

# Note on IASC coordination structures at country level in 2022

21 December 2023

This note summarizes data collected through an annual mapping of Inter-Agency Standing Committee (IASC) country-level coordination structures in place across 29 operations during the year 2022. It is the only standardized method for capturing coordination structures, capacities and alignment with IASC coordination requirements globally. The assessment of coordination performance and impact is outside the scope of this exercise; however, the data and trends provide an important insight into the status and practice of humanitarian coordination at national and subnational levels. A number of key observations are provided here:

- **Scale ups, activations and deactivations:** Two IASC System-Wide Scale Ups were activated in 2022 in countries with existing humanitarian operations: to respond to the impact of conflict in Ukraine and catastrophic drought in Somalia. These activations came on top of two ongoing IASC Scale Ups declared in 2021 for Ethiopia and Afghanistan that continued during the course of 2022. Clusters were activated in DR Congo (CCCM), Madagascar (Health), the Pacific (CCCM), and Ukraine (CCCM, Logistics, ETC). The IASC also endorsed the deactivation of all clusters in Iraq by the end of 2022.

- **Cluster coordination staffing requirements:** In the face of major operational response, dedicated national-level cluster/sector/Areas of Responsibility (AoR)<sup>1</sup> coordination staffing was up approximately by 2% each year for the past two years, with 64% of clusters/sectors reporting having a dedicated coordinator in 2022. Operations where IASC Scale Ups were declared were among the better staffed in terms of dedicated coordinator and IMO positions at the national level.

- **IMO capacity:** Conversely, no improvement in Information Management Officer (IMO) staffing has been seen over the past two years to keep pace with increased needs. Fewer than half of the clusters (45%) had dedicated positions to provide critical data management and analysis capacity.

- **Size of HCTs and ICCGs:** The number of participants on both these bodies has gradually increased in recent years. For Humanitarian Country Teams (HCTs), the average size is now 32 participants compared with 25 in 2019. Similar increases in recent years were also observed for HCT and Inter-Cluster Coordination Group (ICCG) subgroups and cluster technical working groups.

- **Coordination architecture reviews:** One third of HCTs considered the appropriateness and effectiveness of coordination structures (up by 3%), half of which took place with the support of P2P or Operational Peer Review (OPR) processes.

- **HCT mandatory responsibilities:** A significant improvement in promoting disability mainstreaming was observed in 2022. Slight progress was made in areas such as having protection strategies and complaint and feedback

mechanisms. Meanwhile, some reversals took place e.g. in having dedicated PSEA coordinators or implementing GBV strategies. Notably unchanged over the past two years: just half of operations reported having a community feedback mechanism that could handle sexual exploitation and abuse (SEA) complaints.

- **ICCG reviews and chairing:** In 2022, all but seven ICCGs conducted a collective review of their performance. While still above 70% of operations, this is a drop from the previous year. Similarly, significantly fewer ICCGs were chaired by an OCHA Head or Deputy Head of Office compared with 2021.

- **Cluster responsibilities:** Over half of country-level clusters (57%) completed an annual performance monitoring exercise (CCPM) and nearly one fifth (19%) had transition plans, both being improvements on previous years' figures. The majority of clusters had strategies and ToRs in place that were updated within the last three years.

- **Participation of local and national actors:** General improvement in the representation of local and national actors (LNAs) was observed across many coordination entities - HCTs, ICCGs, clusters and cluster Strategic Advisory Groups. In 2022, 10% of all HCT members were LNAs (up from 9% in 2021). The percentage of ICCG seats with national NGOs increased to 11% in 2022 compared with 8% in 2021, and more ICCGs included LNA participants. On par with previous years, 37% of clusters reported having an LNA in a leadership role while 49% of cluster members were LNAs, with the vast majority being national NGOs.

- **Subnational coordination:** The most visible adaptation of coordination to the context can be seen at the subnational level, with notable changes in the number and location of entities to meet operational requirements. A variety of subnational coordination modalities were reported to be in place, including area-based and decentralized coordination approaches. The year 2022 saw a slight increase in the number of subnational ICCGs and HCTs in place.

- **Humanitarian-development nexus:** A number of platforms addressing humanitarian-development nexus (HDN) issues were recorded in 60% of operations (up from 43%), marking an increase since last year's reporting.

Annexes 1, 2 and 3 to this report list the key data points surveyed with a comparison to previous years' figures, where available. Coordination structures for refugee or mixed migration responses were not part of this data collection.

## General overview

In total, over 2,360 coordination structures were mapped across 29 operations (30 locations) for the purposes of this report.<sup>2</sup>

In 2022 the mapped coordination structures for the purpose of this report at national (or equivalent) level included:

Philippines, (HCT/ICCG data only), Somalia, South Sudan, Sudan, Syria (Damascus, regional, Gaziantep), Venezuela, Yemen, Zimbabwe. NB1: Due to the eruption of the conflict, the Sudan operation was unable to participate in the mapping exercise in 2022.

<sup>1</sup> For purposes of brevity going forward the term cluster/sector will be used and also includes AoRs.

<sup>2</sup> This includes Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, DR Congo, Ethiopia, Haiti, Honduras, Iraq, Lebanon (HCT/ICCG data only), Libya, Madagascar, Mali, Mozambique, Myanmar, Niger, Nigeria, Occupied Palestinian Territory,

- 30 national-level HCTs and corresponding ICCGs;
- 294 national-level clusters/sectors/AoRs;
- 162 cluster Strategic Advisory Groups (SAG);
- 509 cluster Technical Working Groups (TWG);
- 224 subgroups reporting to the HCT and ICCG.

At the subnational level, the humanitarian coordination footprint included:

- 44 subnational-level HCTs;
- 82 subnational-level ICCGs; and,
- 1,011 subnational clusters/sectors/AoRs present in over 320 locations supporting service delivery at the operational level.

Rapid response mechanisms, humanitarian-development forums and NGO coordination forums were also mapped.

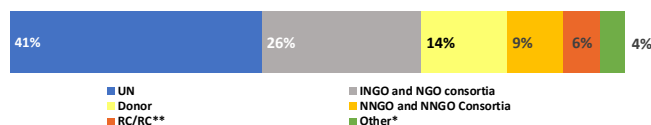
## National level coordination (HCTs, ICCGs, clusters/sectors and subgroups)

### Humanitarian Country Teams (Total: 30)

All operations surveyed had an HCT or equivalent, chaired by a country-level Humanitarian Coordinator <sup>3</sup> (HC) responsible for strategic coordination and decision-making of international preparedness and response. HC attendance averaged 80%, slightly lower than last year's 86%, with officers-in-charge covering remaining meetings.

### HCT membership (Total: 952)

Breakdown of organizations



\*Other includes International Organizations (non-UN), cluster/sector coordinator, International Financial Institutions (IFI), private sector, NGO consortia mixed, national/local authorities.

\*\* includes national Red Cross/Red Crescent societies and international Red Cross/Red Crescent.

In terms of HCT membership, operational actors comprising UN agencies together with NGOs and NGO consortiums (international, national and mixed) and the Red Cross/Red Crescent movement held over 80% of all seats. Donors were recorded on 25 of 30 HCTs, holding a combined total of 131 seats (14%) with the United States/BHA, the European Union/ECHO, and the United Kingdom/FCDO filling nearly half of donor-held seats. HCTs that did not include donors had separate mechanisms in place to ensure regular donor engagement and consultation (e.g. Iraq, OPT, Syria-Gaziantep, Syria-Damascus, Venezuela). Cluster/Sector coordinators and other technical experts (ProCap, GenCap, AAP advisors) participated on six HCTs. The World Bank participated in two HCTs (Afghanistan and Madagascar).

On average 40% of HCT members were women (similar to last year's 39%) with Venezuela, Mozambique, Madagascar and

Burkina Faso reporting the greatest number of women on HCTs.

The size of HCTs has increased incrementally over the past three years and now averages 32 members compared with 25 in 2019. The HCT with the largest membership was Honduras - 64 members - an increase of 11 members since the last reporting period, followed by Madagascar (51) and Yemen (46). Other countries with notable expansion in participant numbers included OPT (an increase of 11 participants), Syria-Gaziantep (an increase of 10), Mali (by 7) and Somalia (by 6). When comparing with 2021 figures, INGO, NNGO and UN agency members accounted for most of the increases in 2022.

National humanitarian actors (national NGOs or national NGO consortiums<sup>4</sup>, the national Red Cross/Red Crescent) were present on 80% of HCTs. Local and national actors (LNAs) held 10% of all HCT seats. This is up from 9% in 2021 and 7% in 2020, indicating an increase in the overall share of HCT seats, yet a slight decrease in the overall number of HCTs on which LNAs are present (24 HCTs in 2022 compared to 25 HCTs or 83% in 2021). More specifically, seven HCTs did not report the participation of LNAs, compared to six in 2021. These included Burundi, Chad, Colombia, Libya, Madagascar, Mozambique and Nigeria.

In 2022, HCTs generally met monthly (63%), however in some cases such as Ukraine, the HCT met several times a week at the outset of the crisis, or weekly in the case of Afghanistan.

### HCT alignment with IASC requirements

97%	ToRs
53%	HCT COMPACT
33%	COORDINATION ARCHITECTURE REVIEW

The IASC has a number of tools and policies that guide HCTs on their role and responsibilities including HCT Compacts, HCT Terms of Reference (ToRs), and other requirements, such as annual coordination architecture reviews.

During 2022, the majority of HCTs (97%) had ToRs and almost three fourths of these had been updated within the past three years. HCT Compacts existed in 16 locations (53%) and four other HCTs were in the process of putting a compact in place. This is slightly lower than in 2021 where 60% of HCTs reported having them. While not an IASC requirement, 33% of HCTs had workplans to support their outputs and guide their priorities during the year.

IASC guidance requires HCs and HCTs to initiate coordination architecture reviews annually to ensure that cluster coordination structures remain 'fit for purpose' and to determine if they should continue, be adjusted or transition/deactivate, based on an analysis of the context and national coordination capacity. In 2022, 10 HCTs took stock of the coordination architecture during the course of the year.<sup>5</sup> It is notable that half of the reviews were conducted through Operational Peer Review or Peer2Peer processes. The impact of some of these reviews is described further under the section on subnational coordination.

<sup>3</sup> Except for Burundi, Honduras and Madagascar- chaired by a Resident Coordinator.

<sup>4</sup> Note: this figure is for NNGO consortiums only and does not include

"mixed" INGO and NNGO consortiums.

<sup>5</sup> Note: not all reviews included a specific focus on clusters' continued appropriateness to the context.

## HCT mandatory responsibilities

100%	PSEA NETWORK
80%	PSEA ACTION PLANS
83%	PSEA DEDICATED COORDINATOR
67%	GENDER ADVISOR
60%	GBV STRATEGY
63%	HCT PROTECTION STRATEGY
60%	COMPLAINT & FEEDBACK MECHANISM (CFM)
57%	AAP FRAMEWORK
50%	MECHANISM TO ADDRESS PSEA COMPLAINTS

The IASC has set out four mandatory responsibilities as part of the HCT Compact for all HCTs<sup>6</sup>: establishing collective approaches to protection (including developing and implementing a common HCT strategy on protection); AAP; protection from sexual exploitation and abuse (PSEA); and sexual and gender-based violence (GBV).

During 2022, nineteen of the 30 operations had put in place HCT protection strategies in 2022 (63%) and twelve of these operations regularly measured progress against actions identified in their protection framework, a slight increase from 2021 figures. Just over half of HCTs (57%) included protection as a standing item on their meeting agenda, this somewhat lower than the previous years' figure which was at 63%.

With regard to AAP, 17 HCTs (57%- same as in 2021) reported having a response-wide accountability framework for affected persons, with an additional seven reporting that a framework was under development.

Joint UNCT/HCT PSEA Action Plans were in place or under development in 24 of the 30 national-level HCTs (80%) and full time PSEA coordinators were present in 25 of 30 operations, almost all of whom reported to the RC/HC. This is a dip from last year where 87% of operations reported a dedicated focal point being in place.

Taking a closer look at complaint and feedback mechanisms (CFM), in total, 18 operations (60%) reported having an inter-agency CFM in place, just slightly higher than in 2021, however only half of operations in 2022 had CFM mechanisms in place that could handle complaints on sensitive issues, including sexual exploitation and abuse (SEA), with no overall percentage change from the previous year.

While not a part of the HCT compact, IASC guidance looks to HCTs to promote IASC guidelines on inclusion of persons with disabilities in humanitarian action. In 2022, a significant increase was seen in the number of operations reporting HCTs

promoted disability mainstreaming as part of the response (80% of HCTs compared with 63% in 2021), and just over a quarter had a focal point for disability inclusion.

## National level Inter-Cluster Coordination Groups<sup>7</sup> (Total: 30)

All operations surveyed had an ICCG, an operational coordination body chaired by OCHA that reports to the HCT and ensures action is taken across clusters/sectors to close delivery gaps and eliminate duplication. In terms of chairing seniority, 20 ICCGs (67%) were chaired at the OCHA Head/Deputy Head of Office, the remaining ICCGs were chaired by the Head of an OCHA Humanitarian Coordination Unit (33%). This is a noticeable decrease since 2021 when 77% of ICCGs were chaired by OCHA's head or deputy head of office. ICCGs generally met once every fortnight or month (80%); while ICCGs in Ukraine, Somalia, CAR, Venezuela met on a weekly basis.

Although the composition of each ICCG varied<sup>8</sup>, it generally consisted of cluster/sector coordinators, information management officers and technical advisers. Agency emergency coordinators participated in 18 of 30 ICCGs (60%).

A marked increase in the participation of LNAs on ICCGs was observed in 2022. Seventy-three percent of ICCGs (i.e. 20) included LNAs, compared with 63% last year, in the majority of cases, this was an NNGO. National authority representatives were recorded on five ICCGs<sup>9</sup>. In 2022, LNAs comprised 11% of ICCG members, up from 8% in 2021. The largest increases in LNA numbers were observed on ICCGs in Syria-Gaziantep, Honduras, Haiti and Colombia.

In parallel, the average size of the ICCGs has steadily increased in recent years, from 24 members in 2019, to 28 in 2021 and 30 in 2022. ICCGs with the largest membership were South Sudan (62), Afghanistan (56), Honduras and Nigeria (44).

## ICCG responsibilities

87%	ToRs
74%	ICCG PERFORMANCE REVIEWS
53%	WORKPLANS

In terms of responsibilities, ICCGs reported on the status of annual workplans, having Terms of Reference and whether they had conducted an annual performance review. All three responsibility areas registered varying levels of drops compared with 2021 figures. All but four ICCGs (87% in 2022 compared with 90% in 2021) had ToRs with over half (58%) having updated their ToRs within the past three years. Fewer ICCGs (53%) reported having workplans in 2022 compared with 60% in 2021.

<sup>6</sup> Please see page 4 of the IASC Standard Terms of Reference for HCTs.

<sup>7</sup> This also refers to IASC inter-sector working groups.

<sup>8</sup> Two ICCGs included the private sector (Haiti, Philippines), one ICCG included donors (Madagascar), five ICCGs included representatives of a national authority (Chad, Haiti, Honduras, Madagascar, Mali) three ICCGs

included representatives of the national Red Cross/Red Crescent Movement (Haiti, Lebanon, Philippines).

<sup>9</sup> Chad, Haiti, Honduras, Madagascar, Mali

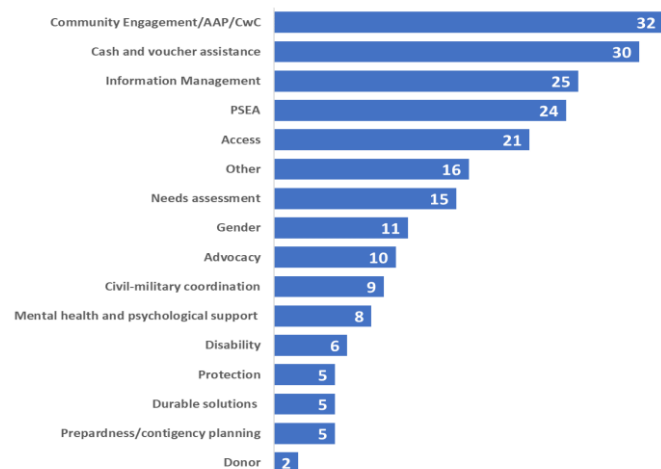
With regard to conducting an annual review to assess ICCG collective performance, fewer operations were able to hold this exercise in 2022 (74%) than in the previous year (90%), 2021. In terms of time spent on specific areas of work, ICCGs spent almost a third of meetings working on processes relating to Humanitarian Needs Overviews and Humanitarian Response Plans (HRPs) followed by operational analysis and preparedness actions. This is consistent with the allocation of time in ICCG meetings in previous years.

In all contexts, ICCGs reported having procedures to support technical and strategic coordination and to serve as a conduit for two-way communication between clusters/sectors and HCTs (e.g. sequencing meetings and ensuring standing agenda items to provide HCT/ICCG updates). A number of operations held joint HCT-ICCG meetings during the year to further strengthen working modalities between the two bodies or, for example, to ensure coherence and agreement around HRP parameters (e.g., DRC and Mozambique).

### National level subgroups (Total: 224)

Thematic subgroups at the national level are formed to work on a range of topics to inform, support or complement the work of the HCT or ICCG. In 2022, a total of 224 subgroups were recorded covering numerous technical or thematic areas, up from 204 in 2022. The number of subgroups has increased steadily each year. For example, in 2019, 170 subgroups were in place. The four most common types of groups were AAP/Community Engagement/Inclusion/Localization, followed by Cash and Voucher Assistance, Information Management, PSEA, and Access.<sup>10</sup>

### Technical / thematic areas of HCT/ICCG subgroups



HCT and ICCG subgroups were generally chaired or co-chaired by the UN (68.5%), with OCHA playing a chairing role in just over a third of instances (35%). International NGOs and INGO forums accounted for 22% of chairing roles, while local and national actors combined accounted for 6% of chairing roles, indicating a slight increase from 2021 figures (4%).

### HCT subgroups (Total: 86 in 26 operations)

Taking a closer look at HCT subgroups globally, 86 subgroups

reported to HCTs in all operations on a range of thematic issues or addressing strategic concerns. HCTs with the most subgroups were found in Mali (10), Colombia (6), Philippines (6) and OPT (5).

As in previous years, the most prevalent HCT subgroups were PSEA (23), Access (17), and Community Engagement/AAP/Localization (14), the latter almost doubling in number since 2021.

### ICCG subgroups (Total: 107)

ICCGs in 28 operations had a total of 107 subgroups that worked on operational support or thematic issues such as disability and preparedness. This figure is an increase on last year with 88 ICCG subgroups recorded. The largest increases took place in Myanmar, Niger, and Afghanistan. ICCGs with the most subgroups were Myanmar (10), Yemen (9), Afghanistan (8), CAR and Burkina Faso (5). Overall, the prevalent groups in place were: Cash (22), Information Management (23), Community Engagement/AAP (14), and Needs Assessment (11).

### National level clusters, sectors, AoRs (Total: 294)

A total of 294 clusters, sectors and areas of responsibility (AoRs)<sup>11</sup> at the national level in the surveyed operations were recorded for this report. For reasons of conciseness, the terms cluster/sector are used interchangeably to refer to all three types of mechanisms.

In 2022 over half of clusters/sectors (58%) had fully completed an annual cluster coordination performance monitoring exercise (CCPM). This is an improvement on previous years' figures where fewer than half of clusters had completed it. Another cluster responsibility is ensuring that a transition plan has been developed for the eventual transfer of coordination responsibilities to a national actor or other entity leading to the cluster's deactivation. This has historically been one of the weakest areas in terms of observance. In 2022, 19% of clusters indicated having a transition plan (up from 14%), the vast majority having been developed or updated within the past two years. While this constitutes a positive change, this figure still remains low.

### National cluster/sector leadership (Total: 294)

Breakdown of all national leads (combined lead, co-lead, co-chair organizations)



Breakdown of national lead/co-lead organizations



by UNICEF), Gender-Based Violence (UNFPA), Mine Action (UNMAS, co-chaired by DRC) and Housing, Land and Property (NRC, co-chaired by UN-HABITAT) are included in this analysis.

<sup>10</sup> The category "other" in the chart includes working groups such as Anticipatory Action, Mixed Migration, Rapid Response, Private Sector Engagement, etc.

<sup>11</sup> The Protection Cluster's Areas of responsibility (AoRs) of Child Protection (led

Country-level leads and co-leads at the national level generally reflect IASC global Cluster Lead Agency (CLA) arrangements. Looking across all leadership roles (i.e. lead, co-lead, and co-chair/co-coordinator) the UN holds 55% of roles, followed by INGOs (24%), national authorities (16%) and national NGOs (4%). When considering lead/co-lead roles alone, UN organizations hold most cluster lead/co-lead positions (73%), followed by national authorities (18%) and INGOs (8%). These figures are consistent with the previous year.

### Cluster/Sector Co-Chairs<sup>12</sup>

Breakdown of co-chair organizations



Co-chairs, while not formally accountable for a cluster's functioning and having no "provider of last resort" responsibility provide critical support to a cluster's work. These roles are also important to enhance the leadership of clusters by NGOs (national and international) and national authorities. Over the past three years, the percentage of clusters with co-chairs has increased. In 2022, over half of all clusters/sectors at the national level had co-chairs, up from 43% in 2019. Highlighting the indispensable role of NGOs in coordination, over three quarters of co-chair roles in 2022 were held by NGOs<sup>13</sup> - INGOs at 62.5% and NNGOs at 13%. A 3% increase in NNGO co-chair roles was seen compared with 2021.

Child Protection AoR, GBV AoR, the Protection and Food Security clusters reported the highest number of mechanisms with co-chairs.

### Technical working groups - TWG (Total: 509)

Breakdown of TWG focal point organizations



Approximately two thirds of clusters/sectors (65%) had technical working groups (TWG) that supported specific areas of work within or between clusters/sectors. The total number of TWGs stood at 509.

Topics covered by these groups were broad ranging and included: case management, advocacy, assessments, technical guidance development, and cash were some examples. Clusters with the largest number of TWGs were Health, Nutrition and WASH.

Most focal points chairing TWGs were from UN agencies and international NGOs, whereas LNAs chaired just over one fifth of TWGs. At the same time, 31% of working groups had an LNA chair. As with other coordination entities discussed above, the number of TWGs has grown steadily from 389 in 2019 to 509 in 2022. Health, WASH, and nutrition clusters reported the largest number of working groups.

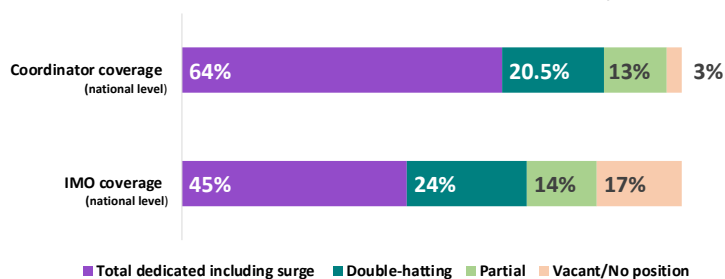
### Cluster/sector membership (Total: 20,142)

Breakdown of participating organizations



During 2022, clusters/sectors coordinated a combined approximate total of 20,142 partner organizations<sup>14</sup> worldwide. Cluster membership breakdown has essentially remained constant over the past three years, with a slight increase of national NGOs (3%) in 2022. In total, NGOs (national and international) comprised over 75% of membership lists, with national NGOs comprising the single largest membership group.

### National level cluster coordinator and IMO capacity



Overall, a slight improvement in terms of staffing capacity<sup>15</sup> for coordinators was noted for the year 2022. While 62% of clusters had dedicated staff during the previous reporting period, this figure increased to 64% for 2022, meaning the majority of clusters had a dedicated coordinator in place for the greater part of the year. Operations which had the highest level of dedicated clusters during 2022 were Ukraine, Ethiopia, Nigeria, Yemen and Afghanistan. Notably, IASC Scale Up operations had the highest percentage of clusters with dedicated coordinators with Somalia at approximately 76% dedicated compared with nearly 85% (see graph below). The staffing of IMOs, however remains problematic. Fewer than half of clusters (45%) had dedicated an IMO to oversee information management and analysis during 2022. Operations with the highest level of dedicated IMO coverage were Ethiopia, Somalia, Afghanistan, Yemen, Nigeria and Ukraine.

dedicated, double-hatting, vacant, no position. They also indicated the number of months for each category as well as whether it was part of a surge deployment, where relevant. The following formula was used to determine staffing levels: Dedicated: One coordinator/IMO in place for 9+ months or two dedicated staff in place 6+ months including any period of surge deployment. Partial: One dedicated coordinator/IMO for 3 - 8 months or two dedicated 3-5 months including surge. Double hatting: One double hatting coordinator/IMO 9+ months or any 2 double hatting for 6+ months. Vacant /no position: Any vacant or no position for 3+ months.

<sup>12</sup> This role is also referred to as co-facilitator or co-coordinator. For additional details on coordination terms or guidance on the application of the cluster approach please refer to the IASC Reference Module for Cluster Coordination at the Country Level (2015).

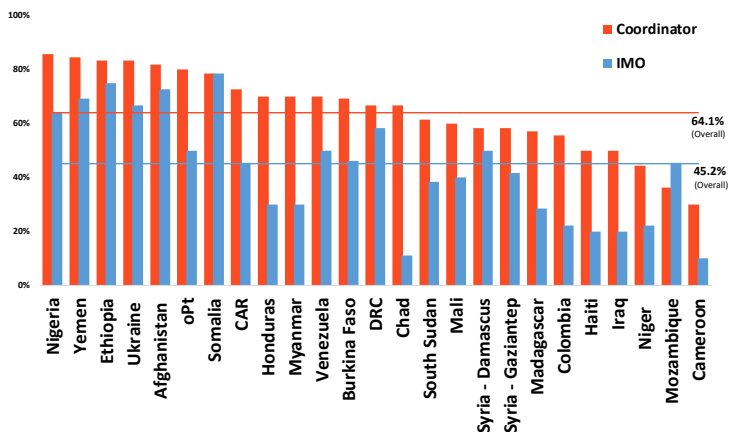
<sup>13</sup> Note that in 2021 80% of co-chair roles were held by NGOs (INGOs and NNGOs). This decreased to 75.5% in 2022.

<sup>14</sup> This is an approximative number of cluster participants as numbers evolve during the course of the year and include both general and active members regularly participating in cluster meetings and/or submitting implementation reports. It should not be misconstrued as the number of unique partners, as the same entity may be a member of one or more mechanisms.

<sup>15</sup> Respondents were asked to choose one of the following options for coordinator and IMO staffing during the preceding 12-month period: fully

The remaining coordinator and IMO functions generally were filled by double-hatted and partial staffing arrangements. The graph below displays the average dedicated capacity for coordinator and IMO positions.

### Country overview- national level cluster coordinator and IMO capacity



### Cluster/Sector Strategic Advisory Groups (Total: 162)

Over half of clusters/sectors had Strategic Advisory Groups (SAGs), entities that decide on priorities and actively shape the cluster's orientation. INGOs comprised 32% of SAG members with NNGOs at 26%. Globally, national actors comprised 35% of SAG membership. On a positive note, there was an increase in national NGO membership in SAGs, from 90% in 2021 to 95% in 2022.

### Subnational level coordination (Area HCTs, ICCGs, subnational clusters/sectors)

Diverse mechanisms were in place at the subnational level to ensure coordination and response solutions closest to affected populations, including Area HCTs, subnational ICCGs, and clusters/sectors. These entities had links to national level counterparts and were essential in coordinating an operational-level response as well as ensuring national-level coordination entities were informed of field realities. Contextual and operational realities impact the location, number and type of coordination entities in place, and this flexibility in adapting coordination structures was again observed during 2022.

### Subnational HCTs (Total: 44)

During 2022, thirteen operations had subnational level-HCTs.<sup>16</sup> Changes in the number and location of Area-HCTs took place as a result of coordination reviews or operational imperatives. In DRC, a coordination review resulted in the phase out of subnational HCTs, as was the case for Nigeria, phasing out the Operational HCT in Maiduguri. Other phase-outs were seen in Niger for three subnational HCTs and in Mali, the subnational HCT in Sego ceased due to operational imperatives. At the same time, new operations with subnational HCTs were recorded in Ukraine (Dnipro), Afghanistan, (six locations), and Venezuela (one location). The majority of subnational HCTs were chaired by OCHA and/or a Deputy Humanitarian Coordinator (DHC). During 2022, DHCs chaired subnational HCTs in Ethiopia, Mozambique, Ukraine and Yemen. Operations with the largest number of subnational HCTs were Colombia (15), Afghanistan (6), and Syria-Damascus (6).

National authorities participated in co-chairing subnational HCTs in two locations in Honduras.

Linkages between national and subnational HCTs were maintained in a number of ways including by inviting subnational representatives to attend HCT meetings, sharing minutes, and retreats or workshops bringing together the HCT and sub-national groups (e.g. Mali, South Sudan, Syria-Damascus).

### Subnational ICCGs (Total: 82)

Eighty-two subnational ICCGs were recorded in 21 operations. As with Area-HCTs, shifts in the presence of ICCGs were noted as a result of coordination reviews or HCT decisions emphasizing operational coordination at the subnational level. This could be seen for example with the HCT decision to set up two new ICCGs at the operational level in Damaturu and Yola, Nigeria.

Similarly, in Burkina Faso, two new ICCGs were set up in the deep field in Tenkodogo and Dedougou. In Ukraine, the eruption of the conflict necessitated the set-up of a new subnational ICCG in Dnipro to ensure coordination closer to front-line areas. At the same time a coordination review in the DRC phased out subnational ICCGs, replacing them with Coordination Opérationnelle Humanitaire Provinciale (COHPs), while contextual considerations in Mali saw the cessation of the subnational ICCG in Segou. Operations with the most subnational ICCGs were South Sudan (10), Iraq (8), Somalia (7) and Syria-Damascus and Burkina Faso (6).

Twenty-eight subnational ICCGs (34%) included the participation of a local authority member (Chad, Iraq, Mali, Niger, Nigeria, Somalia). A local authority representative co-facilitated the ICCG in two operations (Honduras, Madagascar).

### Subnational Cluster Presence (Total: 1,011)

Three quarters of clusters/sectors (76%) had a subnational presence, totaling 1,011 subnational clusters. As with HCTs and ICCGs, changes were seen across operations in the number and locations of subnational clusters/sectors<sup>17</sup>. Notable reductions in the number of subnational clusters were recorded in: Iraq which phased down humanitarian operations by the end of the year; Zimbabwe, where the clusters have gradually reduced presence in keeping with the context; and, Somalia (around Mogadishu and Bossaso) which despite the reductions remained one of the operations with the largest subnational cluster presence. At the same time, important increases were recorded in Ethiopia, Madagascar, Niger, Myanmar and Nigeria.

Overall, South Sudan, Somalia, Ethiopia and Yemen had the most subnational clusters. In terms of sectoral entities, GBV AoR, Health, CP AoR, WASH and Education had the greatest number of clusters/sectors at the subnational level in 2022.

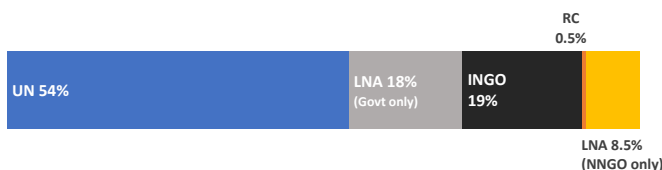
<sup>16</sup> Due to the conflict in Sudan, area HCTs in that country were not recorded in the 2022 mapping.

<sup>17</sup> Note in 2021, 86 subnational clusters were recorded for Sudan. As Sudan

was unable to participate in the 2022 mapping, the absence of these clusters has impacted the overall number of mapped subnational clusters compared with 2021.

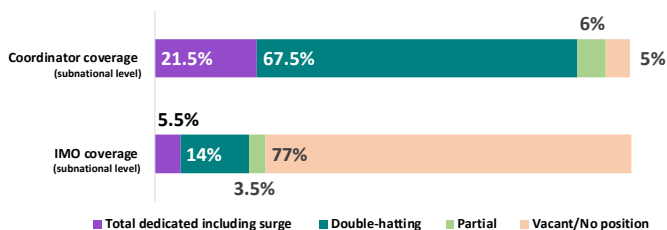
## Subnational cluster/sector leadership (Total:1,011)

Breakdown of lead, co-lead, co-chairs at the subnational level



The breakdown of subnational leadership roles in 2022 mirrored that of 2021. Notably, national/local authorities filled 18% of all such roles while national NGOs filled 8.5% of all subnational roles.

## Subnational cluster/sector capacity



A slight improvement in dedicated coordinator capacity was seen at the subnational level during 2022 with 21% of clusters/sectors/AoRs having a dedicated coordinator (compared with 19% in 2021). Looking at the percentage of dedicated coordination staff specifically in the operations with the largest subnational presence, Ethiopia, (47%), Yemen (32%), DRC (28%) and Somalia (19.5%) came out on top.

Similar to previous years, subnational IM capacity hovered at 5.5%. In many instances, IM at the subnational level was reported to be covered by a national or regional-level IMO, where available. In terms of the larger operations, Ethiopia and Yemen were the operations with the greatest percentage of dedicated IMOs at the subnational level (28% and 13% respectively)<sup>18</sup>.

It is worth noting in that in countries where IASC Scale Ups were declared, no operation reached 50% fully dedicated coordinator or IMO capacity at the subnational level.<sup>18</sup>

## Other subnational mechanisms

### Area-based and localized mechanisms

Two thirds of operations had field-level coordination mechanisms in place other than subnational HCTs or ICCGs, usually at a more localized level. Adapted to the to their contextual requirements, these mechanisms ranged from provincial or departmental-level coordination down to the deep field level coordination set-ups led by NGOs.

In Ukraine, *oblast*-level general coordination meetings co-

chaired by OCHA and the local authorities, were set up to bring together operational partners and facilitate response on a fortnightly or monthly basis, depending on the need.

In Mali and South Sudan, NGOs carried out coordination functions in deep field locations linking up with cluster or inter-cluster coordination at a state or regional level. In Honduras, in the aftermath of Tropical Storm Julia, NGOs coordinated the response in the western part of the country in partnership with national authorities.

In the Central African Republic, in areas of high humanitarian need or conflict-intense locations such as Batangafo, Paoua, Bocaranga and others, OCHA reinforced its town-level antennae to support an extremely localized response in collaboration with other operational actors.

In Somalia, area humanitarian coordination groups led by OCHA, INGOs and NNGOs were set up (for example in states such as Shabelle and Jubaland) where due to needs, a sudden surge of partners and limited cluster focal points created demand for coordination, supported by OCHA sub-offices. These groups conducted inter-agency assessments and coordinated response at the community level.

In northeast Syria, response was coordinated via the NGO-led North-East Syria NGO Forum (NES Forum). This entity has formal links to the IASC Whole of Syria response and facilitates inter-sectoral coordination and operational response as part of the Whole of Syria coordination architecture. Seventeen NGO-led sector and sub-sector working groups were in place supporting coordination and information management in this specific region of Syria, maintaining close links to Whole of Syria clusters. The NES Forum ensures close collaboration with local Syrian NGOs and civil society organizations through the Forum's Local Partners Working Group.

**Subnational Rapid Response Mechanisms (RRM)** were reported in eight operations (Cameroon, CAR, Chad, Ethiopia, Mali, Mozambique, Niger, Yemen)- see table on next page.

## Language and translation

In terms of language used in cluster meetings, 74% of clusters/sectors at the national level and 86% at subnational levels reported using an official or local language of the country of operation.<sup>19</sup> This figure becomes more nuanced looking across all clusters (both those that indicated a use of national language and those that did not) where 65.5% of all clusters used a national language usually or nearly always. At the national level, French was reportedly used as an official language in 33% of all clusters as the main language or in conjunction with other languages, followed by English (14%), Arabic (10%) and Spanish (10%). In terms of provision of translation, 38% of national-level clusters ensured meeting minutes or materials were translated or an interpreter was present usually or nearly always.

about half the time, occasionally and hardly ever. In many countries, English and French are the official language.

<sup>18</sup> Countries with the highest percentage of dedicated subnational IMO staffing overall (regardless were Mozambique, Cameroon, Yemen and OPT.

<sup>19</sup> Options selected were whether a language was used "nearly always, usually,

## Other coordination

<p><b>30</b> <b>CASH AND VOUCHER ASSISTANCE (CVA) WORKING GROUPS</b></p>	<p>CVA groups were recorded in all operations during 2022, with 73% reporting to the ICCG and 20% reporting to the HCT. An increase in Cash and voucher assistance (CVA) was actively considered by 90% (27) of HCTs in the response (HRP) during 2022. In 53% of operations (16) HCTs discussed the potential use of multipurpose cash. Half of HCTs (15) considered links with social protection systems while almost all (24) HCTs received regular updates from Cash Working Groups.</p>
<p><b>48</b> <b>NGO NETWORKS MAPPED</b></p>	<p>In total, 48 NGO consortiums represented the NGO community on a range of coordination fora (HCTs, ICCGs, and other bodies) in all but one operation (Yemen). This represents an increase in the reach of NGO consortiums compared with 2021, by two additional countries (Honduras and Chad). National NGO networks were present in 18 countries with networks newly reported in 2022 in Haiti, Mali, and Syria-Damascus. Of the 48 reported consortiums, INGO forums made up 44%, followed by NNGO consortium 37%, and joint INGO and NNGO consortiums at 19%.</p>
<p><b>15</b> <b>RAPID RESPONSE MECHANISMS</b></p>	<p>Fifteen operations had Rapid Response Mechanisms (RRM)<sup>21</sup> – a tool designed to enhance timeliness and capacity to meet multi-sectoral needs as they emerge, usually in hard-to-reach areas or areas of new displacement. The UN accounted for 54% of RRM manager roles followed by INGOs (37.5%). LNAs were involved in RRM management in two operations (Niger- National Authority and Colombia- National NGO). 60% (9) of RRMs reported to ICCGs, and 13% to HCTs (2) with the remaining RRMs reporting to UN agencies, a donor (ECHO), and an independent body.</p>
<p><b>18</b> <b>HDN FORUMS</b></p>	<p>Eighteen operations reported having humanitarian-development nexus (HDN) platforms. This is an increase since previous reporting with countries such as Afghanistan, Chad, Haiti, Somalia amongst others newly reporting on these groups. Most HDN fora consisted of a broad range of government, development, peace, and humanitarian actors at strategic and technical levels.</p>

## Data collection process

Two questionnaires were used to gather data covering the year 2022: (i) HCT, ICCG, and cross-cutting issues (completed by OCHA country offices); and (ii) cluster/sector coordination (completed by country-level cluster/sector coordinators). The questionnaires were based on previous data collection exercises and consultations with Global Cluster Coordinators, feedback from respondents, thematic focal points, and relevant OCHA entities. Remote support was provided by OCHA and the Global Clusters.

To collect the data, a platform was used that integrates the KoBoToolbox survey tool<sup>20</sup> – widely used by humanitarians and used for this survey in previous years – with the HPC.tools platform developed by OCHA to support planning and monitoring of the HPC. This allowed for leveraging both the flexibility and familiarity of KoBo and the structured collection workflow processes of HPC tools, enabling respondents to start with surveys pre-populated with previous data, save their progress and return later, and to collaborate and consult with others (e.g. cluster co-leads/co-chairs) prior to submission.

Data was cleaned by OCHA and shared with the Global Clusters for validation. The data collection process concluded on 4 October 2023.

As with any data collection, and particularly one where a high volume of data is collected quickly, there is the possibility of errors or inaccuracies. Every effort was made to reduce these to a minimum and to provide as accurate an accounting of coordination structures as possible. In some instances, further dissection and triangulation of data may be required.

<sup>21</sup> Afghanistan, Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Ethiopia, Libya, Mali, Mozambique, Niger, Nigeria, South Sudan, Syria-Gaziantep, and Yemen.

<sup>20</sup> Please see <https://www.kobotoolbox.org/>



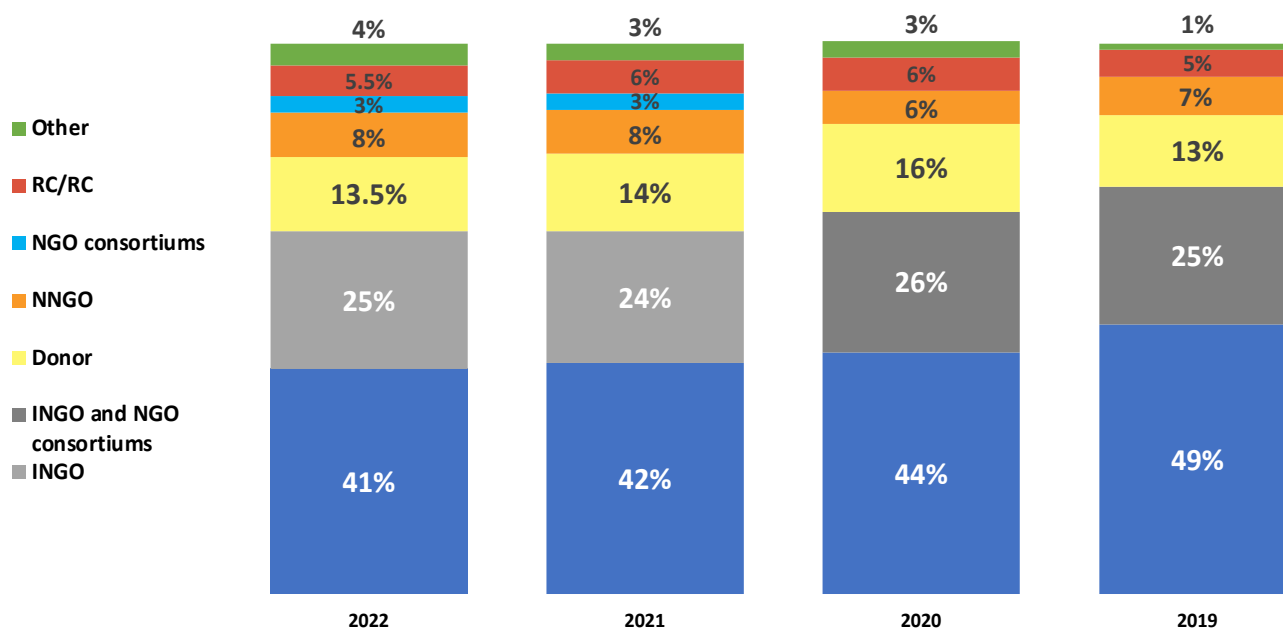
## ANNEX 1: GENERAL & HCT - DATA COMPARISON 2019-2022

### General

	2022	2021	2020	2019
<b>Structures mapped</b>	Over 2,360	Over 2,400	Over 2,200	About 2,000
<b>Operations</b>	29	29	28	26
<b>Locations</b>	30	30	30	28

### HCT

#### HCT composition

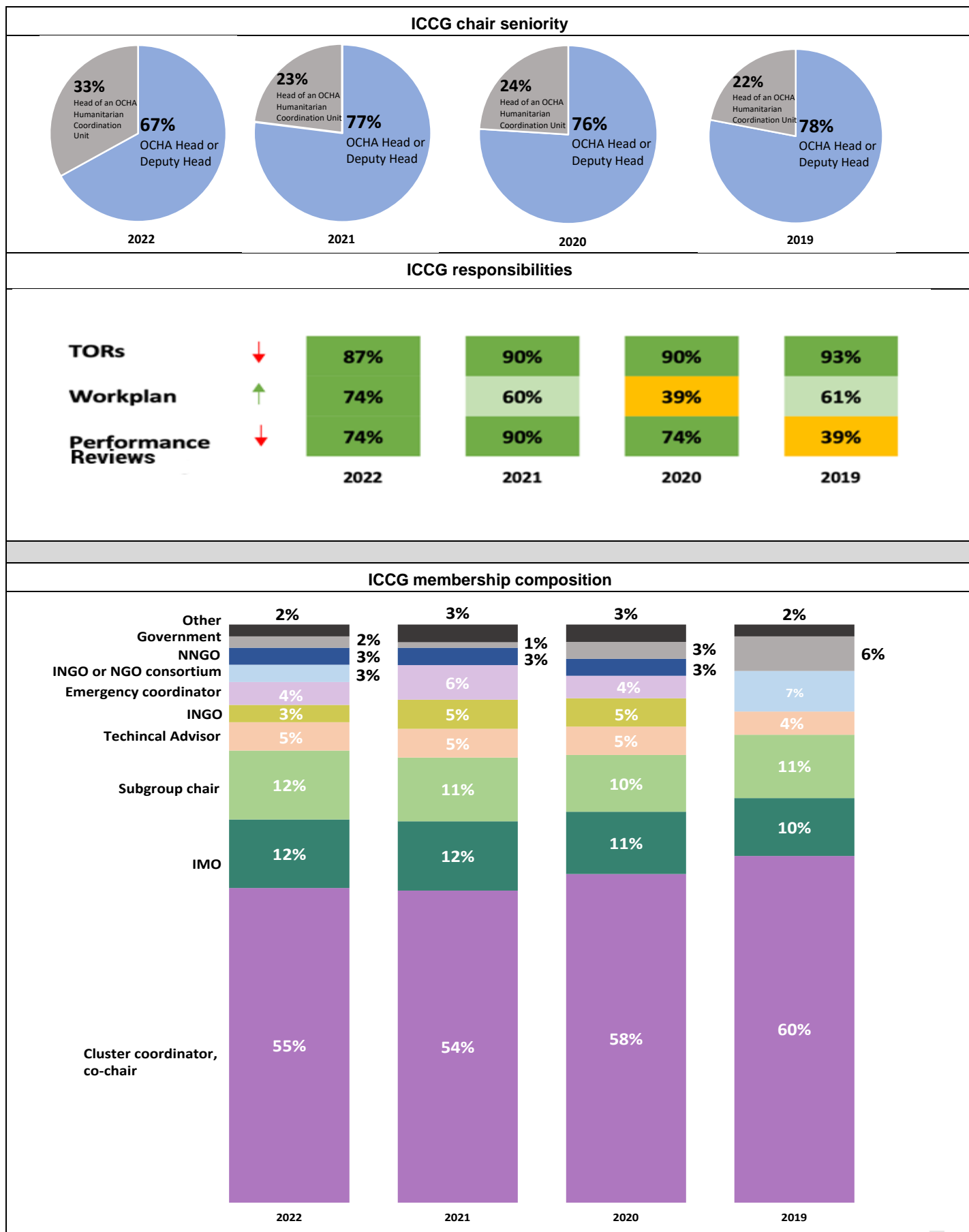


\*includes: NGO Consortiums/Forum - International NGO Consortiums/Forum - National/Local NGO Consortiums/Forum - Mixed  
 \*\*includes national societies and international red Cross/Red Crescent

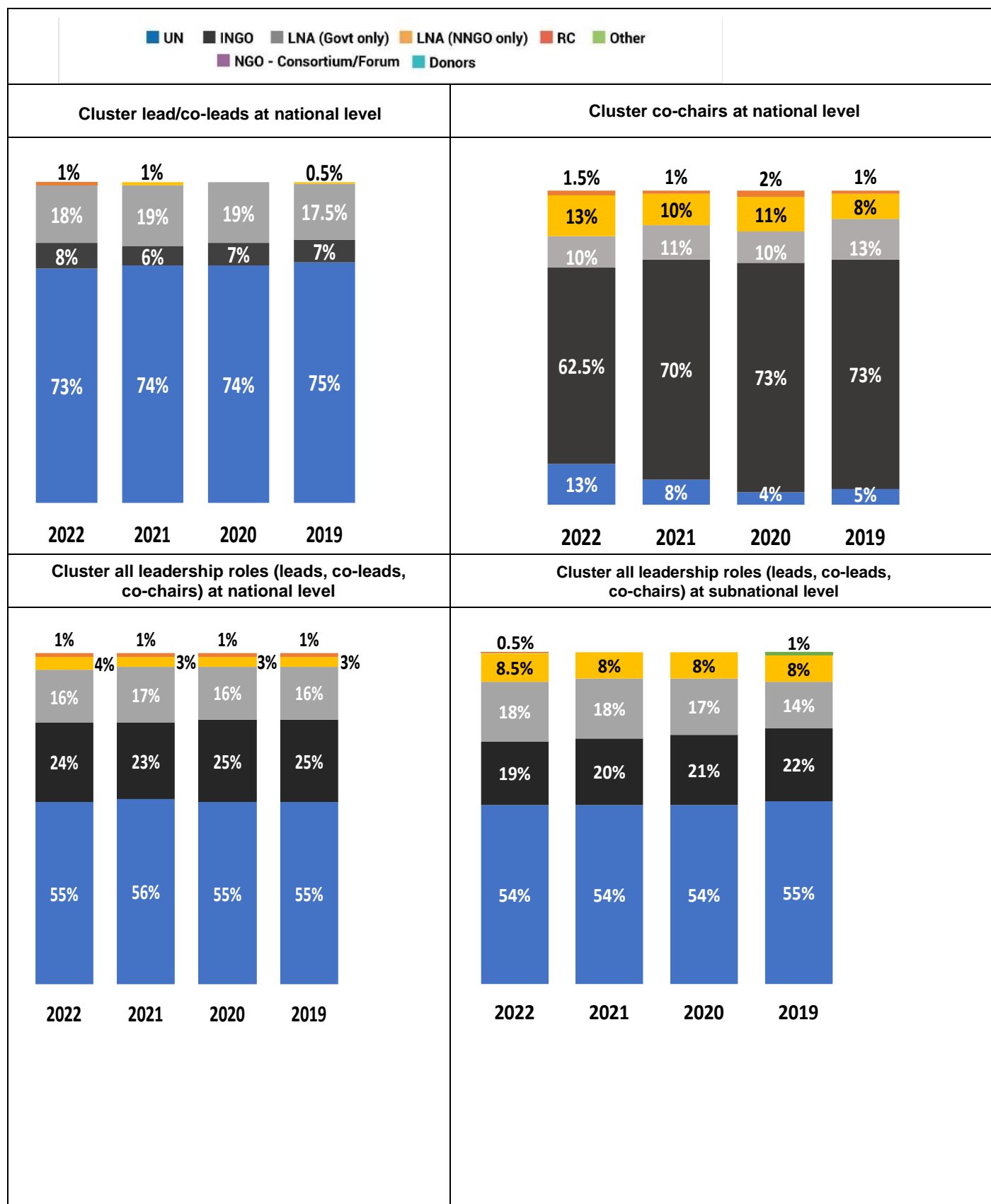
#### HCT- Alignment with IASC requirements

Requirement	2022	2021	2020	2019
TORs	83%	100%	93%	93%
HCT compacts	53%	60%	38%	18%
Coordination Architecture Reviews	33%	30%	25%	39%
HCT Protection Strategy	63%	60%	69%	82%
GBV Strategy	60%	63%	52%	32%
Gender Adviser	67%	70%	41%	
AAP Framework	57%	57%	41%	32%
PSEA Referral Mechanism	50%	50%	59%	43%
PSEA network	100%	100%	100%	100%

## ANNEX 2: ICCG – DATA COMPARISON 2019-2022



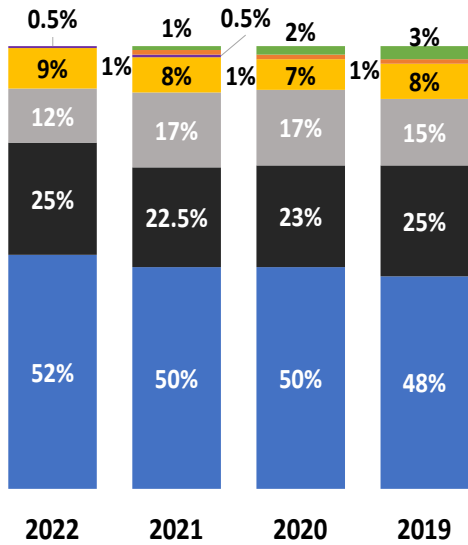
## ANNEX 3A: OTHER COORDINATION – DATA COMPARISON 2019-2022



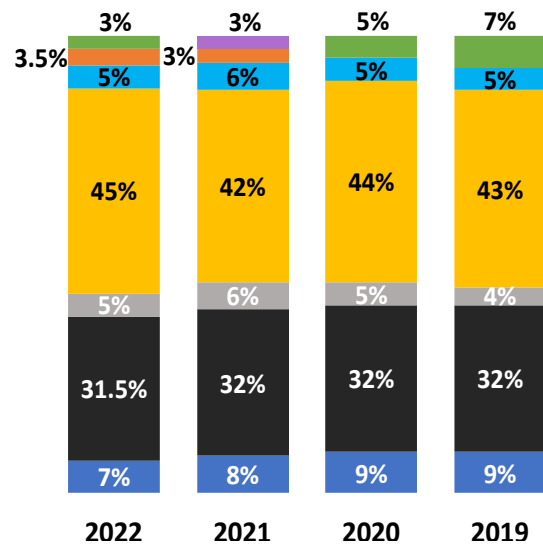
# ANNEX 3B: OTHER COORDINATION DATA – DATA COMPARISON 2019-2022



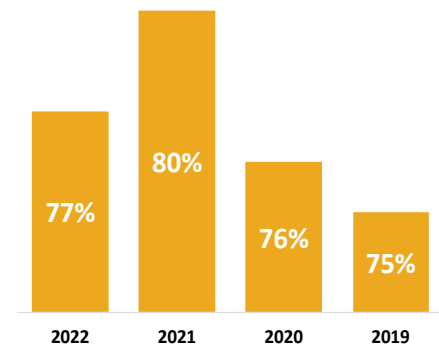
Technical Working Group focal points



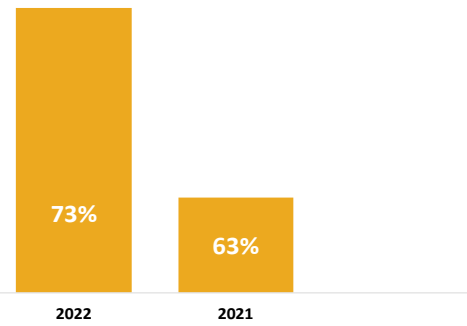
Cluster, sector membership



% HCTs with NNGOs



% ICCGs with NNGOs



Official/local language used in cluster, sector, AoR meetings

