitate the development of a more strategic approach where interventions can be measured for the greatest impact.
40. Requested the IASC CAP Sub-Working Group to review current guidelines and procedures for the development of Flash Appeals with a view to enabling their completion and publication within the first few days of a crisis.

Provider of Last Resort

41. Agreed that the 2008 definition of Provider of Last Resort (POLR) should be retained but edited to emphasize the POLR’s commitment to meeting the commitments agreed in the HCT joint emergency response plan, and should read “Where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfill critical gaps identified by the cluster and reflected in the HC-led HCT Strategic Response Plan” (revision underlined).
42. Agreed that the revised definition would be communicated to all stakeholders, especially donors, to ensure a common understanding of the commitments and accountabilities of the Cluster Lead Agency (at country and/or global level).

Peer review

43. Agreed that under the enhanced accountability approach, there is no need to establish an additional peer review mechanism. Principals will rely on the assessment of performance against the strategic plan (i.e. the framework referred to above) between the HC and HCT, supplemented by the annual country review by IASC Emergency/Operational Directors.
44. Agreed that the scope of inter-agency Real Time Evaluations (RTEs) should be narrowed for the coming 1-2 years to focus on accountability mechanisms, including the HC-HCT strategic plan and delivery against results.
45. Agreed that RTEs should focus on the first three months of 'level 3' responses, with a particular emphasis on monitoring leadership, coordination and accountability, including the implementation of the recommendations from this process. RTEs should be timely in order that corrective action can be taken during the response itself and should be conducted by an independent body wherever possible. Whether through a formal RTE or other means, performance should be reviewed at regular intervals in the first stages of a response (i.e. at 7, 14 and 30 days) and any necessary adjustments made.

IV. Security

46. Agreed to initiate a dialogue with the Department of Safety and Security, on the operationalization of the new Security Risk Management System, with a view to developing a more appropriate safety protocol for UN organizations engaged in humanitarian work in complex security environments to increase access to beneficiaries and enable UN agencies 'Stay and Deliver'.
47. Reiterated its concerns about the impact on humanitarian access of security restrictions and re-emphasized the importance of addressing this.

V. Way Forward

48. Constitute by end January 2012 a small Steering Group composed of Principals drawn from across IASC organizations to maintain the momentum of the process, keeping resource partners informed and engaged.
49. Utilize fully existing IASC mechanisms in particular the Working Group (WG) and Subsidiary Bodies to support the implementation of the Transformative Agenda.

50. Field test recommendations of the Transformative Agenda in South Sudan and continue discussions on a second pilot.
51. Communicate the agreed reform agenda within their own organizations and more broadly by the end of January 2012.
52. Brief the Secretary-General as soon as possible on the proposals under the Transformative Agenda.
53. Reply by mid-January 2012 to the letter from donors to the Principals of 7 December 2011.
54. The ERC, together with a few Principals, will brief Member States by the end of January 2012.
55. The ERC, together with a few Principals, will meet with the WG in January 2012 to agree on how the WG can best contribute to the Transformative Agenda.