

Key question	Evaluation criteria / level of logic model	Generic Indicator	Scale	Related Questions
To what degree has the cluster approach modified and strengthened the humanitarian response (in terms of gaps filled and greater geographic, thematic and quality of coverage, as well as ownership/connectiveness)?	Effectiveness / Outcome	<p>1. Coverage: Extent of additional geographic coverage (gaps and duplications) since the introduction of the cluster approach in frequently reoccurring sudden onset or protracted crises</p> <p>NOTE: When assessing the additional geographic and thematic coverage achieved through the cluster approach, current response efforts need to be compared to previous response efforts. Such a comparison is only reasonably possible in cases of long-term, protracted crises or where similar sudden-onset disasters reoccur frequently.</p>	<p>0: No additional geographic coverage despite agreed upon needs; duplication not identified</p> <p>1: Measures for better geographic coverage developed, but not implemented; duplications identified, but not addressed</p> <p>2: Measures partly implemented; geographic coverage increasing; duplications avoided</p> <p>3: Evidence of significantly increased geographic coverage</p>	<ol style="list-style-type: none"> 1. Are there gaps / duplications in the cluster's current response? 2. Which ones? 3. Why / why not? 4. Are there common needs assessments and monitoring mechanisms and are they of such a quality that you can build common work on them? 5. What is the strategy of the cluster to fill these gaps / avoid duplications? 6. Which additional projects / merging of projects did the cluster implement in order to address existing gaps? 7. What other activities have been commonly conducted (advocacy, fund raising, mappings, information sharing etc.) to fill the gaps / avoid the duplications 9. How did you coordinate with other clusters to ensure inter-cluster gap filling / avoidance of duplications? 8. How did the cluster approach help / hinder the identification and addressing of these gaps?
	Effectiveness / Outcome	<p>2. Coverage: Extent of additional thematic coverage (gaps and duplications) since the introduction of the cluster approach, including the coverage of cross-cutting issues (gender, environment, HIV), within and between clusters</p>	<p>0: No additional coverage of programming areas despite agreed upon needs; duplication within and between sectors not identified</p> <p>1: Gaps and duplications within and between sectors identified, but not (yet) addressed</p> <p>2: Expanded coverage and reduced duplications within clusters, but not between sectors</p> <p>3: Evidence of significantly increased coverage and significantly reduced duplications within and between sectors</p>	<p>see above plus:</p> <ol style="list-style-type: none"> 9. How were cross-cutting issues integrated in the mapping / analysis of gaps? 10. Were age, gender and diversity factored in to this assessment of gaps? 11. Was age, gender and diversity as well as other cross-cutting issues successfully integrated into the analysis and strategy to fill the gaps? 12. Was the analysis of gaps / duplications made on the basis of sex and age disaggregated data? 13. Why / why not?
	Effectiveness / Outcome	<p>3. Coverage: Quality of geographic and thematic coverage (timeliness of activities and targeting based on differentiated needs/risks linked to age, gender, diversity)</p>	<p>0: No differentiation and prioritization of needs, including according to age, sex, diversity</p> <p>1: Data disaggregated by age, sex and other relevant categories (disabilities, ethnicity etc.)</p> <p>2: Disaggregated data used for targeted programs</p> <p>3: Tailor-made geographic and thematic response according to priorities and specific needs of different groups of affected people / better targeted programming to appropriate affected populations previously underserved</p>	<ol style="list-style-type: none"> 1. How did you tailor your strategy to the differentiated needs and capabilities of the target population(s) in the different affected areas? 2. How did the cluster approach facilitate / hinder the process of tailor-made responses? 3. How did you coordinate with other clusters to ensure high quality of the coverage? 4. How were different needs assessed? 5. How were segments of the populations such as women, girls, and older person targeted for assistance?

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	Effectiveness / Outcome	4. Coverage: ETC and logistics services	0: ETC and logistics services are neither sufficient, nor relevant to the needs of their users 1: ETC and logistics services are sufficient in quantity, but not targeted to the needs of their users 2: ETC and logistics services are targeted to the needs of their users, but do not cover all needs 3: The needs of ETC and logistics users are completely covered	1. What are your ETC and logistics needs? 2. How where the needs covered? 3. How does the cluster approach facilitate / hinder the coverage of the humanitarian organizations' ETC and logistics needs? 4. Why / why not does the cluster approach help to cover logistics and ETC needs? 5. What factors hinder / help the ETC and Logistics Clusters to cover the needs?
	Effectiveness / Outcome	5. Ownership: Degree of involvement of appropriate national and local actors (state institutions, civil society)	0: Appropriate national and local actors are not involved, receive no funding and the response is inconsistent with national and local strategies; inappropriate actors are involved 1: Cluster members are sharing information with appropriate local actors (the government, local authorities and / or civil society), but provide no funding to local civil society actors 2: Appropriate local actors are involved in needs assessment, planning and decision making, receive a share of funding and response is consistent with national and local strategies, including those for disaster risk reduction 3: Where appropriate, international actors are participating in nationally or locally-led response efforts, with local civil society actors receiving the bulk of international funding	1. Are the national and local stakeholders (including women / women civil society groups) involved in needs assessments, planning and decision making mechanisms as well as cluster activities (meetings, workshops, training, etc.)? 2. Why / why not? 3. Does your cluster have a differentiated approach for working with local stakeholders? Does the approach reflect both the nature of the stakeholder (e.g. its willingness to assist and protect the local population, the stakeholders' nature (e.g. party to the conflict), status (e.g. internationally declared terrorist organization), and its conduct in the conflict) and the mandate of the humanitarian organizations? 4. How do you work with those actors and what is your reasoning behind your approach? 5. Is there policy guidance within the cluster to involve relevant national and local stakeholders? 6. Are there standard procedures within the cluster to involve national and local stakeholders? 7. Which factors promote / hinder the involvement of national and local stakeholders? 8. Does the cluster / the humanitarian country team have a specific strategy for strengthening ownership (e.g. capacity building, partnership, use of local language, etc.)? 9. To what extent does the cluster enable / prevent local aid actors to get access to common funds? 10. Does the ownership strategy consider the attempts to design a cohesive response? In other words, are local actors involved in and informed about common policies, strategies and standards in such a way that these common strategies and standards are continued after the role-back of the cluster system? 11. Does the ownership strategy include local women / women civil society groups?

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	Effectiveness / Outcome	<p>6. Connectedness: Extent to which hand over and exit strategies have been developed and implemented in order to ensure that local government and civil society actors build on and continue efforts, including cross-cutting efforts (gender, environment, HIV)</p>	<p>0: Cluster lead agencies and members have no strategy for hand over and exit and do not integrate preparedness, contingency planning and early warning in their work plans</p> <p>1: Cluster lead agencies and members have developed an exit strategy and have identified capacity gaps, but have not implemented it; the strategy addresses neither cross-cutting nor inter-cluster issues</p> <p>2: Cluster lead agencies and members mainstream their strategies into the early recovery cluster and are beginning to implement hand-over strategies, are building capacity and supporting the development of (national) frameworks for preparedness, disaster risk reduction, contingency planning and early warning; cross-cutting and inter-cluster issues are partially addressed</p> <p>3: Effective hand-over takes place, sufficient local capacity and frameworks for disaster risk reduction exist and sufficient technical knowledge has been transferred, including about cross-cutting and inter-cluster issues</p>	<ol style="list-style-type: none"> 1. To what extent have the cluster's interventions been mainstreamed into an (early) recovery strategy? 2. Does the cluster and the HCT have an (early) recovery framework and a preparedness plan? 3. Why / why not? 4. Does the (early) recovery framework take into account national recovery and preparedness strategies and entail good practices and lessons learned with respect to disaster risk reduction? 5. How was the framework / preparedness plan developed? Have cluster members been involved? Have cross-cutting issues and inter-cluster issues been addressed? 6. Does the cluster have an exit strategy? 7. How is / will the strategy be implemented? Is there monitoring of implementation? 8. Are local and national authorities involved in the development of and/or informed about the exit plan?
What intentional or unintentional positive or negative effects of the cluster approach concerning affected populations, the coordination and interactions among participating organizations and the humanitarian system as a whole can be demonstrated?	Effects	<p>7. Evidence for effects (intentional or unintentional, positive or negative) of the cluster approach on the affected populations, the coordination and interactions among participating organizations and the humanitarian system as a whole can be demonstrated</p>		<ol style="list-style-type: none"> 1. What other achievements than the intended outcomes did the cluster approach realize (e.g. advocacy)? 2. Does the cluster approach create a trade-off between investment (of time and resources) in the approach and in providing humanitarian services? 3. Does the cluster approach contribute to or undermine holistic thinking / approaches to address the needs and capabilities of the affected population(s) / host communities (where applicable)? 4. Does the cluster approach create additional management tasks (e.g. increased need for information management, increased need for time management, etc.)? 5. Does the cluster approach create additional need for specific skill sets? 6. How does the cluster approach affect whether humanitarian actors (participating and non-participating) can implement their activities in light of the humanitarian principles? 7. Can any changes in the analyzed needs and capabilities of the affected population be attributed to the activities of cluster [NAME]? <p>NOTE: Some of these questions can be discussed with the affected population</p>

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How is the cluster approach interacting with the other pillars of humanitarian reform, in particular the HC system and the reformed funding mechanisms and is it implemented in the spirit of the 'Principles for Partnership?	Coherence	8. Interaction with other pillars of humanitarian reform: Extent to which the cluster approach and Humanitarian Coordinator system mutually support or undermine or each other	<p>0: HC TORs and assessment tools make no references to clusters; introduction of cluster approach has led to a deterioration of relations between humanitarian actors and / or HC does not fulfil its role to coordinate clusters / crucial decisions are made without the involvement of the HC; HC and cluster coordinators actively try to undermine each other's initiatives</p> <p>1: HC coordinates the clusters and is included in decision-making, but there is no implementation of HC decisions within the cluster; HC and cluster coordinator compete with each other but they don't actively undermine each other's initiatives</p> <p>2: Cluster coordinators and HCT members begin to see benefits of HC role in cluster coordination and grant the HC a certain degree of informal power; relations are improving as a result of the cluster approach; HC and cluster coordinators do not undermine each other's initiatives</p> <p>3: HC exercises clearly defined responsibilities for clusters and this role is accepted by the members of the humanitarian country team, this role helps the clusters to better achieve their goals and strengthens the HC's formal and informal coordination role; HC and cluster coordinators actively support each other's initiatives</p>	<ol style="list-style-type: none"> 1. What is the relationship between the HC and the cluster coordinators? 2. How did the introduction of the cluster approach change the relationship between humanitarian actors and the HC? 3. Why? 4. How did the introduction of the cluster approach reinforce or weaken the status of the HC? 5. Why? 6. Does the HC actively support or undermine the introduction of the cluster approach? 7. Why? 8. Does the HC actively support or undermine the cluster lead's initiatives? 9. Why? 10. Do the HC System and the cluster approach respectively emphasize each other's strengths and weaknesses? 11. How?

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	Coherence	<p>9. Interaction with other pillars or humanitarian reform: Extent to which the cluster approach and the financing pillar of the humanitarian reform (CERF, Pooled Funding, ERF, and innovations in the CAP) mutually support or undermine each other</p>	<p>0: The cluster approach and the new financing / appeal mechanisms undermine each other's goals or further emphasize each other's weaknesses (e.g. exclusiveness, "silo building" between clusters, etc.) 1: The interaction between the cluster approach and the new financing / appeal mechanisms sporadically strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, but are not always consistent with the 'Principles of Partnership' 2: The interaction between the cluster approach and the new financing / appeal mechanisms often strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, and are in most cases in line with the 'Principles of Partnership' 3: The interaction between the cluster approach and the new financing / appeal mechanisms strengthen the participating actors' ability to get access to information and resources, help to develop coordinated appeals and proposal development according to needs and identified gaps, and are in line with the 'Principles of Partnership'</p>	<p>1. To what extent do the reformed funding mechanisms support coordination through the cluster approach? 2. To what extent does the cluster approach increase the cluster members' access to information and financial resources? 3. Does the cluster approach help the participating agencies in the CAP and Flash to improve the quality of proposals by making them better geared towards identified needs and gaps? 4. Why / why not? 5. Does the interaction between the cluster approach and the reformed funding mechanisms build on the 'Principles of Partnership'? 5a. Does the cluster approach lead to more transparent procedures for allocating resources amongst its members and do the reformed financial mechanisms help to do so? 5b. Do the reformed financial mechanisms improve equal access by INGOs, national NGOs and UN agencies to resources channelled through the cluster? 6. Why / why not? 7. How does the interaction between the cluster approach influence the relationship between UN and non-UN agencies as well as between cluster members and non-cluster members (power relationship)?</p>

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<p>To what degree has the cluster approach achieved the intended outputs (predictable leadership, partnership/cohesiveness, accountability)?</p>	<p>Effectiveness / Output</p>	<p>10. Predictable leadership: Clarity of roles and level of assumption of responsibility of cluster lead agencies and OCHA, including for cross-cutting issues (gender, environment, HIV)</p>	<p>0: Roles and responsibilities are unclear with overlapping responsibilities and conflicts or no / low level of acceptance of leadership; cluster leads represent their agencies' interest not the clusters' interest at HCT meetings 1: Clearly defined roles, including for cross-cutting issues and where clusters are co-led at the field level, but insufficient assumption of responsibility or limited acceptance of leadership; cluster members feel only partially represented at HCT meetings by the cluster lead 2: Cluster leads carry out their responsibilities as defined in TORs (including cross-cutting issues) and exhibit responsibility for the work within the cluster, not only for their own operational demands, and the cluster lead's leadership role is accepted by the majority of cluster members; they feel largely represented at HCT meetings by the cluster lead 3: Responsibilities within and between clusters are clear and cross-cutting issues are incorporated into cluster work plans and the leadership role is broadly accepted; cluster members feel well represented by the cluster lead at HCT meetings</p>	<ol style="list-style-type: none"> 1. How many times has the respective organization assumed leadership as envisaged in contingency planning? 2. Did the cluster lead succeed in forging inter-cluster linkages with relevant clusters according to the agreed checklist of roles and responsibilities? 3. Are the leadership roles clear among UN agencies (i.e. Protection Cluster lead/ OCHA, Food aid/Agriculture/Nutrition), including cross-cutting issues and inter-cluster coordination? 4. How do the cluster lead agency and the cluster members deal with the conflict of interest / the double role of the lead organization representing both the cluster and the respective agency? 5. Do you think that the cluster lead agency / organization has the right set of capabilities and capacities to fulfil its role? 6. Did the cluster lead assume its leadership role also with respect to cross-cutting issues? 7. How do cluster leads and cluster members deal with the dual responsibility of the cluster lead agency (representing their agencies' and the clusters' interests at HCT meetings)?
	<p>Effectiveness / Output</p>	<p>11. Predictable leadership: Clarity of the concept of "provider of last resort" and level of assumption of the related responsibilities by cluster leads (for those clusters where it applies)</p>	<p>0: There is no common understanding of the concepts of first port of call and provider of last resort 1: Clear common understanding of the concepts exists (e.g. as defined in the 'IASC Operational Guidance on the concept of 'Provider of Last Resort'), but cluster leads have not assumed responsibility 2: Cluster leads have started to act as providers of last resort, where necessary 3: Cluster leads have acted effectively as providers of last resort, where necessary</p>	<ol style="list-style-type: none"> 1. Before assuming the role of cluster lead, did the respective agencies / organizations ensure that they have the capacities to act as provider of last resort? 2. Is there a clear analysis of gaps, possible contributions by cluster members and a clear definition of what the cluster leads can provide? 3. Has there been a discussion within the cluster about the concept of provider of last resort? 4. Is there a written strategy by the cluster lead communicating the agency's / organization's understanding of the concept and responsibilities it will assume, including cross-cutting issues and interaction with local / national authorities? 5. In cases of shared cluster leads: how is the responsibility of "provider of last resort" shared between the two organizations? 6. In cases where the concept of provider of last resort is applied in a differentiated manner (protection, early recovery, CCCM), how is the responsibility shared between the relevant organizations?

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	Effectiveness / Output	<p>12. Partnership: Quality of relationships within clusters and between cluster members and non-members with respect to the 'Principles of Partnership' (assessment missions, advocacy activities, strategy development, decision-making, access to common resources)</p>	<p>0: Cluster members are not included in relevant cluster activities (assessment missions, advocacy activities and decision making), appeals and allocation of common funds reflect priorities of one agency only and / or there are open conflicts among cluster members 1: UN and non-UN cluster members are included in cluster activities (assessment missions, advocacy activities and decision making) and allocation of common funds in a consultative fashion but not on an equal basis; they do not take into account non-cluster members; priorities of one agency dominate in appeals 2: UN and non-UN cluster members do joint assessment missions, advocacy activities, cluster decisions and define cluster strategies (including resource allocation of common funds) in accordance with the 'Principles of Partnership', but do not take into account concerns and positions of non-cluster members; appeals and allocation of common funds reflect cluster priorities 3: Cluster members work on the basis of the 'Principles of Partnerships', take into account inter-cluster concerns and the positions of non-cluster humanitarian actors; appeals and allocation of common funds reflect collectively identified needs</p>	<ol style="list-style-type: none"> 1. Are all relevant humanitarian actors in the HCT aware of the 'Principles of Partnership'? 2. Is there a common understanding of the 'Principles of Partnership' within the HCT? Why? Why not? 3. Is there an HCT wide strategy for implementing the 'Principles of Partnership'? 4. Is there a strategy within the cluster to implement the 'Principles of Partnership'? 5. Do strategy documents, resource allocation, relevant communications reflect the 'Principles of Partnership'? 6. Do appeals and project proposals clearly reflect cluster priorities rather than those of any one agency? 7. Was there a significant level of solidarity with a partner organization that was targeted by authorities (if applicable)? 8. Are the 'Principles of Partnership' helpful in shaping the relationship between UN agencies and non-UN organizations? 9. Are service provision and performance of each cluster based on actual, jointly identified needs rather than existing capacities of cluster participants?
	Effectiveness / Output	<p>13. Partnership: Quality of relationships between clusters</p>	<p>0: Cluster approach undermines pre-existing inter-sectoral coordination; coordination mechanisms duplicate or undermine each other; OCHA has taken no steps to address this situation 1: Cluster approach builds on, but does not improve pre-existing coordination mechanisms; information on needs assessments, activities and service shared between clusters; OCHA attempts to strengthen cross-cluster linkages 2: Inter-sectoral / inter-cluster linkages strengthened through cluster approach and the active involvement of OCHA; strategy for avoiding inter-cluster duplication and enhancing inter-cluster complementarity exists 3: Facilitated by OCHA, clusters have effective linkages to all other relevant clusters/sectors, have clearly allocated responsibilities for inter-cluster and cross-cutting issues and coordinate activities adequately based on jointly identified needs</p>	<ol style="list-style-type: none"> 1. Are related clusters informed about, consulted and, where necessary, included in assessment missions, advocacy activities, strategy development and decision-making? 2. Did the cluster assess which other clusters are concerned by its activities and develop a strategy on how to coordinate with those clusters? 3. How is the knowledge and capacity of implementing partners, which often work within several clusters, considered and used in building relationships with other clusters? 4. Which role does the HC play in strengthening inter-cluster relationships? 5. Which role does OCHA play in strengthening inter-cluster relationships? 6. How are inter-agency conflicts addressed? 7. How do inter-agency initiatives / resources, such as GenCap or ProCap affect the inter-agency relationship? 8. How are inter-cluster relationships affected by / reflected to the global clusters?

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	Effectiveness / Output	14. Partnership: Quality of and capacity for information sharing (including information about cross-cutting issues, e.g. gender, environment, HIV)	0: Information is not shared 1: Some information is shared among cluster members, but not outside or among clusters 2: Information is shared effectively (regularly updated and easily accessible) within clusters; some information is shared with relevant non-cluster members and other clusters 3: Regularly updated information of high-quality and technical detail is shared effectively within clusters; cluster members conduct joint needs assessments; data collection and evaluations and information is shared effectively with relevant non-cluster members, other clusters and the HC/RC and HCT	1. Do all cluster members have access to relevant information? 2. Are cluster meetings used to share relevant information? 3. What other information mechanisms exist? 4. What is the cluster strategy for sharing information? 5. How do cluster members deal with scarce capacity for information management? 6. How do OCHA and the cluster lead(s) cooperate with respect to information management? 7. Do related clusters have access to information that your cluster collects and manages? 8. What mechanisms are there to ensure that relevant information is correct / of high technical quality? 9. Why is the sharing of information within and between clusters (not) effective? 10. How does the humanitarian country team manage the collection and sharing of information related to cross-cutting issues (environment, gender, HIV)? 11. Does information sharing contribute to transparency of processes and therefore to trust between the cluster members?
	Effectiveness / Output	15. Cohesiveness: Degree of cohesiveness of policies and activities	0: No shared objectives, contradictory strategies and activities 1: Common objectives, but contradictory or inconsistent approaches and strategies 2: Collectively shared objectives among cluster members; joint strategies and work plans and complementary strategies with other relevant clusters and non-cluster humanitarian actors, including donors 3: Joint policies and strategies are being implemented	1. Are there documents that spell out common objectives, policies and strategies? 2. Are there work plans detailing how common objectives, policies and strategies are going to be implemented? 3. Why are common objectives (not) translated into common policies and strategies? 4. Why are common policies and strategies (not) implemented? 5. How do you ensure cohesiveness with other clusters? 6. How do you ensure that cluster policies and strategies cohesively address cross-cutting issues (gender, environment, HIV)?
	Effectiveness / Output / Outcome	16. Cohesiveness: Extent of compliance with relevant standards, including standards that cover cross-cutting issues (gender, environment, HIV)	0: Relevant standards do not exist, have not been defined or are unknown to the cluster members 1: Relevant standards exist or have been defined, where relevant adapted to country-specific circumstances and are accepted by key stakeholders 2: Humanitarian agencies are complying to a large extent to those standards 3: Relevant standards are completely implemented	1. How have the common standards been defined / selected? 2. Is there agreement among the cluster participants and the concerned other clusters that the selected standards ensure the quality of the common response? 3. How are standards communicated to other clusters and non-cluster members, including the local and national authorities? 4. Why are common standards (not) implemented? 5. How did you ensure that the common standards sufficiently and on a high technical standard reflect cross-cutting issues (gender, environment, HIV)?

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	Effectiveness / Output	<p>17. Accountability/participation: Extent and quality of the participation of the affected population(s) (and where relevant, the host communities) and resulting degree of accountability to the affected population</p>	<p>0: Affected populations are not informed and not involved in needs assessment, decision-making, implementation and monitoring 1: Adequate information about activities and consultation with affected populations 2: Participatory needs assessment and needs prioritization 3: Joint planning and decision making, implementation, monitoring and evaluation, leading to a consistent application of relevant standards / findings of participatory assessments guide the work of the cluster and are used in advocacy with authorities</p>	<p>1. Is / are the affected population(s) (and where relevant, host communities) involved in cluster activities? 2. How? 3. Why / why not? 4. On which level where the affected population(s) involved: information, assessments, decision-making, evaluation? 5. Why on those levels (and not on others)? 6. How did the participation of the affected populations and the accountability towards them affect the strategy and implementation of the cluster? 7. Which mechanisms related to the cluster approach facilitated / hindered the participation of / the accountability towards the affected population(s)? 8. Which other factors facilitated / hindered the participation and accountability towards the affected population(s)? Could the cluster address these factors? Why / why not? 9. Is the equal participation and representation of women, girls, boys and men ensured? 10. How? Why? / Why not?</p>
	Effectiveness / Output	<p>18. Accountability: Degree of existence, effectiveness and implementation of accountability mechanisms (definition of roles, clear reporting lines, monitoring and evaluation, availability of information / transparency, enforcement mechanisms) between HC/RC and clusters and within clusters</p>	<p>0: Expectations and roles unclear, insufficient transparency, incentives and enforcement mechanisms 1: Clear expectations and roles, adequate reporting (but not monitoring and evaluation and no enforcement mechanisms) 2: Appropriate information / transparency (adequate monitoring and evaluation), poor enforcement mechanisms 3: Effective incentives and enforcement mechanisms</p>	<p>1. Are there accountability mechanisms within the cluster, i.e. cluster members towards cluster lead and cluster lead towards cluster members? 2. How are these mechanisms designed? Do they entail a clear definition of roles, corresponding reporting and monitoring and evaluation mechanisms? Is relevant information available to ensure transparency? 3. Are they accepted and implemented within the cluster? 4. Is there an accountability mechanism between the cluster lead and the HC? How does it work? 5. How is compliance ensured? 6. What hinders / promotes accountability within the clusters and between the cluster leads and the HC? 7. How does / can the cluster approach influence these factors? 8. Are there mechanisms for addressing conflicts of interest (e.g. cluster lead representing their own agency and the cluster at HCT meetings)? 9. How does the cluster address the challenge of cluster leads being accountable to the HC while cluster members usually not accountable to the cluster lead or the HC? 10. How does the shelter cluster address questions of accountability with the IFRC as country cluster "lead" (convener) not being accountable to the HC?</p>

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Does the cluster approach enable participating organizations to deliver better response through coordination and information sharing?	Relevance	19. Extent to which the cluster approach responds to the needs / expectations of humanitarian actors with respect to coordination (including inter-agency coordination) and information sharing in the specific country context	<p>0: Humanitarian agencies question the raison d'être of the cluster approach; participation in cluster meetings is very low (in terms of number of people, rank of participants or attendance induced only by financial incentives); common services are not requested; cluster or HCT meetings and other coordination mechanisms are not used to share information and exchange ideas / approaches</p> <p>1: Humanitarian agencies are sceptical, but show reasonable participation common services at times requested and used; cluster or HCT meetings and other coordination mechanisms are sporadically used to share information and exchange ideas / approaches</p> <p>2: Humanitarian agencies recognize some added value, show committed participation in cluster meetings and use common services increasingly; meetings are used to share information and exchange ideas</p> <p>3: Humanitarian agencies recognize cluster approach as highly relevant to their needs, participate strongly and effectively in cluster meetings and frequently use common services; meetings and other coordination mechanisms are used to share information and develop common approaches</p>	<ol style="list-style-type: none"> 1. What service, tool, mechanism etc. that the cluster approach provides has been of use to your agency / organization or to you personally? 2. Why / why not? 3. What other possibilities - outside the cluster approach - are there to exchange information and ideas / approaches? 4. How many people attend coordination meetings, trainings and / or workshops within your cluster? 5. Which ones (affiliation and status)? 6. Why do they attend? 7. Do they participate in the debates and activities? 8. How has attendance changed over time? 9. Why? 10. How many partners request and / or use common services provided by the cluster compared to the overall membership of the cluster? 11. Is there any mechanism to monitor / evaluate the level of satisfaction of cluster members with the services provided / the achievements of the cluster?
What kind of support have global clusters delivered and how effectively has it been used at the country and field levels? Which inputs included in the generic TORs have not been provided?	Efficiency /Input	20. Quality (timeliness, relevant to local contexts, level of technical standard) and level of global cluster support: Standards & policy setting (guidance and tools); Response capacity (surge capacity, training, system development, stockpiles); Operational support (capacity needs assessment, emergency preparedness, long-term planning, access to expertise, advocacy, resource mobilization, pooling resources)	<p>0: No support</p> <p>1: Support not relevant to field</p> <p>2: Relevant support at high technical standards and provided to all members in an equal and transparent way, but not widely used in the field</p> <p>3: Support provided to all members in an equal and transparent way, with impact on practice, including on cross-cutting issues</p>	<ol style="list-style-type: none"> 1. What kind of support has the national [NAME] Cluster in [COUNTRY] received from the global [NAME] cluster? 2. Has the support been requested or proactively provided? 3. Has the support provided been relevant to the cluster's work? How? Why? Why not? 4. Has the support been provided in a timely fashion? 5. Has the support had an impact on the cluster's practice? How? Did this include cross-cutting issues? 6. What are remaining gaps in global cluster support? 7. Has there been an overlap of support provided by different global clusters? 8. Do global clusters provide support to address cross-cutting issues, e.g. how to develop norms and standards for the collection and use of sex and age disaggregated data?

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Is there evidence that the results of the cluster approach justify the inputs of major stakeholders such as the IASC, NGOs, host communities and donors at the country level?	Efficiency / Input	21. Evidence that the results of the cluster approach justify the investment made by major stakeholders at the country level		<ol style="list-style-type: none"> 1. How much time has your organization invested in the cluster approach? 2. How much additional resources do you need to participate in the cluster system? 3. What other inputs besides time and staff have you provided? 4. What is your "return on investment"? What did your organization get back from participating in the cluster approach (both positive and negative)?