



**EUROPEAN COMMISSION**  
DIRECTORATE-GENERAL FOR HUMANITARIAN AID – ECHO

ECHO 01 – Evaluation Sector

## **TERMS OF REFERENCE**

### **FOR THE STUDY ON THE MAPPING OF DONOR COORDINATION (HUMANITARIAN AID) AT THE FIELD LEVEL**

CONTRACT N°: ECHO/ADM/BUD/2008/01216

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## **Background/Introduction**

1. Humanitarian action has evolved significantly over the past two decades as the number of emergencies to which the international community has responded has grown dramatically. The number of humanitarian actors has increased steadily and their nature has also evolved. The context in which humanitarian actors must engage has become increasingly complex and risky, necessitating further efforts to ensure a well-coordinated approach to humanitarian aid.

To address these complexities and to ensure that international response adheres to the core humanitarian principles, several quality initiatives have been undertaken by both the donors and humanitarian partner organisations. Recognizing the growing complexities and continued gaps in humanitarian response, an UN-led reform of the international humanitarian system is underway, which seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability, and partnership.

In June 2003, an international effort to define a set of basic principles, norms and good practices to inform and guide official donorship in the humanitarian arena took shape as **the Good Humanitarian Donorship (GHD) initiative**. Commitment to this process demonstrates recognition that humanitarian action is a distinct form of international policy and acknowledges that the management and allocation of humanitarian assistance affects the capacity of the international humanitarian system as a whole to respond in a principled and effective manner. It provides a framework against which current and ongoing efforts to ensure informed donorship can be managed and encourages decision-makers in donor bodies to allocate funding based on need in the most equitable, efficient, and effective way.

2. Coordination of donor efforts is considered an important element of GHD. The GHD now encompasses 35 donors who have agreed upon the need to examine possibilities for further strengthening donor coordination focussing on added-value at the field level, without duplicating or adding to layers of existing coordination. DG ECHO with its extensive field presence and as one of the current co-chairs of GHD has committed to leading efforts on mapping existing donor coordination as a baseline for taking forward the reflection amongst donors in GHD.

## **Justification and timing of the study**

3. The European Consensus on Humanitarian Aid articulates a commitment to the Good Humanitarian Donorship Principles and participation in a collaborative effort to apply donor best practice. *“Partnership is at the core of implementation of humanitarian aid and the EU therefore would welcome a broader international partnership approach, which brings together donors, implementing partners and other stakeholders, to ensure effective humanitarian action, building on the existing body of standards and best practice.”*

4. Most of the efforts related to the GHD initiative have taken place at the global policy level with achievements in terms of improved coordination and collaborative engagement. However, relatively little has been done to formally promote donor coordination at field level. Informal groups exist and several pilot initiatives are

ongoing in DR Congo and Sudan to translate GHD to the field level, but there appears to be considerable variation in terms of field presence, approaches and levels of engagement regarding donor coordination.

5. To promote GHD at country level, a guidance note was developed led by the Danish government and endorsed by GHD as a whole to facilitate the initiation of GHD at country level. That guidance note suggests the necessary steps and factors that will help these donor groups to function well. To facilitate the process of the application of GHD principles and good practice at the country level it will be important to have a better understanding as to what levels of donor coordination are already taking place, and using which formats and approaches. It will also be valuable to identify possible good practices that have proven effective at ensuring added-value donor coordination in particular crisis situations to bring about improvements in aid provision to people in need. To this end, the study will endeavour to review current donor coordination at field level in all of the humanitarian crises where a Humanitarian Coordinator has already been appointed and the Cluster Approach is being implemented. The scope of this study may also include reference to international 'capital based' coordination frameworks that are specifically established to deal with a specific country context (for example the Geneva-based donor group on Chad).

## **Purpose, objective and scope**

### Purpose and objectives

6. Lesson learning and accountability in view of improving performance are the main purposes of the study. The specific purpose of the study is:

- *To provide a base-line general overview of current donor coordination systems practiced at field level in response to major humanitarian crises. The scope of the study will be limited to donor coordination in the capital of the crisis affected country and will summarize all donor participants.*
- *To review the emphasis of current donor coordination and assess whether this applies to the full range of GHD principles and good practices. Donor coordination in the field is generally pursued with the objective of more efficient joint assessment, programming and financing. The depth of coordination on other issues such as access and quality of aid or evaluation and lessons learned are less clear. The study would be expected to highlight the potential advantages of strengthened 'field' donor coordination across the range of elements covered by GHD.*
- *To describe in detail several examples of good practice on donor coordination (case studies) and to provide in contrast at least one example where donor coordination is perceived as currently inadequate.*
- *To highlight how the field coordination is linked to capital-based donor discussions.*
- *To outline a number of generic models for donor coordination at field level based on good practices which may be applied in major natural disasters (sudden or slow-onset); sudden-onset conflict situations; and protracted crisis.*

7. The key users of the study include inter alia DG ECHO staff at HQ, regional and field level, other humanitarian donors adhering to the Good Humanitarian Donorship initiative, the implementing partners, other stakeholders with an interest in the study findings.
8. The study should contain conclusions and recommendations at strategic level.

#### Study questions

9. The study will be based on a set of key questions. These questions are intended to give a more precise and accessible form to the study criteria and to articulate the key issues, thus optimising the focus and utility of the study.
10. These questions will be further discussed and validated at the briefing phase (other questions may be added at that stage).
11. The study will address, among other, the following questions in each field level context:
  - Which are the donors that are actively engaged in funding humanitarian response to the crisis? Do those donors have staff based at field level and what are their main responsibilities/areas of expertise?
  - Where a donor has field based staff, what level of decision making has been delegated to the field level?
  - What formal or informal donor coordination frameworks are present? How regularly do they meet and on what basis? To what extent is donor coordination linked to other mechanisms for field-level coordination (e.g. Clusters, IASC country teams etc)?
  - How effective is the current donor framework perceived to be and are there suggestions for ways to strengthen coordination? What are the potential disadvantages of donor coordination frameworks at field level?
  - Where there is no coordination mechanism in place, why has this not been pursued?
  - How does the field level coordination framework interact with coordination mechanisms at HQ level?
  - To what extent are the donor representatives in the field aware of the GHD principles and good practices? Is the donor coordination at field level consistent with the 23 principles and good practices as articulated by the GHD initiative and are the full range of issues subject of donor coordination discussion?
  - Identify key elements of good practice which promote effective donor coordination.

### Tasks to be accomplished

12. The consultants shall accomplish the following tasks as a basis for their report:
- *Interviews in a selected number of donor capitals or regional hubs, including Brussels, Geneva, Nairobi.*
  - *Questionnaire for all humanitarian crisis countries to be completed by all relevant donors who endorse the GHD initiative (and selected others where there is a clear interest in international coordination).*
  - *A limited number (7-8) of telephone interviews with donors in selected crisis countries following a specific analytical framework – countries to be selected in function of setting and scale of the humanitarian crisis (number of people facing crisis and volume of international humanitarian aid).*
  - *A limited number (2-3) of field visits to explore in more depth countries which may serve as case studies of donor coordination in practice (the list of countries for selecting the missions is provided at the end of this document).*

### **Methodology, outputs and schedule**

#### Briefing in Brussels and documentation study

13. The **briefing** will take place at DG ECHO headquarters with the relevant DG ECHO staff during which further documents available for the mission and necessary clarifications will be provided by the requesting service, other services of the Commission and other interested parties. The consultants will carry out a documentation study to examine and analyse available documents to allow careful planning of the activities/visits to be undertaken in the field (the documentation study is considered to be an on-going effort throughout the study and should start before the briefing, i.e. upon signature of the contract).

14. The briefing will deal with the finalisation of the itinerary and schedule, the planning and the consolidation of the Terms of Reference (that shall be considered indicative throughout the study, i.e. whenever necessary the consulting firm shall endeavour to accommodate DG ECHO's requests that may arise during the study such as travel adjustments, etc.).

15. At the end (on the last day) of the briefing phase an **inception note of maximum 2 pages** based on the briefing, reviews and interviews conducted will be produced. This inception note should demonstrate the consultants' clear understanding of the Terms of Reference and of the deliverable(s) required and contain detailed proposals in terms of work processes, as well as a clear description of the scope and methodology. The inception note must be submitted by the consultants to DG ECHO Evaluation Sector and shall be formally approved by the Evaluation Sector.

#### Field phase

16. Following the formal approval of the inception note, the consultants shall undertake **field visits** to discuss with relevant stakeholders. The consultants must work in co-operation with the relevant EU Delegation(s), DG ECHO experts, DG ECHO partners, local authorities, international organisations and other donors.

17. If, during the course of the field phase, any significant change from the agreed methodology or scheduled work plan is considered necessary, these should be explained to and agreed with DG ECHO Evaluation Sector, in consultation with the responsible desk.

18. At the end of each field trip the team leader should ensure that a **summary record ('aide mémoire') of maximum 5 pages** is drawn up and transmitted to DG ECHO Evaluation Sector. It should cover the main findings, conclusions and preliminary recommendations of the mission.

19. A **final workshop in the field**, with the participation of the EU Delegation, DG ECHO representatives and partners and other donors, shall be organised before leaving.

#### Report drafting phase and debriefing in Brussels

20. The first **draft report (maximum 20 pages)** in accordance with the format given in the annex of the Terms of Reference shall be submitted by electronic transmission to DG ECHO Evaluation Sector not later than 15 calendar days after the consultants' return from the field.

21. If applicable a preliminary *technical* debriefing may be organized with relevant stakeholders, after the submission of the first draft report and prior to the submission of the final draft report.

22. A **debriefing** will be organised in Brussels after the submission of the first draft report. The consultants shall make a PowerPoint presentation to DG ECHO management, key staff and other interested parties of main findings, conclusions and recommendations of the study. The starting date for this debriefing will be decided by DG ECHO Evaluation Sector in agreement with the consulting firm and the relevant desk(s).

23. Prior to the meeting, DG ECHO Evaluation Sector will have provided consolidated written comments on the first draft report to the consultants within 10 calendar days from the receipt of the draft report.

24. On the basis of the results of the debriefing and taking into due account the comments received before and during the meeting, a **draft final report (maximum 20 pages)** will be submitted to DG ECHO Evaluation Sector not later than 10 calendar days after the debriefing. DG ECHO Evaluation Sector should mark its agreement within 10 calendar days or request further amendments.

#### Final report

25. On the basis of the comments made by the DG ECHO, the consultants shall make appropriate amendments and submit the **final report (maximum 20 pages)** within 10

calendar days. If consultants reject any of the comments they shall explain and substantiate the reasons why they do so in writing.

26. The study will result in the drawing up of a single report with annexes. The report shall strictly reflect the structure outlined in the Annex of the ToR.

27. While correcting the report and its annexes, the consultants will always highlight changes (using track changes) and modifications introduced as resulting from the debriefing and the comments received from DG ECHO Evaluation Sector.

28. The consultants shall also envisage the presentation of the final study at the Good Humanitarian Donorship meeting foreseen in Geneva around June-July 2009.

#### Dissemination and follow-up

29. The study is an extremely important reference document for DG ECHO and other GHD Members.

30. Following the approval of the final report, DG ECHO Evaluation Sector will proceed to the dissemination of the results of the study. Whenever applicable the consultants shall provide a dissemination plan.

#### **Management and supervision of the study**

31. DG ECHO Evaluation Sector bears the responsibility for the management and the monitoring of the study, in consultation with the responsible desk. DG ECHO Evaluation Sector, and in particular the internal manager assigned to the study, should therefore always be kept informed and consulted by the consultants and copied on all correspondence with other DG ECHO staff.

32. The DG ECHO Evaluation manager is the contact person for the consulting team and shall assist the team during their mission in tasks such as providing documents and facilitating contacts. The travel and accommodation arrangements, the organisation of meetings and facilitating the obtainment of visas remain the sole responsibility of the consulting company.

#### **Study team**

33. This study will be carried out by **a team of two experts** (this is an indicative number) with experience both in the humanitarian field and in the coordination of humanitarian aid. These experts must agree to work in high-risk areas. Solid experience in relevant fields of work to the study and in the geographic areas where the study takes place is also required. It is therefore recommended that the team should include national consultants whenever possible.

34. Proficiency in English and French is obligatory.

35. The consultants' profiles should include knowledge and experience in:

- (1) International humanitarian aid system, knowledge of GHD practices and principles;
- (2) Field operations management experience, experience of donor coordination mechanisms in humanitarian aid.

36. Guidelines for the study team are provided in the annex of the Terms of Reference.

### **Timetable**

37. The tasks under this study will be undertaken in a period of working days that will be proposed by the consulting firm, ending **no later than mid May 2009** with the acceptance of the final report.

38. The study starts at the actual signature of the contract and by no means any contact and/or expense may occur before it. The largest part of relevant documents will be provided after the signature of the contract and before the briefing phase.

39. The following is an indicative schedule:

<b>Dates</b>	<b>Study Phases and Stages</b>	<b>Meetings</b>	<b>Notes and Reports</b>
Nov 08	Call for Tender		
Dec 08	Starting Stage (signature of contract)		
Mid Dec 08	Documentation Phase	Briefing	Inception note
Jan-March 09	Field Phase	Workshop	'Aide mémoire'
Mid April 09	Report writing phase	Debriefing	Draft report
			Draft final report
Mid May 09			Final Report
	Dissemination		

## **list of countries for the donor coordination mapping study**

The 26 countries with Humanitarian Coordinators, all of which are expected to be formally implementing the cluster approach by end 2008 (*source IASC*):

1. Central African Republic
2. Chad
3. Colombia
4. Cote d'Ivoire
5. Democratic Republic of the Congo
6. Ethiopia
7. Guinea
8. Indonesia
9. Kenya
10. Liberia
11. Myanmar
12. Pakistan
13. Somalia
14. Uganda
15. Zimbabwe
16. Afghanistan
17. Burundi
18. Eritrea
19. Haiti
20. Iraq
21. Nepal
22. Niger
23. Occupied Palestinian Territories
24. Sri Lanka
25. Sudan
26. Timor-Leste

*plus*

27. A crisis situation - to be selected from DG ECHO's Forgotten Crisis Assessment 2008

## **ANNEX**

### **Guidelines for the consultants**

#### **1. Terms of Reference**

The Terms of Reference set out the scope of the consultant's mission, the issues to be considered and the study timetable. They allow those commissioning the study to express their needs (guidance function) while providing the consultants with a clear idea of what is expected from them (control function).

#### **2. Scope of the study and topics**

In addition to the initial information contained in the ToR, the first briefing session in Brussels provides everyone involved in the study (DG ECHO requesting service and particularly the responsible desk, DG ECHO Evaluation Sector, the consultants and other Commission services and other interested parties) with the opportunity to discuss the contents of the ToR and to establish priorities for the study. This meeting should also allow the consultants to clarify any doubts they might have about the scope of their mission. Any important remark or comment on the content of the ToR at this stage will be considered an **integral** part of these and will be set out by the team leader in the inception note that must be submitted to DG ECHO Evaluation Sector at the end of the briefing session, and before the team's departure to other locations in Europe and elsewhere.

During the process of the study the consultants must try to follow all the items listed in the Terms of Reference. Any decision not to cover one or more of the main task assignments described in the ToR will have to be justified in the text of the reports, if inappropriately justified DG ECHO may choose to not accept the final report.

#### **3. The study team**

Each team member is jointly responsible for the final accomplishment of the tasks; however, the separate elements of work necessary for the accomplishment of the tasks may be allocated between the consultants. The members of the team must work in close co-ordination.

A team leader shall be named who shall have the added responsibility of the overall co-ordination of the tasks to be completed, of the elaboration of Executive Summary and of the final coherence of the report and other works both in terms of content and presentation.

If possible/advisable, at least one of the team members shall be a woman.

The consultants are required to carry out their work in accordance with international standards of good practice in approach and method. All conclusions must be substantiated with adequate data.

In the conduct of their work the consultants should use a multi-method approach and triangulate between different sources of information. These information sources should include i.e. non-beneficiaries, primary stakeholders (specifically humanitarian

beneficiaries, members of the host communities), local government (or equivalent such as group/tribal leaders), international agency staff, partners (both expatriate and local employees of partners), DG ECHO experts, EU Delegation and main actors - other donors and humanitarian agencies, etc.

In carrying out their work, the consultants should be vigilant as to any non-respect of international humanitarian law and principles, standards and conventions, UN protocols, Red Cross codes, and declarations, such as the Madrid declaration. The consultants should report any non-respect of such matters by DG ECHO-financed entities to DG ECHO in a duly substantiated form.

During the contract, consultants shall refrain from any conduct that would adversely reflect on the European Commission or DG ECHO and shall not engage in any activity that is incompatible with the discharge of their duties. Consultants are required to exercise the utmost discretion in all matters during their mission.

The consultants' individual profiles should have a mixture of institutional and NGO experience. In the event that one member of the team proposed has an exclusive background with NGOs then this should be counter-balanced with the profiles of the other team members.

#### **4. The report**

By commissioning an independent study DG ECHO expects to obtain an objective, critical, readable and transparent analysis of the issues at stake. This analysis should contain policy recommendations on future courses of action. Above all, the report should be a document that can function as a learning tool. Therefore, while writing it, the consultants should always bear in mind why the report is done, for whom, and how the results will be used.

Furthermore, the report is a working tool of value to DG ECHO and other interested parties only as long as it is feasible and pragmatic (keeping in mind DG ECHO's mandate constraints).

The report shall be written in a straightforward manner in English with an Executive Summary at the beginning of the document. Final editing shall be provided by the consulting firm. The report should be in the font Time Roman 12, have single line spacing and be fully justified. Paragraphs must be sequentially numbered.

The final report should contain:

- An Executive Summary of maximum **5 pages**.
- The main report.
- Other annexes as necessary.

This report format should be strictly adhered to:

- *Cover page* (a template is provided at the end of this annex)
  - title of the study;
  - date of the study;

- name of the consultant(s) and the company;
  - cost of the report in €
  - the contract number
  - indication that “the report has been financed by and produced at the request of the European Commission. The comments contained herein reflect the opinions of the consultant only”.
- *Table of contents*
  - *Executive Summary*

A tightly-drafted, to-the-point and free-standing **Executive Summary is an essential element**. It should be short, **no more than 5 pages**. It should focus on the key purpose or issues of the study, outline the main points of the analysis, and contain a **matrix made of three columns clearly indicating the main conclusions, lessons learned and specific recommendations**.
  - *Main body of the report*

The main body of the report shall elaborate the points listed in the Executive Summary. It would include references to the methodology used for the study and the context. In particular, it should clearly demonstrate how each recommendation relates to the findings and conclusions. Conclusions should be fully substantiated. **Recommendations should be as realistic, operational and pragmatic as possible; that is, they should take into careful account the circumstances currently prevailing in the context of the GHD, and of the resources available to implement it both locally and at the Commission level.**
  - *Annexes of the report:*
    - Annex A: Terms of Reference;
    - Annex B: List of persons interviewed and sites visited;
    - Annex C: other annexes whenever appropriate;
    - Annex D: Abbreviations and Acronyms.

All confidential information shall be presented in a separate annex. The consultants are to be particularly aware that any risk of libel is to be avoided.

Each report shall be drawn up in five paper copies and transmitted to DG ECHO - To the attention of DG ECHO 01/Evaluation sector, AN88 03/01, B-1049 Brussels, Belgium.

An electronic copy of the report (CD-ROM, Word 7.0 format or a more recent version) including all its annexes must be submitted to DG ECHO Evaluation Sector, together with the hard copies.

The final report should be sent by email to DG ECHO Evaluation Sector in three separate documents in PDF format each containing: the executive summary, the report without its annexes and the report with its annexes.

**TEMPLATE FOR COVER PAGE**

NAME AND LOGO OF THE CONSULTING COMPANY

(EVENTUAL INSERTION OF PICTURE/DRAWING/MAP)

TITLE OF THE STUDY;  
DATE OF THE STUDY;  
NAME OF THE CONSULTANT(S);  
COST OF THE STUDY IN €  
THE CONTRACT NUMBER (ECHO/ADM/BUD/200./...)

	The study has been financed by and produced at the request of the European Commission.
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## **NAIROBI-BASED COORDINATION ARRANGEMENTS**

### **1. Regional humanitarian coordination involving donor representatives**

#### UN-led:

**Regional Humanitarian Partnership Team for Central and East Africa**, with UN agencies, NGOs, International organisations, and think tanks (but not government, as it is regional). It is convened and chaired by OCHA's Regional director and co-chaired by the Inter-Agency Working Group. Its Secretariat - UNHCR, UNICEF, FAO, the OCHA Regional Office, and the Inter-agency WG - meets every three weeks, as well as every 6-8 weeks with the Heads of UN agencies and a wider group of humanitarian stakeholders and every three-four months with donor representatives.

The purpose of the meetings with donors is to share information on specific topics, policies and approaches (e.g. on Horn of Africa). The agenda is defined in consultation with donors and include issues like the Early Warning systems in the region, recovery, linking disaster risk to climate change, as well as new trends or factors that might influence the humanitarian situation. DFID, ECHO and USAID/OFDA regularly attend, and sometimes Belgium, Italy, The Netherlands, Sweden, and Switzerland. Donors sometimes challenge the information provided, because one has to recognise there are vested interests (ex: WFP wants food, another recovery etc.). Some donors do not have capacity or experience and get influenced by the behaviour of the larger ones, in terms of advocacy for instance, perhaps also funding priorities.

The **Regional Inter-agency Working Group on Emergency Preparedness for Central and East Africa** is convened on a monthly basis by the Chairperson (now CARE, with Cordaid and IFRC as co-chairs) and brings together UN agencies, IFRC, NGOs (CARE, Oxfam, Concern worldwide, CRS, SCF, Cordaid). Donors are not included. The focus is on regional matters such as cross-border population movements, advocacy or logistics requirements. The Regional Interagency WG conveys concerns etc to the RHPT through its Chairman. The IAWG comprises a Core Group, which serves as a focal point and steering committee, four Sub-Working Groups in Logistics; Training; Information Management & Technology (IMT) and Emergency Preparedness & Response, and a number of thematic sub-groups (such as Food Security and Nutrition, chaired by FAO).

#### **Occasional meetings of OCHA's regional office and one or several donors.**

#### Donor-only:

**Informal meetings** of USAID/OFDA, DFID and DG ECHO (main donors at this level).

Regional **EC Heads of Delegation meetings**; both regular and occasional.

### **2. Kenya humanitarian coordination frameworks involving donor representatives**

#### UN-led coordination

**Kenya Humanitarian Forum**, convened by OCHA every other week, chaired by OCHA and open to all humanitarian stakeholders, including donors and government. Its purpose is information-sharing (security updates, updates by clusters, presentations, discussions/ observations regarding the former).

**Cluster meetings** (the clusters were introduced in Kenya in January 2008): Health (WHO), Water, Sanitation & Hygiene (UNICEF), Education (UNICEF/Save the Children), Shelter & Non Food Items (UNHCR/KRCS), Food Assistance (WFP), Nutrition (UNICEF), Logistics (WFP), Protection (UNHCR), Camp Coordination/Management (UNHCR/KRCS), Early

Recovery and Food Security (UNDP/FAO), Emergency Telecommunications (WFP/UNICEF), Protection (UNHCR), Gender-Based Violence Sub Cluster (UNFPA).

**Occasional bi-lateral meetings take place between OCHA and humanitarian donor representatives**, both “resident” and from capitals.

#### Government-led coordination

**Kenya humanitarian stakeholders meetings**, convened by the Permanent Secretary, Ministry of State for Special Programmes, and for which OCHA acts as the secretariat. It takes place on a monthly basis and is open to all humanitarian stakeholders. Its purpose is information-sharing.

**Kenya Food Security Steering Group**, convened and chaired by the office of the President every two weeks, includes government representatives, UN agencies, donors and NGOs and meets to review ongoing interventions and identify unfulfilled needs. Geographically based sub-groups of the KFSG meet at least once per month to undertake detailed response planning.

#### Donor-led coordination

**Informal ad hoc meetings of humanitarian donor representatives**, mostly between DFID, ECHO and OFDA. The fact that there is no written record is viewed as an advantage as certain things cannot be communicated formally, such as funding intentions, which are useful to know. These donor representatives have a fairly good idea of the others’ views, strategies, funding levels and intentions. There are also bilateral meetings involving other donors. **Informal consultations/information-sharing** among them also takes place in the margins of formal meetings as well as by telephone or email.

The country-level development-oriented **Donor Coordination Group**, also called **Development Coordination Group (DCG)**, which is chaired by the Ambassador of Denmark. Its meetings are attended by Embassies and the Heads of Development agencies (USAID, DFID, CIDA, SIDA etc.), not by humanitarian donor representatives. Humanitarian matters are not dealt with in this forum, except on an ad hoc basis, such as when Kenyan President Kibaki declared a national emergency earlier this year and launched an appeal to address the needs of 10 million people on the verge of famine. Donors adopted a unified position on the basis of a UN (OCHA) paper recommending that a multi-sectoral food security assessment be carried out. Their position was officially communicated at the launch of the appeal. The UN HC provides an update on the humanitarian situation towards the end of each meeting. The **Kenya Consultative Group** brings together the DCG and the Government every quarter.

**EU Heads of Mission** meetings take place on a weekly basis and sometimes include humanitarian matters. ECHO sometimes provides briefings (directly or indirectly via the EC Delegation). **EU Heads of Development** departments also hold weekly meetings, which occasionally discuss LRRD.

### **3. Somalia humanitarian coordination frameworks involving donor representatives**

#### UN-led coordination

**Inter-Agency Standing Committee/Humanitarian Country Team meetings with donors** meetings are convened by OCHA on a monthly basis and chaired by the UN Humanitarian Coordinator. They include UN agencies, ICRC, a Somali NGO and three INGOs. The purpose of these meetings is to update donor representatives on the situation, achievements over the past month using the cluster indicators in the CAP, and the funding status of the CAP, raising priorities (e.g. drought in centre of Somalia), and giving them the opportunity to raise issues of concern on which UN agencies and other partners and share funding intentions. The ToR of the meeting will be changed as it is felt that it is too oriented towards information-sharing and

coordination is insufficient. Participating aid agencies may want to include GHD-related discussions.

**OCHA occasionally organises meetings with a small group of donors** on specific issues.

**Clusters** (Water & Sanitation (UNICEF), Food Aid (WFP), Agriculture and Livelihoods (FAO/ASEP), Health (WHO), Nutrition (UNICEF), Education (UNICEF), IDPs and Protection (UNHCR), Shelter (UNHCR), Logistics (WFP)) **and sectors** (Education, Food Security and Rural Development, Governance, Health and Nutrition, Water, Sanitation and Infrastructure). IASC clusters are embedded in the Somalia Support Secretariat sectoral committees.

Donor-only coordination

**Informal ad hoc meetings** between key donors such as DG ECHO, OFDA, DFID, France, Sweden, Finland, are initiated by one or the other. Meetings are also organised when capital/HQ staff visit the field. These meetings tend to focus on operational matters or issues of concern for donor representatives feel a need to consult. On occasion, EU Member State donors with limited or no humanitarian capacity seek the views and advice of the DG ECHO Technical Assistant on partners and sectors.

A meeting of **EU Heads of Mission** take place on a weekly basis and sometimes include a briefing by ECHO at the latter's request (issues such as security of aid workers, access, administrative constraints). **EU Heads of Development** departments also meet on a weekly basis and the DG ECHO sometimes takes part in them as LRRD is regarded as a key issue.

The country-level recovery and reconstruction-oriented **Somalia Donor Support Group**: aid coordination mechanism which includes humanitarian issues as an agenda item (Ambassadorial and Heads of development agencies level; humanitarian donor representatives).

The international **Somalia Contact Group**, an informal group of ambassadors established in June 2006 in New York to support the Transitional Federal Government and peace and reconciliation in Somalia.

## **D. R. CONGO (KINSHASA)**

### **Humanitarian coordination frameworks involving donor representatives**

#### UN-led coordination

The **Humanitarian Advocacy Group** meetings, open to all humanitarian stakeholders, are convened every week by OCHA and chaired by the UN Humanitarian Coordinator. The agenda typically includes an update on security by the MONUC, an update on the humanitarian situation, questions and answers, and a presentation (e.g. by an NGO on mines).

The **Inter-cluster Working Group** meets twice per month. DG ECHO, OFDA, and DFID take part in the meetings.

**Cluster** meetings (Abris et bien non alimentaires; Logistique; Eau et assainissement; Education; Nutrition ; Protection (including mine action); Retour et relance communautaire (ER); Santé; Sécurité Alimentaire; Télécommunication d'urgence). Donors participate according to their interests and availability.

The **Board of the Common Humanitarian Fund** meets as required. This forum decides on the allocation of financial envelopes per province and per sector. It is mentioned here because it plays a key role in terms of operational coordination. The Board includes the Netherlands, Sweden, and the UK (DFID), and DG ECHO as an observer.

#### Donor-only coordination

Meetings of the **GHD group** are convened every 6-8 weeks on the basis of need and availability and chaired by DFID's Humanitarian Adviser. The group includes Belgium, Canada, DG ECHO, France, Germany, Japan, Netherlands, Spain, Sweden, UK, and the US. The participation of donors other than DFID, DG ECHO and OFDA varies, but there are usually around seven donor representatives at any given meeting. The group sometimes invites someone (e.g. the UN HC or an agency) to explain a particular point and sometimes adopts common positions, which are then conveyed to whoever is best positioned to take action (frequently the UN HC).

Informal meetings of the **core GHD group** (DFID, DG ECHO, OFDA), who find it both easy and useful to consult due to their more in-depth understanding of the reality on the ground and developments.

## **ZIMBABWE (Harare)**

### **Humanitarian coordination frameworks involving donor representatives**

#### UN-led coordination

The most important formal meeting for donors is the **IASC meeting with donors** (different from the IASC meeting with INGOs, but recently merged at least for every second meeting). Coordination meetings mainly serve the information exchange and to know about other donors approaches to funding. There are further meetings with relevance to the emergency situations: Inter Cluster Task Force meeting, Humanitarian Weekly Technical Coordination Meeting, Security meeting for security staff, Human resources and finance meeting (upon request).

**Clusters:** There are five clusters and five working groups, which eventually will become clusters. Existing clusters are<sup>1</sup>: Agriculture; Emergency telecommunications; Health; Nutrition; Water, Sanitation and Hygiene. These clusters are structured and organized in different ways. Some for example have co-leaders (up to four) , some include NGOs as co-leaders, some are established recently, others exist in the present set up for many years (even if they were previously not called clusters), some have sub-groups, some are very active, others not or not yet, and so on. Additionally to the Clusters there are numerous Work Groups. A few with relevance for the emergency are: Logistics, Protection, Education, Mobile and Vulnerable Populations (MVP-the Zimbabwean term used for IDPs), Early Recovery.

#### Donor-led coordination

Compared to major crisis countries, there is a small number of donors present in Harare. According to the FTS there is a comparably high amount of funding to emergency aid (more than 200 Mio US\$ in 2008) and also a comparably high number of donors provide funding (e.g. more than 10 donors of the GHD group). Nevertheless only few donors are actively involved in the country. **Informal coordination mechanisms** are more important than official meetings. DG ECHO plays a leading role in coordinating the donors present.

The **Zimbabwe Humanitarian and Development Assistance Framework** is a forum launched in Harare on 21 December 2008 by the **Southern African Development Community** (SADC). It includes representatives of the Zimbabwean government, UN agencies, religious groups, donors and farmers' organisations. This initiative is led by South Africa, which is an important actor in humanitarian aid. South Africa does not take part in the above-mentioned coordination mechanism.

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<sup>1</sup> To support coordination of cross-cutting issues, agencies have also appointed HIV/AIDS and gender focal points in each cluster with the specific responsibility to mainstream these issues into activities and objectives of each cluster.

Other frameworks with relevance for humanitarian aid

Other frameworks with coordination function and donor involvement that have linkages to the emergency are:

- **C-SAFE** is an alternative food pipeline for food distributions. C-SAFE is the Consortium for Southern Africa Food Security Emergency. Established in 2002, the regional consortium consisted of three core NGOs: World Vision, CARE and Catholic Relief Services (CRS). **Funded by the US Agency for International Development Food for Peace (USAID-FPP)**, the regional consortium was initiated in response to the food security crisis that affected millions of people across Southern Africa. Even though the consortium is no longer a regional entity and the overall scale of food distributions has reduced significantly from its height, the program in Zimbabwe is still relatively large. In Zimbabwe World Vision International is the lead organization. This initiative sought to complement other relief and development efforts in the region including the WFP food interventions. Recently C-SAFE provided a food loan to WFP to avoid a breakdown of the WFP pipeline.
- **Protracted Relief Program (PRP, now in Phase II)** is a **DFID funded** multi-sector and multi annual programme being implemented by a consortium comprising INGO and local NGOs (24 in total, of which 4 are local NGOs). The programme is managed and coordinated by the Managing, Technical, Learning and Coordination Unit (MTLC).<sup>2</sup>
- **Orphans and Vulnerable Children (OVC) Programme** is implementing the National Action Plan for OVCs. Objectives among others are to strengthen the existing coordination structures for OVC programmes and to increase resource mobilization, to increase child participation as appropriate in all issues that concern them from community to national level, to increase new school enrolment of OVC, to increase access to food, health services and water and sanitation for all OVC, and to increase education on nutrition, health, and hygiene for all OVC. It is implemented by a core team comprising the government, Unicef, Nango and Save the Children Norway.
- **The NGO Joint Initiative for Urban Zimbabwe:** Mercy Corps is the lead agency for a consortium of six global humanitarian agencies and eight local partners implementing a 5 year program, supported by a **group of 6 donors** to restore the dignity and reduce the suffering of over 9,500 households in six urban areas of Zimbabwe.

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<sup>2</sup> <http://www.prpzim.info/>

## **OCCUPIED PALESTINIAN TERRITORIES**

### **Humanitarian coordination frameworks involving donor representatives**

#### Donor-led:

So far there is no established humanitarian donor only coordination mechanism. The most important coordination frameworks for humanitarian aid with relevance for donors are:

#### EU Informal Humanitarian Policy Dialogue Group or « Friday Group »

DG ECHO chairs an information sharing meeting that takes place every second Friday (Friday Group Meeting) at DG ECHO's office. It is meant to be a briefing by UN agencies, ICRC and NGO representative to the humanitarian donor community. Members are by definition all representatives of EU Member States and other countries that wish to participate. Other participants may be invited on request by the MS, Other Technical co-ordination bodies, local NGOs, think-tanks, researchers, experts etc. are invited when they want to address the humanitarian donor community.

The event has a history which explains why DG ECHO is chairing and hosting the event. Before 2002 there was no humanitarian donor meeting at all. It was initiated by a group of like-minded donors facing of constraints on humanitarian space due to Israeli policies of curfew and closure in the occupied Palestinian territories. The objective of the meeting was to promote a cohesive and consistent voice towards the Israeli authorities. The promotion of consistent behaviour and response by the operational actors who were providing humanitarian assistance was a second objective. The group produced policy documents and feed into the formal mechanisms of engagement with the Israeli authorities. At the time it was considered as a good practice example.

The coordination meeting was originally organized by ECTAO (European Commission Technical Support Office) for EU Member States. Originally it was called the EU Informal Humanitarian Policy Dialogue Group. About 4 years ago it was handed over to DG ECHO and participation was enlarged to Canada, Switzerland, Norway, Japan and recently also to the US.<sup>3</sup>

The Friday Group meeting is today clearly first of all an information sharing event. DG ECHO provides staff resources for chairing the meeting and circulates minutes.

#### Humanitarian Task Force

The Humanitarian Task Force was created in autumn last year to compensate for a change in the development coordination framework of the Palestinian Authority (PA): The Local Aid Coordination Secretariat (LACS), which has a number of sector and working groups. Until recently the working group on Social Affairs included humanitarian aid as one topic, but as the PA no longer saw the need to include humanitarian aid in this forum, it was excluded in July 2008. As a consequence of this change donors decided to set up the Humanitarian Task Force

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<sup>3</sup> In contrast to previous context visited there is no closer relationship between DG ECHO, the US and Dfid. Dfid is not as present as the two other donors to become a like-minded donor. DG ECHO and the US have different policies and funding approaches.

which includes the UN Humanitarian Coordinator (HC), OCHA, INGOs, donors and the PA. The group has met only twice so far. The plan is to meet every 6 weeks.

There has been some discussion of introducing a donor only meeting attached to this coordination mechanism. Donors could meet prior to Humanitarian Task Force meetings to prepare jointly.

#### GHD Meeting

The Dutch representative answered to the request from The Hague to set up a local GHD initiative. A new donor only meeting was started. The group has met only once so far in February. During the meeting the group discussed GHD and explored possible objectives for the group. Participants were a few donors such as Germany, Ireland, Canada and Spain (not exclusive list). A second meeting has not yet taken place. For some the purpose of the initiative did not become clear. The use of GHD as a framework was by some not seen as helpful. Some see the initiative as an unfortunate start for an initiative that could be useful. Others are less critical and do not see a problem to wait for the next meeting where the purpose of the initiative could be discussed further.

#### Ad hoc informal coordination

There is a lot of informal coordination among donors. It is common to pick up the phone and to exchange with other donors. The Humanitarian Emergency Response Fund (HERF)<sup>4</sup> raised some concerns among donors and triggered a coordination need. Donors who contributed to the HERF then meet informally to discuss issues.

#### Relevant coordination mechanisms for humanitarian aid but not led by donors:

UNWRA is by far the largest humanitarian actor in the region. UNRWA's Advisory Commission (AdCom) is a newly created informal instrument that guides the organisation's strategy and development. Donors are part of the commission. The largest contributors are actively engaging in this forum. They are represented by representatives from the field and/or from capitals. The commission also deals with UNRWA's emergency response even if this is not a priority issue in AdCom meetings. In February donors requested an extraordinary meeting to discuss the response to the Gaza crisis.

The Humanitarian Country Team (HCT) is an important coordination mechanism for oPt but does not include donors. Chaired by OCHA, 6 UN agencies, AIDA and some key INGOs meet. ICRC is an active observer in this forum. Donors express their wish to be better informed about the results from the meeting. So far there is no policy dialogue between the HCT and the donor community.<sup>5</sup>

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<sup>4</sup> The HERF is chaired by the HC and administered by OCHA with the approval of the Advisory Board. Donors are members of this board.

<sup>5</sup> Another coordination element is missing: Donors do not coordinate with Arabian donors and there is little knowledge if and how these donors fund humanitarian activities in Palestine. Some 'Western' NGOs were in contact with them. Apart from a few exceptions and despite funding promises Arabian donors did not fund these NGOs.

## **COLOMBIA**

### **Humanitarian coordination frameworks involving donors**

#### UN-led coordination

**IASC-UN Country Team** meetings are organized on a monthly basis and include UN agencies, ICRC (as an observer), IOM, INGOs, and donors. The meetings are chaired by the UN HC. Its objectives are information-sharing and planning. With OCHA's support, nine regional IASC-like coordination mechanisms have been established in "hot spot" regions of Colombia in order to strengthen coordination and response at the local level in areas prone to humanitarian emergencies. In Nariño Department, AECID takes part in the meetings as an observer.

Three **Thematic Groups** have been established, as follows:

1. Protection Thematic Group (led by UNHCR)
2. Early Recovery Thematic Group (co-led by UNDP and IOM)
3. Humanitarian Assistance and Basic Services Thematic Group subdivided into:
  - \* Health Sectoral Group
  - \* Food and Nutrition Sectoral Group
  - \* WatSan Sectoral Group
  - \* Education Sectoral Group

An Inter-thematic group ensures coherence and information-sharing among Thematic/Sectoral Groups.

The IASC-CT and Thematic Group meetings count on the participation of 52 INGOs (approximately 80% of the INGOs operating in Colombia) and are open to donors. Thematic and Sectoral Groups meet at least once a month. They operate on the basis of the Country Needs Assessment and implement a rapid response mechanism, which includes joint field missions in the wake of emergencies. They provide concrete recommendations to the national authorities after field missions. Follow-up matrices with benchmarks are developed to monitor humanitarian interventions.

The **UN-Emergency Technical Team (UNETE)** was established to improve the responsiveness of the UN system to natural disasters or humanitarian emergencies. It includes staff of the UN system and since mid-2007, the National Directorate for Disaster Prevention and Assistance, the Colombian Red Cross, and INGOs. UNETE monitors and reports on emergencies and takes part in identifying needs with counterparts and in field missions. UNETE holds meetings on a regular basis, which are open to donors. These meetings focus on coordination and the analysis of natural events with humanitarian implications.

**Ad hoc:** The UN HC and OCHA organize quarterly meetings with OCHA's traditional donors, which focus on information-sharing, analyzing humanitarian trends and gaps, and planning. UNHCR also holds coordination meetings with the donor community, including countries of Latin America.

#### Donor-only coordination

There is **no formal humanitarian donor coordination framework** in place, but donor representatives meet informally.

### High-level donor-government coordination

The **Group of 24 (G-24)**<sup>6</sup>, was established on 10 July 2003 in London at a high-level meeting of 24 countries and international organisations in support of a **lasting peace** in Colombia. The G-24 was created to follow through on commitments made in the “London Declaration” of 2003, which was followed by the “Cartagena Declaration” at another high-level meeting in Cartagena in 2005. Another high-level meeting took place in Bogota in November 2007. The G-24 is currently chaired by Mexico. Its presidency is ensured by a troika of three countries succeeding each other at six-month intervals. In Bogota, the UN Resident & Humanitarian Coordinator provides its technical secretariat. The G-24 frequently interacts with the government and with civil society. According to UNDP’s Colombia website, the London-Cartagena process enabled the development of the government’s first international cooperation strategy and the government is now developing a National Plan of Action for Human Rights and International Humanitarian Law.

### Government-led humanitarian coordination

A government body, the “**Plenaria Nacional Humanitaria**”, was established a couple of years ago to deal with the IDPs, but it is not very operational (it has organised three meetings all in all, the last one of which at the beginning of April 2009). It depends on the Presidential Agency for Social Action and International Cooperation<sup>7</sup> (Acción Social) established under the Presidency, which represents the government in the London-Cartagena process (see above) and is in charge of social programmes and IDPs. “Acción Social” is a place of interaction with those involved in humanitarian affairs, who basically keep the former informed of their activities.

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<sup>6</sup> Its membership has grown since 2003 and includes Argentina, Brazil, Canada, Chile, the European Commission, EU Member States, Japan, Mexico, Norway, Switzerland, and the US, and various international organisations.

<sup>7</sup> Agencia Presidencial para la Acción Social y la Cooperación Internacional

## **SUDAN (Khartoum)**

### **Humanitarian coordination frameworks involving donor representatives**

#### UN-led coordination

**IASC/HCT meeting** involving the UN, NGOs and donors take place once per month. They are convened by OCHA and chaired by the UN Humanitarian Coordinator.

A **UN Principals meeting** takes place once per month. It is chaired by the Deputy Special Representative of the UN Secretary-General for Sudan and UN Humanitarian Coordinator and involves donors at Heads of Mission level.

**The Cluster system** was introduced in Sudan in December 2008. It is open to donors and includes the following 11 sectors/clusters: Basic Infrastructure and Settlement Development (UNOPS), Education and Culture (UNOPS), Health and Nutrition (WHO/UNICEF), Water and Sanitation (UNICEF), Food Security and Livelihoods (FAO/WFP), Protection and Human Rights (UNMIS POC/ UNHCR), Mine Action (UNMAS), Common Services and Coordination (OCHA/RCSO), Non-Food items and Emergency Shelter (UNJLC), Cross-Sector Support for Return and Reintegration (UNMIS), Camp Coordination and Management (UNHCR).

#### Donor-only coordination

A **Humanitarian Donor Group** including representatives of Canada, Denmark, DG ECHO, DFID, France, Italy, Japan, the Netherlands, Norway, OFDA, Sweden, Spain, and Switzerland (and occasionally others) meets twice per month at the Canadian Embassy. Until March 2009, it used to meet in DG ECHO's office and DG ECHO, DFID, and OFDA representatives took turns to chair it. After the expulsion of 13 international NGOs on 4 March 2009 and the subsequent increase in the workload of the above donors, Canada's Head of Aid took the initiative of convening the meeting after March 4 and assumed its chairmanship. The frequency of the meetings is not pre-established; they take place as needed (e.g. every other day after the expulsion of NGOs in March 2009 and about every other week now). The agenda is established on the basis of suggestions from donor representatives and minutes are prepared and circulated in-country by the chairperson. Especially in recent weeks, this platform has been instrumental in facilitating coordinated action at the level of Heads of Mission in Sudan or international level (e.g. high level meeting with the UN organised by Canada on 24 April 2009 in New York). A UN agency or NGO is occasionally invited to the meeting for the first half hour, as required.

A **High-level committee** brings together the UN, the Government, and donors (DG ECHO, DFID, US) in Sudan. It was recently extended to non-traditional donors like China and Russia, as well as to the Arab League and the African Union. It is a platform for the discussion (not coordination) of issues connected to humanitarian action. The committee met once since 4 March 2009.

**Informal meetings of DFID, DG ECHO, and OFDA/FFP** take place informally once per week. They exchange information about the situation in the field, discuss perspectives and consult. They consider this an important meeting given the difficulties encountered.

# Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level

Commissioned by DG ECHO

## Interview Guide for humanitarian donor representatives at field level

### Introduction to the project

The GHD donors have agreed upon the need to examine possibilities for further strengthening donor coordination, focusing on added-value at the field level. DG ECHO, as one of the current co-chairs of GHD, has commissioned a mapping exercise of existing donor coordination at the field level as a baseline for taking forward the reflection amongst GHD donors.

### Questions to guide interviews in field locations<sup>8</sup>

#### Donor profile

1. What is your working environment (embassy, humanitarian department office (e.g. DFID, ECHO), technical cooperation agency (e.g. GTZ))?
2. What is the geographical coverage of your office?
3. What is your country's humanitarian human resource capacity in your location (type of staff and whether they work full-time or part-time)?
4. Do you have decision-making authority at field level and if so, in which fields?
5. Do you engage in any direct humanitarian service provision?
6. Do you have a clear responsibility (Terms of Reference, guidelines, instruction) to coordinate with other donor representatives?

#### Coordination framework

7. Is there a formal humanitarian donor coordination framework in place in your country or region and if so, is it donor-driven or linked to other field-level coordination mechanisms (e.g. OCHA/IASC Country Teams, Clusters, etc.)? Do you have both types of meetings or more?
8. Who calls the meetings, who sets the agenda of the meetings and how frequently do they take place (e.g. regularly, linked to UN Consolidated Appeal cycle, ad hoc meetings)?
9. Are minutes drafted after the meeting, and with whom are they shared?
10. Who takes part in the meetings (e.g. donors, UN agencies, government representatives, etc.)?
11. What takes place at these meetings (e.g. sharing information, discussions of thematic issues, joint analysis, joint planning, etc.)
12. If there are different types of meetings, what are their comparative advantages?
13. How frequently do you take part in the meetings?

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<sup>8</sup> The following list of questions serves as a guide as not all the questions will be relevant in each field location and some of the questions will not need to be asked to each donor (e.g. coordination mechanisms in place).

## Annex 8

14. What factors (positive and negative) have influenced your ability to coordinate with other donors?
15. How effective do you perceive the current humanitarian donor coordination framework(s) to be? Please give examples
16. Is a collective effort being made to assess the performance of humanitarian donor coordination (for instance by agreeing on a work plan; indicators; a lessons-learned process)?
17. In the absence of a formal humanitarian donor coordination framework, do you coordinate informally with other donors? If so, how? (Sharing of information, bilateral meetings, emails, telephone, etc).
18. What are the advantages and disadvantages of formal and informal coordination?
19. Is informal coordination sufficient for the putting into practice of GHD?
20. If neither formal nor informal donor coordination is taking place, why is it so?
21. Does the humanitarian coordination framework interact with coordination frameworks abroad (e.g. domestic, regional, Geneva-based, etc.)?
22. Is there a different in-country coordination framework for longer term recovery, reconstruction or development? If so and where relevant, do the two frameworks interact?

## Annex 8

### Use of GHD principles at field level

23. Have donor representatives in your location discussed the advantages and disadvantages of working together to put GHD into practice? If so, what did they conclude?
24. If there has been a decision among donors to use the GHD framework, are you confident that you know how to put GHD into practice (based on experience, guidance, training, etc.)?
25. Does a GHD-related action plan exist or is one envisaged?
26. Could or should all 23 principles be put into practice in your location? Are they all relevant?
27. What factors are conducive or impediments to collective field implementation of GHD?
28. If applicable, has the use of the GHD framework led to improvements in the individual performance of your country as a donor? Has it led to improvements in the collective performance of donors? Has it led to improvements in the quality and effectiveness of humanitarian action in your location? If so, please explain and give examples
29. Can you give examples of activities that can be considered as putting GHD into practice even if there has been no formal agreement among donors to do so?
30. Is there anything you need or anything you would like to suggest?

Below are examples of action that can be considered as directly related to the GHD principles:

- Promotion of multi-donor needs assessments over single donor needs assessments (what is the proportion of joint assessments in which your country or department has taken part in 2008 compared to individual assessments?)
- Participation in needs assessment analysis and priority setting?
- Advocating in support of humanitarian action (e.g. safe humanitarian access, protection)?
- Participating in the Consolidated Appeals process / CHAP formulation
- Sharing funding intentions with other donors with a view to avoiding gaps across sectors? (If so, at what stage of the collective planning cycle)
- Ensuring that humanitarian aid is supportive of recovery and long-term development?
- Promoting the inclusion of disaster preparedness in humanitarian action
- Promoting the involvement of beneficiaries in the project cycle
- Promoting common positions of the donor community towards other stakeholders (government, UN agencies, on civil – military coordination, on the CAP or the CHAP, etc)

# Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level

Commissioned by DG ECHO

## Interview Guide for Donor Representatives in donor capitals

### Introduction to the project

The GHD donors have agreed upon the need to examine possibilities for further strengthening donor coordination, focusing on added-value at the field level. DG ECHO, as one of the current co-chairs of GHD, has commissioned a mapping exercise of existing donor coordination at the field level as a baseline for taking forward the reflection amongst GHD donors.

### Donor Profile

1. Do you have humanitarian staff in crisis countries?
  - a. Through which channels and what are their reporting lines?
  - b. Are they in general full time or part time?
  - c. What is the rationale for deploying humanitarian staff?
  - d. If not, is your department considering deploying field staff in the future? (**Jump to question 11**)
  
2. Has having humanitarian field staff enabled you to be a better humanitarian donor at country level? In what sense? Is having a humanitarian presence in the field an advantage in terms of being a Good Humanitarian Donor?

### Implementation of GHD at field level

3. Is your field personnel expected to play a role with respect to the implementation of GHD?
  - a. If not, is it as a result of a decision?
  - b. If yes, is it across the full range of GHD points or some points in particular (if not, which ones in particular and why)
  - c. Can you give specific examples of activities (e.g. implication in CHAP development, roll out of capacity building tools supported at global level, promotion of recovery-oriented humanitarian action and disaster management)?

## Annex 9

4. Do you have GHD implementation guidelines?
  - a. If so, have they been formally circulated to field staff? Would they know where to find them?
  - b. Do they include a reference to coordination at the field level?
  - c. Are capital-level and field roles and responsibilities with regard to implementing GHD clear?
  - d. If not, is having implementation guidelines envisaged?
5. Does this include coordinating with other donor representatives?

If you have several field staff in any given location, is one of them in particular tasked with donor coordination?
6. In countries where GHD has been put into practice at field level, has it improved the effectiveness and the quality of humanitarian aid (collectively)?

How and by what standards or measures?  
Examples?

### Donor coordination frameworks

7. Does your country's humanitarian staff in field locations have a responsibility to coordinate with other donor representatives?
8. In the absence of donor coordination arrangements in the field, is your field staff expected to take proactive steps to bring donor representatives together to look into the possible advantages of coordination around the GHD principles?

If so, is your field staff aware of this? Has any of your field staff taken such a lead in the past, and if so, where and was the initiative successful?
9. Of all the instances of donor coordination in the field, including the pilot countries, which ones was the most successful in terms of donor coordination (best practice)?

By what standards and criteria (or indicators) if any?  
What were their main characteristics?
10. What are the disadvantages, constraints, impediments to donor coordination in the field (e.g. burden on staff)?

Is there any solution to the above?

Do you see a need for more systematic (formal/informal) donor coordination in the field?

## Annex 9

### Further questions

11. If you do not have humanitarian staff in crisis countries which you support, what are the sources of information you rely upon as a basis for decision-making (other domestic departments, other donors, UN agencies, NGOs, etc)?  
How you decide which organizations and projects to support in the crisis countries concerned?
12. Do you coordinate with other GHD donors at global level when it comes to annual planning and (funding) decision-making?  
How?  
Has having humanitarian field staff contributed to your capacity to be Good Humanitarian Donor globally (for instance, does the information you receive from your field staff help you prioritize countries)?
13. How would you describe your role as a donor?
  - a. As a provider of financial support (no field staff - trust-based relationship),
  - b. A partner of implementing organizations (field staff taking part in planning and project cycle)
  - c. An implementing donor (direct service provision)
  - d. A combination of the above? (please specify)

## **Methodology and key steps of the study**

The study was implemented in **three phases**: a briefing, documentation study and survey preparation phase, a field phase, and a report drafting and debriefing phase. During these phases, the study team used a variety of research methods to collect data, which included a review of available documents, online questionnaire surveys, interviews in person and by telephone, and site visits.

During the **inception phase**, criteria were developed to select donor capitals and field locations to visit. Three donor countries that played an important role in the genesis and subsequent development of the GHD initiative but have different profiles were chosen for visits to their capitals: the United Kingdom, which has a relatively large humanitarian field presence and an active role in piloting GHD in the field, Sweden, which has a more limited field presence but actively supports the initiative and Belgium, which has almost no humanitarian field presence but co-chaired one of the first GHD field pilots. Spain was selected both because it is becoming a more important donor and it has become actively involved in the initiative in the past couple of years.

The **selection of locations for the field visits** involved drawing up a list of countries with a Humanitarian Coordinator (HC) and where the clusters have been rolled out and developing an assessment grid enabling their comparison on the basis of selection criteria including aspects such as the level of needs and requirements, the amount of funding to the Consolidated Appeal in 2008, the number of GHD donors engaged, their relevance for the GHD initiative (as pilot countries), their geographical location, etc. The DG ECHO Global Needs Assessment for 2007-2008 and the Forgotten Crisis Assessment for 2007-2008 were taken into consideration as well. One of the countries selected initially could not be visited due to security and availability constraints (Sri Lanka). The locations finally selected as case studies were the Democratic Republic of Congo and the occupied Palestinian territories.

For **telephone interviews**, most non European Union GHD donor countries were selected (Australia, Canada, Japan, Norway and USA), as they could not be visited by the team, as well as EU donors (France and Germany) on which more information was needed. Colombia, Myanmar and Sudan were selected as countries for which interviews would be carried out with two or three humanitarian donor representatives.

**Nairobi and Geneva** had been singled out for visits by the Terms of Reference for the study. Nairobi was approached as a regional humanitarian hub where regional and country-level humanitarian coordination mechanisms could be studied (Kenya and Somalia) and information on other countries in the region may be available, whereas Geneva was approached as a humanitarian capital where information on the GHD initiative and the interface between “macro” level donor coordination and the field could be found.

The study team visited Nairobi from 9-14 March and **Kinshasa** from 14-19 March. In both locations, the team met with as many GHD donor representatives likely to have a humanitarian capacity at field level as possible, i.e. 20 people in Nairobi and 16 in Kinshasa. These had been identified through OCHA contact lists, the Somali Support Secretariat and suggestions from DG ECHO experts, donor representatives in Geneva and the representatives of the UK and The Netherlands on the study’s Steering Group.

One of the consultants visited **Jerusalem** from 20 to 22<sup>nd</sup> April to meet with donor representatives, humanitarian agencies (members of a NGO umbrella) as well as United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) and UN Relief and Works Agency for Palestine refugees in the Near East (UNRWA). Those interviewed had been identified through consultations with the present co-chairs of the GHD initiative, DG ECHO and The Netherlands. As the field representative of the Netherlands was going to be away at the time, an interview with him took place by telephone prior to the visit.

Prior to the meetings with donor representatives, questions to guide the interviews<sup>9</sup> were sent to donor representatives in order to give them an idea of the type of information the team was looking for. Debriefing sessions were organised by DG ECHO in their offices. In the case of Kinshasa, the debriefing was part of a meeting of the GHD group. In Geneva, Brussels, Nairobi and Jerusalem meetings were organised with NGO associations and representatives to gain their perspective on donor field coordination.<sup>10</sup>

In total 102 persons were interviewed individually or in group interviews. Interviews in person or by phone were conducted in 21 countries. Representatives from 24 donors gave their input to the study. The detailed list of meetings can be found in Annex 4.

Separate **online surveys** were conducted for donor representatives at capital/headquarters level and the field: one questionnaire was sent by DG ECHO to all GHD Focal Points at donor capital level for them to be filled in at capital level. It contained 17 questions about the donor humanitarian presence in the field and the putting into practice of GHD principles at the field level.<sup>11</sup> 22 donors replied to this questionnaire, which is a response rate of 62%.<sup>12</sup>

Another questionnaire was sent by DG ECHO to all GHD Focal Points in capitals with a request that they circulate them to their representations or humanitarian representatives in the field. It contained 39 questions about the donor country's field capacity, donor coordination and the application of GHD principles at the field level.<sup>13</sup> Several GHD Focal Points informed Channel Research that they would not forward the questionnaire to their field representations as none of the latter have staff with a responsibility for humanitarian affairs

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<sup>9</sup> See annex 2: Interview Guide for humanitarian donor representatives at field level - The questions were not followed systematically as this would have required too much time and they were not all relevant for each location.

<sup>10</sup> Geneva: ICVA (International Council of Voluntary Agencies), Brussels: VOICE (Voluntary Organizations in Cooperation in Emergencies), Nairobi: Care International as the chair of Interagency Working Group, Jerusalem: AIDA (Association of International Development Agencies)

<sup>11</sup> See questionnaire in annex 5

<sup>12</sup> Respondents: Australia, Austria, Belgium, Canada, Czech Republic, Estonia, European Commission, Finland, France, Germany, Ireland, Italy, Latvia, Luxemburg, Netherlands, New Zealand, Norway, Spain, Sweden, Switzerland, UK, USA. Two donors sent two replies from the same unit. After consultation with these donors, one consolidated version was agreed upon and processed for the analysis so that in the end all donors submitted one reply only. There were no replies from: Hungary, Japan, Poland, Slovakia, Malta, Portugal, Greece, Slovenia, Lithuania, Romania, Bulgaria, and Cyprus. Denmark submitted its reply in word format after the closure of the online survey. The responses from Denmark for technical reasons cannot be included in the statistical analysis but is included in the analysis in the text.

<sup>13</sup> See questionnaire in annex 6

and it would therefore not have usefully contributed to the survey.<sup>14</sup> The study team collected in total 75 responses.<sup>15</sup> 50% of the responses came from donor field representations in Sub-Saharan Africa, about 30% from Asia, 10% from the Middle East and 8% from the Americas (Colombia and Haiti).

Channel Research processed and analysed the data collected through the two questionnaires.

### **Composition of the study team**

Channel Research carried out the mapping study with two senior international consultants:

The Team Leader, Mrs Marie Spaak, has worked with DG ECHO and UN-OCHA between 1992 and 2007, and when based in the field in humanitarian and rehabilitation contexts (e.g. former Yugoslavia, Great Lakes crisis, Indonesia, North Caucasus), she was actively involved in coordination frameworks. She was also involved in donor coordination at capital level in Brussels and in Geneva and has in-depth knowledge of the UN humanitarian reform process and inter-agency coordination mechanisms.

The Team Member, Mr Ralf Otto, complements this expertise with his working experience for bi-lateral donors (Dutch Ministry of Foreign Affairs, Danida, DFID, German Ministry of Foreign Affairs, USAid, etc.) and NGOs. With a master in International Humanitarian Aid, he is working as a researcher in Humanitarian Aid. The issue of Coordination has been part of numerous research projects in the past.

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<sup>14</sup> Germany, Latvia, New Zealand and Ireland informed the study team of their decision in this regard.

<sup>15</sup> Donors: Australia (6), Austria (2), Belgium (3), DG ECHO (21), France (1), Netherlands (11), Spain (10), Sweden (13), UK (6), USA (2)



4. Please indicate in which of the countries below your government department or institution has a humanitarian field presence, and whether it is in the capital or outside (staff with contracts of at least six months). Please omit regional offices or embassies covering several countries

Country	Presence (tick)	Based in capital (tick)	Based outside capital (tick)
Afghanistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burundi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central African Republic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colombia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Côte d'Ivoire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Democratic Republic of Congo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eritrea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethiopia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guinea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indonesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kenya	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liberia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myanmar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nepal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Niger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
occupied Palestinian Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sri Lanka	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timor Leste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uganda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zimbabwe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment:

5. If you post staff (with contracts of at least 6 months), are they located in:

- a) Embassies
- b) Humanitarian department offices (e.g. DFID, ECHO, OFDA)
- c) Government-owned or partly government-owned technical agency offices
- d) Other (Please specify)

6. Do you post staff with humanitarian responsibilities in regional offices or in embassies covering several countries (staff with contracts of at least six months)?

- a) We do not have regional offices or embassies
- b) We do have such offices or embassies but there is no humanitarian staff
- c) We do have such offices or embassies and there is humanitarian staff

If you ticked the third option, please list where they are and which regions they cover:

7. Does your field staff with humanitarian responsibilities work on humanitarian aid

- a) Full time (100% of office hours)
- b) Part time
- c) Full time during emergencies but part time otherwise

Comment:

8. What kind of decision-making responsibilities does your institution have at field level? Please tick one or more options

- a) None
- b) Programming of aid
- c) Grant making / financial (small scale: up to 100,000 Euro)
- d) Grant making / financial (larger scale: above 100,000 Euro)
- e) Project Cycle Management
- f) Other (Please specify)

9. Does your government department or institution engage in any operational humanitarian service provision?

- a) Yes
- b) No

## **Part 2 Putting GHD principles into practice**

10. Do any of your policies, mission statements, or operational guidance refer to GHD?

*Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level – Annex 11*

- a) N/A (no such policies or statements exist)
- b) Yes
- c) No

Please specify:

11. Is your humanitarian field staff expected to play a role with respect to putting GHD into practice?

- a) Yes
- b) No

If yes, please list which GHD principles in particular they are expected to put into practice.

12. What are the obstacles to GHD implementation at field level?  
Please tick one or more options I would put lack of leadership first

- a) Lack of leadership in the donor community
- b) Lack of agreement among donors as to which GHD principles to prioritize
- c) Lack of plan of achievable action based upon GHD principles
- d) Some principles cannot be acted upon at field level but need to be addressed at capital level
- e) (Staff) capacity/ time constraints
- f) Other constraints (please specify):

13. How does your humanitarian field staff know what is expected of them with respect to the promotion and implementation of GHD and how to do so?

- a) Terms of Reference
- b) Operational guidance
- c) "Good Humanitarian Donorship – at country level; A guiding note for colleagues at country level" prepared by Denmark
- d) Training (please specify)
- e) Other (please specify)

14. Do you have examples of countries where the putting into practice of GHD has improved the effectiveness and quality of aid?

- a) Yes
- b) No

Please give details and please explain how and by what standards or measures:

**Part 3 Coordination at field level**

15. Is your humanitarian field staff expected to coordinate with other humanitarian donor representatives?

- a) They are not explicitly instructed to do so
- b) It is part of their Terms of Reference
- c) It is included in operational guidance
- d) Other (e.g. field level instruction)

16. In countries where GHD has been put into practice at field level, has it improved the effectiveness of donor coordination?

- a) Yes
- b) No

Please explain:

17. Do you have any comments or suggestions?

**Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level**

Commissioned by DG ECHO

**Questionnaire for humanitarian donor representatives at field level**

**Part 1 Introduction**

18. Please name the country you represent:

19. Please name your location (country):

20. Do you cover more than one country?

- a) Yes
- b) No

If yes, which countries:

21. Please name the institution you are representing and please provide a brief description of its functions:

22. What is your job title?

23. Please provide a brief description of your functions/areas of expertise:

24. We would like to know how your government is represented in the country. Please tick one or more options:

- a) With an embassy
- b) With an aid department or office (e.g. DFID, ECHO, USAID)
- c) Government-owned or partly government-owned technical agency offices
- d) Another type of structure?

Please specify:

25. Which of the following structures deals with humanitarian aid? Please tick one or more options:

- a) The embassy
- b) The aid department or office (e.g. DFID, ECHO, USAID)
- c) Government-owned or partly govt.-owned technical agency offices
- d) Another type of structure?

Please specify:

26. Now we would like to know about the human resource capacity for humanitarian aid of your institution in your location:

- a) Total number of staff in your institution (humanitarian and non-humanitarian, incl. support staff):
- b) Number of humanitarian staff (without admin/support staff e.g. financial officers, secretaries, drivers):
- c) Number of international humanitarian staff (without support staff):

Comment:

27. Of your total staff (without the support staff) we would like to know

- a) The number of humanitarian staff working full time on humanitarian issues (100% of office hours)
- b) The number of humanitarian staff working part-time
- c) Number of staff working full time during emergencies and part time

Comment:

28. What kind of decision-making responsibilities does your institution have at field level? Please tick one or more options

- a) None
- b) Programming of aid
- c) Grant-making (small scale: up to 100,000 Euro)
- d) Grant-making/financial (larger scale: above 100,000 Euro)
- e) Project cycle management (appraisal, monitoring, evaluation)
- f) Other (please specify)

## **Part 2 Coordination Framework**

For the purpose of this questionnaire we use the term 'formal coordination framework' in the sense that it is an established procedure, meets periodically and has a chair person/institution.

29. Is there a formal humanitarian donor coordination framework in place in your country or region?

- a) Yes       b) No

30. If yes, please tick one or more options  
If you answered no in the previous question, please go to question 19.

- a) Donor specific (for donors only):
- b) Not donor specific (including UN and/or NGOs and/or govt.):
- c) Other (please name and specify the coordination framework)

31. How does the coordination framework function?

- a) Meetings
- b) Email exchange
- c) Other (please specify)

32. What forms of coordination take place through the framework?

- a) Information sharing
- b) Joint analysis, planning and programming
- c) Other (please specify)

33. Do you share the outcome or the minutes (if any) of these meetings with

- a) Your colleagues at capital/Headquarters level?
- b) Your colleagues at regional level?
- c) Other donor representatives?
- d) Anyone else? Please specify:

34. How frequently do you take part in these meetings?

- |  | Systematically           | Sometimes                | Never                    |
|--|--------------------------|--------------------------|--------------------------|
| a) Donor specific (for donors only):                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Not donor specific (including UN and/or NGOs and/or govt.): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Other (please name and specify the coordination framework)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

35. If you only sometimes, or never take part in the meetings, why so?

- |  | Time constraints         | Not relevant/not interesting |
|--|--------------------------|------------------------------|
| a) Donor specific (for donors only):                           | <input type="checkbox"/> | <input type="checkbox"/>     |
| b) Not donor specific (including UN and/or NGOs and/or govt.): | <input type="checkbox"/> | <input type="checkbox"/>     |
| c) Other (please name and specify the coordination framework)  | <input type="checkbox"/> | <input type="checkbox"/>     |

36. In the absence of a formal humanitarian donor coordination framework, do you coordinate **informally** with other donors?

- a) Yes
- b) No

If you ticked yes, please specify:

37. If you answered yes in the previous question, is it with

- a) All donors present in the country
- b) Most donors
- c) A selected group of donors

If you ticked c) could you please elaborate on which basis donors are selected?

38. For you is formal coordination:

- a) as important as informal coordination
- b) more important than informal coordination
- c) less important than informal coordination

Why?

39. If you have a donor-only coordination framework, how frequently do the meetings take place:

- a) Weekly
- b) bi-weekly
- c) monthly
- d) Quarterly
- e) Other

Please specify:

40. If there are no formal donor coordination arrangements, what is the reason?

41. Is your institution instructed to coordinate with other donor representatives (in written guidelines, ToR or similar)?

- a) Yes
- b) No

If yes, please explain:

42. Please rank the effectiveness of the current humanitarian donor coordination framework in your location (5 being the highest):

- a) 1
- b) 2
- c) 3

*Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level – Annex 12*

- d) 4
- e) 5

Comment:

43. Do you have any suggestion how to improve the donor coordination framework?

44. Are there non-humanitarian donor coordination frameworks in place in the country (e.g. development)?

- a) Yes
- b) No

45. If you answered yes in the previous question, does the humanitarian donor coordination interact with it?

- a) Yes
- b) No

If yes, please explain:

46. If you answered no in the previous question, do you coordinate formally or informally with development donor representatives?

- a) Yes
- b) No

If yes, please explain:

**Part 3 Implementation of GHD principles**

47. Do you have clear instructions to

- a) Implement GHD in the field      Yes       No
- b) Promote GHD implementation among donor representatives      Yes       No

Comment:

48. Are you confident that you know how to put GHD into practice?

- a) Yes
- b) No

Please explain:

*Study on the Mapping of Donor Coordination (Humanitarian Aid) at the Field Level – Annex 12*

49. Have you received guidance (operational guidance, training or similar) on how to put GHD into practice in the field?

- a) Yes   
b) No

Please explain:

50. Does your institution, as an individual donor promote multi-donor needs assessments over single donor needs assessments?

- a) Yes   
b) No

If yes, what is the percentage of joint assessments in which your country or department has taken part in 2008 compared to individual assessments?

51. Does your institution, as an individual donor participate in the Consolidated Appeals process / CHAP formulation?

- a) Yes   
b) No   
c) N/A

52. Does your institution, as an individual donor share funding intentions with other donors with a view to avoiding gaps across sectors?

- a) Yes   
b) No

53. Does your institution, as an individual donor discuss ways to ensure that humanitarian aid is supportive of recovery and long-term development?

- a) Yes   
b) No

54. Does your institution, as an individual donor promote the inclusion of disaster preparedness in humanitarian action / the CAP?

- a) Yes   
b) No

55. Does your institution, as an individual donor promote the involvement of beneficiaries in the project cycle?

- a) Yes   
b) No

56. Do you have any comments or suggestions?

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