

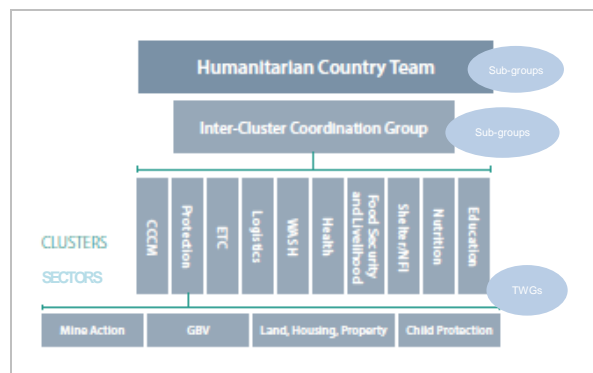
Note on IASC Coordination Structures at Country Level

23 March 2020

This note summarizes IASC coordination structures and capacities in 26 operations (28 locations, taking into account the three components of the Syria response).¹ Data was collected from the field through a rapid survey in late 2019² and is the only standardized method for capturing coordination structures and capacities globally. About 2,000 mechanisms were mapped, in line with the IASC coordination structure at country level depicted to the right.

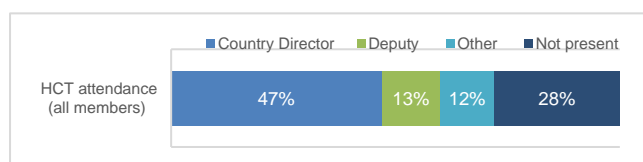
This note provides an overview of these mechanisms as of late 2019, with a caveat that structures and capacities change quite rapidly in some contexts. Coordination structures for disease, refugee or mixed migration responses were not part of this data collection; these structures are active in some operations surveyed and may even overlap. Assessing coordination performance and impact were outside of the scope of this exercise.

More information on the process is detailed on the last page of this note.



Humanitarian Country Team (total: 28)

All 28 locations surveyed have a Humanitarian Country Team (HCT) or equivalent, chaired by the regional or country-level Humanitarian Coordinator (HC) and responsible for strategic coordination and decision-making of international preparedness and response. In accordance with the *IASC Standard Terms of Reference for HCTs*, HCT members should be “represented at the highest level (Country Representative or equivalent).” On average, Country Directors attended 47% of HCT meetings; this figure is consistent with data collected in 2018. Various factors may contribute to this rate, including organizations headed by programme staff, vacant Country Director positions, and rest and recuperation cycles. HCT members were absent for over a quarter of meetings, although there are significant variations across organizations and operations. The highest attendance rates at the Country Director level were recorded for the HCT in the Central African Republic (CAR, 75%).



HC attendance (in person or by phone) averaged 77%, with officers-in-charge covering 23% of meetings.

The average HCT size is 25 members. 83% are regular or rotational³ members and 17% are ‘observers’ or ‘special invitees’ – the latter two categories are usually representatives of the International Red Cross/Red Crescent Movement, Médecins Sans Frontières, or UNDSS.

The UN (49%) and international NGOs and NGO consortia (25%) hold three quarters of all seats. Donors are recorded on 20 HCTs, holding a combined total of 91 seats (13%), with the European Union/ECHO, the United States and the United Kingdom filling more than half of donor-held seats. An additional two HCTs indicated that meetings with donors (usually called HCT Plus) are held separately to ensure that the HCT provides an independent and neutral space to discuss operational challenges and solutions.

National NGOs (or a national NGO consortium) are recorded on 22 HCTs – accounting for 47 seats (7%)⁴. HCTs in Burundi, Burkina Faso, Haiti, Libya, Nigeria, and Syria (in country) do not have national NGOs as members; three of these HCTs have representatives of the National Red Cross/Crescent Society. The newly established HCT in Burkina Faso intends to secure national NGO representation in 2020.

The World Bank is part of four HCTs (rarely attending) – Chad, the Democratic Republic of the Congo (DRC), Haiti, and Lebanon. No private sector actors are

¹ This includes Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, DR Congo, Ethiopia, Haiti, Iraq, Lebanon (HCT/ICCG data only), Libya, Mali, Mozambique, Myanmar, Niger, Nigeria (northeast only), occupied Palestinian territory, Somalia, South Sudan, Sudan, Syria (in country, regional, Gaziantep), Ukraine, Venezuela, Yemen. Philippines and Pakistan were invited to participate but data was either not provided or was insufficient to be included in this analysis. This analysis may differ from a summary note prepared for the Emergency Directors Group which included only 24 operations (26 locations).

² The survey was carried out by OCHA’s Coordination Division (SWAPS and MPTS/APMB) with support from the IASC Secretariat, OAD and IMB.

³ Donors and NGOs usually hold rotational HCT seats – changing periodically based on established procedures for selecting their constituent representatives.

⁴ One HCT suspended their national NGO representation in 2019 due to concerns over adherence to humanitarian principles.

recorded on the HCTs surveyed. Only one 'non-traditional' partner is part of an HCT – the Organization of Islamic Cooperation (OIC) in Somalia.

HCT membership (total: 703)

Breakdown organizations

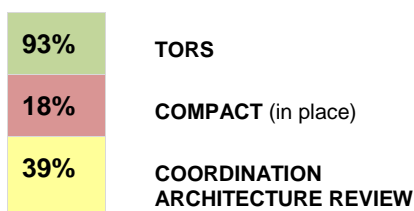


Notes: * INGOs also includes NGO consortia.

For four operations – Libya, Iraq, the occupied Palestinian territory (oPt), Somalia – the national level HCT is split between two locations due to the operating environment; video-teleconferencing is used to connect HCT members in split locations. Three quarters of the remaining HCTs meet in person at the capital level only; HCTs in Mozambique Myanmar, Niger, Nigeria, Ukraine, and Yemen indicated either having HCT meetings in the field or using video-teleconferencing to connect to field locations as needed. Ten HCTs have at least one subnational HCT, ranging from one to eight (total, 36).

HCTs generally meet monthly (68%), with the remaining HCTs meeting every week or every two weeks. The exception is the Whole of Syria Strategic Steering Group (SSG) which meets every two months.

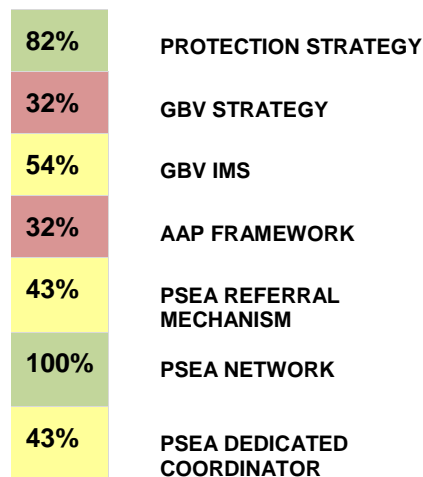
HCTs are encouraged to use tools such as HCT Compacts and HCT Terms of Reference (ToRs) to ensure roles and responsibilities are clearly articulated and to provide a basis for periodic reviews of HCT performance. All but two HCTs at the time of reporting have ToRs, but many precede the *IASC Standard Terms of Reference for HCTs* established in 2017 and may not be adapted or updated to the context. HCT Compacts are in place for five locations, although another eight are discussing putting one in place.



The IASC requires HCTs to initiate coordination architecture reviews annually to ensure that coordination structures remain 'fit for purpose' and to determine if the structures should continue, be amended or transition/deactivate based on an analysis of the humanitarian context and national coordination capacity. Yet in 2019, only 11 out of 28 HCTs (39%) carried out such an exercise⁵.

The IASC also establishes four mandatory responsibilities for all HCTs⁶: establishing collective approaches to protection (including developing and implementing a common HCT strategy on protection); accountability to affected people (AAP); protection from sexual exploitation and abuse (PSEA); and gender-

based violence (GBV). Based on information that was self-reported, the results are mixed. While HCT protection strategies and implementation plans are in place for 21 operations (23 locations, if all the segments of Syria are included) and all operations have inter-agency networks of PSEA focal points, limited progress has been recorded in the other mandatory areas. Half or less of operations have an AAP framework to ensure engagement and communication with affected people; use the GBV Information Management System (IMS); have a strategy in place for mainstreaming GBV-related actions throughout the humanitarian response; or have a dedicated PSEA coordinator and inter-agency referral mechanism for handling SEA complaints.



Taking a closer look at AAP, nine HCTs (32%) reported having a collective AAP framework, with an additional 11 reporting one is under development. Twelve HCTs reported having a working group on AAP and/or community engagement. Many of these lack dedicated capacity to bolster coordination and information management systems to ensure improved community feedback referral pathways and the use of feedback analysis to shape decision-making processes. The integration of collective AAP approaches within Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) processes has become increasingly prioritized by operations with the support of working groups, particularly in light of the enhanced 2020 HPC guidance. Sectoral and inter-sectoral analysis include, to varying degrees, breakdowns of needs by vulnerable group as well as reference to the findings of participatory needs assessments, complaint mechanisms, or surveys to inform prioritization.

Regarding PSEA, as noted above, all operations reported having PSEA networks but only 12 of these (43%) have full-time, inter-agency PSEA coordinators supporting and facilitating the network and in-country PSEA implementation. The remaining operations are either in the process of recruiting a PSEA coordinator or use existing staff to fill this role. Twelve locations (43%) reported having an inter-agency, community-based complaints mechanism (CBCM) for handling SEA complaints by humanitarian workers.

⁵ Many of those that indicated 'yes' did not provide documentary evidence of the review.

⁶ Please see page 4 of the *IASC Standard Terms of Reference for HCTs*.

Inter-Cluster/Sector Coordination Group (total: 28)

All operations surveyed have an inter-cluster/sector coordination group (ICCG) – an operational coordination body which reports to the HCT and ensures action is taken across clusters/sectors to close delivery gaps and eliminate duplication. While the composition of each ICCG varies, it generally consists of cluster/sector coordinators, information management officers and technical advisers; some ICCGs also have NGO and national authority participants. The average size of the 28 ICCGs surveyed is 24 members. ICCGs are chaired by OCHA⁷, at the Head or Deputy Head of Office (78%) or the Head of Coordination Unit/Humanitarian Advisory Team level (22%). ICCGs generally meet every two weeks to monthly (89%); the exceptions are the ICCGs in CAR, Venezuela and Yemen which meet weekly.

All but two ICCGs (93%) have ToRs. 61% have workplans and 39% went through a process to assess the group's collective performance – usually a meeting or a workshop with all members of the ICCG to rate and discuss the group's functioning and address any concerns.

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. The effectiveness and

timeliness of the ICCG chair in discharging this role is outside of the scope of this mapping exercise.

National-level ICCGs in Iraq, Libya and Ukraine are split between two locations. Eighteen ICCGs (64%) have at least one subnational ICCG or are based sub-nationally (Nigeria). The average number of subnational ICCGs is three, ranging from one to eight per operation. Of the ICCGs with subnational antennas, 23% have daily to weekly contact, 44% have bi-monthly to monthly contact, and the rest have irregular contact. More than half use email as the main channel of communication; phone/Skype and face-to-face contact are used less often except for Burkina Faso and Chad which reported using field missions as the primary contact with subnational ICCGs.

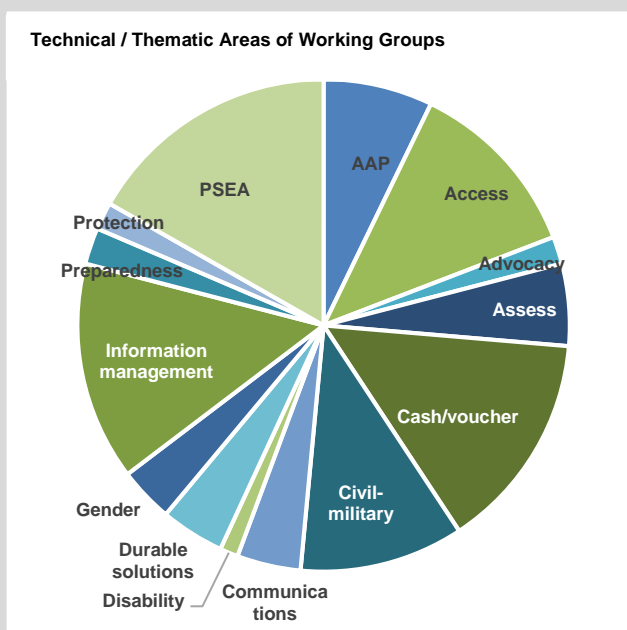


HCT or ICCG Working Groups (total: 170)

This data collection exercise collected information on working groups (including PSEA networks) which report to the HCT or ICCG. About 170 such groups were recorded in 28 locations. They cover a broad range of technical or thematic areas but the four most common are PSEA, information management, cash and voucher assistance, and access (see pie chart to the right).

Working groups are generally chaired/co-chaired⁸ by the UN (80%, with OCHA filling this role more than half the time). International NGOs (17%) and national NGOs and national authorities (together, 3%) serve as working group chairs less frequently. On the latter, national authorities were recorded as co-chairs of groups focused on civil-military coordination, population movements, and cash and voucher assistance in some operations.

The reporting lines of these groups (to the HCT or to the ICCG) are largely inconsistent from operation to operation – for example, an information management working group in Somalia reports to the HCT but in Libya to the ICCG. Membership of working groups is often wide ranging and context-specific but includes in some cases non-humanitarian stakeholders.



⁷ In Lebanon the inter-sector coordination group is chaired by UNHCR and UNDP.

⁸ For 15% of working groups, chair arrangements were not provided.

Clusters/Sectors/AoRs (total: 287 – national, 894 - subnational)

A total of 287 clusters, areas of responsibility (AoRs)⁹ and sectors¹⁰ are active at the national level in the 25 operations surveyed (27 locations)¹¹. Most operations have a mixture of all three mechanisms; for the sake of conciseness, the terms *cluster/sector* or *mechanism* are used interchangeably throughout this paper to refer to all three types of mechanisms. Some clusters/sectors – such as emergency telecommunications and logistics – are active in a fraction of operations, while others are active in all operations. There is also some variation from the 11 technical areas¹² established by the cluster approach; for example, food security and agriculture are split in two in Ethiopia; two shelter mechanisms exist in DRC; a cholera sector is active in Haiti; and there are nine instances of two technical areas that are merged into one cluster/sector (for example, CCCM/Shelter).

Country-level leads and co-leads at the national level generally mirror global cluster lead agency (CLA) arrangements established by the IASC, with UN agencies and two international NGOs¹³ holding most positions. National or local authorities lead or co-lead one quarter of sectors or clusters respectively, totaling 17.5% of all such roles worldwide.

In support of leads and co-leads, 43% of cluster/sectors have co-chairs¹⁴ at the national level – an organization that supports the lead/co-lead but is not accountable for its functioning or for discharging the *provider of last resort* responsibility. It is recognized as a good practice that this role is carried out by NGOs if the UN is the lead or co-lead. NGOs account for 81% of all co-chairs. However, six international NGOs hold about half of all

NGO co-chair posts, although 11 national NGOs and 32 international NGOs are recorded as a co-chair at least once. The water, sanitation and hygiene (WASH) and protection clusters have the highest number of mechanisms with co-chairs. All mechanisms in South Sudan, DRC and CAR have co-chairs.

More than half of mechanisms (54%) have technical working groups (TWG) which support specific technical or thematic areas of work within or between clusters/sectors. The total number of TWGs is 389. Topics covered by these groups are broad ranging; examples include case management, advocacy, assessments, and technical guidance development. More than half of TWGs fall under the WASH, nutrition and health clusters. Most TWG are chaired by the UN and international NGOs, although academic institutions in Venezuela and Sudan and 44 national NGOs in a broad range of operations lead some groups.

Clusters/sectors coordinate a combined total of 12,903 partner organizations¹⁵. This should not be misconstrued as the number of unique partners, as the same entity may be a member of one or more mechanisms. NGOs formed 75% of membership lists.

A breakdown of organizations leading/co-leading and co-chairing national level clusters/sectors; serving as focal points for subnational clusters/sectors; and serving as chairs of TWGs is available below. Notably national NGOs fill 8% of all such roles. A breakdown of cluster membership is also provided.

Cluster/sector leadership – national (total: 287)

Breakdown of **lead/co-lead** organizations



Notes: Clusters/sectors have one (57%), two (38%) or three (5%) leads/co-leads.

Breakdown of co-chair organizations



Notes: * 43% of clusters/sectors have co-chairs (86% - one chair, 14% - two chairs). * More than half of clusters/sectors led by a single agency have a co-chair.

Cluster/sector leadership – subnational (total: 894)

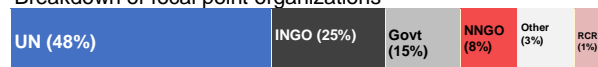
Breakdown of focal point organizations



Notes: * Subnational hubs are led by one (56%), two (40%) or three (4%) organizations. * 29% (or 84) clusters/sectors have no subnational presence or the information is missing.

Technical working groups – TWG (total: 389)

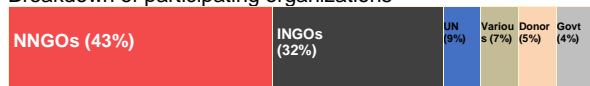
Breakdown of focal point organizations



Notes: * TWGs have either one chair (56%) or two (44%). * Other includes academia.

Cluster/sector membership (total: 12,903)

Breakdown of participating organizations



Notes: Various (7%) accounts for the International Red Cross/Red Crescent Movement (3%), academia (1%), private sector and IFIs (1%) and other organizations (2%).

⁹ The Protection Cluster's 'areas of responsibilities' (AoRs) of child protection (led by UNICEF), gender-based violence (UNFPA), mine action (UNMAS, HI), and housing, land and property (NRC) are included in this analysis. Click on this [link](#) for more information.

¹⁰ Please note that not all of these are officially activated by the IASC. In addition, information on seven mechanisms could not be obtained during the data collection process.

¹¹ 26 operations were surveyed – see footnote 1. Syria was broken down into 3 segments (in-country, Gaziantep, regional), bringing the total number of locations to 28. Lebanon provided HCT/CCG data only (not cluster/sector data). Altogether 27 separate locations are included in the cluster/sector analysis.

¹² A list of CLAs and the 11 technical areas of the cluster approach can be found here <https://www.humanitarianresponse.info/en/about-clusters/what-is-the-cluster-approach>

¹³ The Norwegian Refugee Council (NRC) and Save the Children co-lead clusters in line with their CLA roles with the Global Housing, Land and Property (HLP) AoR and Global Education Cluster respectively.

¹⁴ Some Global Clusters call this role co-facilitator or co-coordinator.

¹⁵ 34 clusters/sectors did not provide membership data.

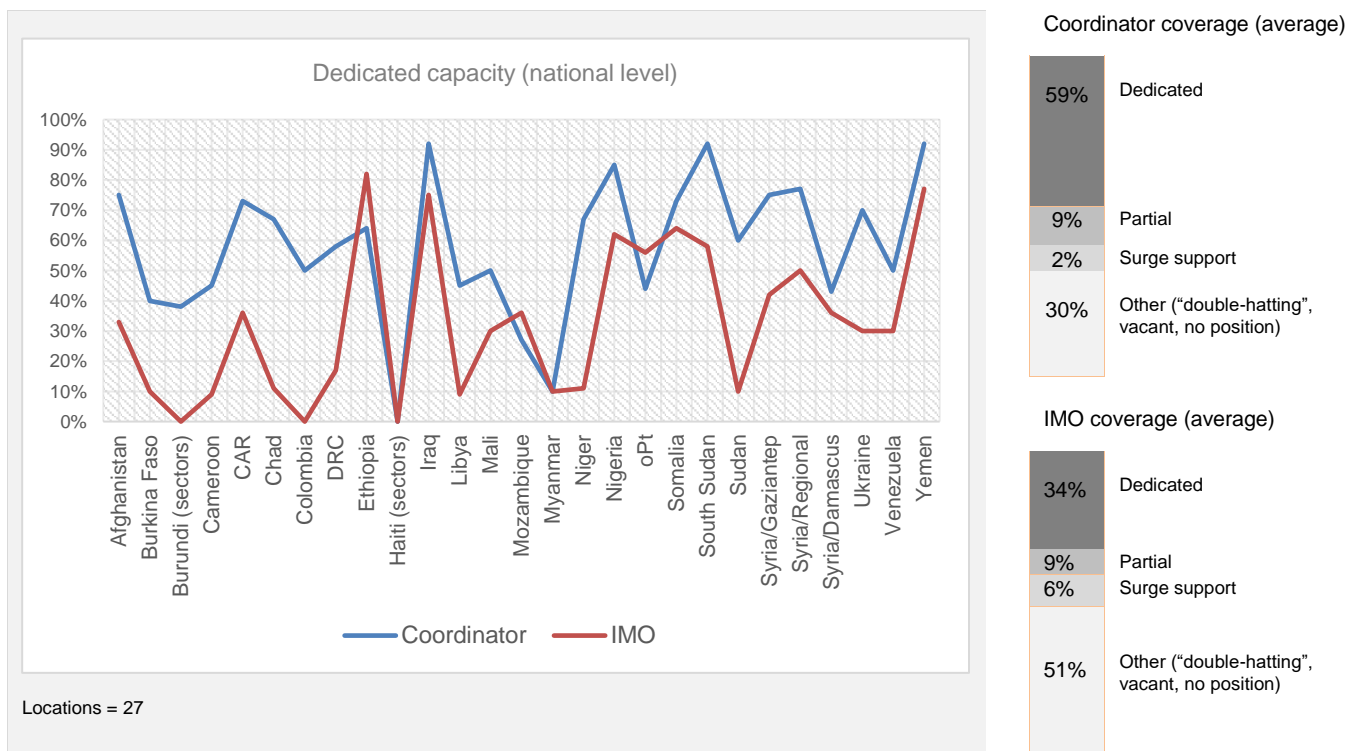
Most mechanisms are based in the capital with hubs at the subnational level. For Cameroon and Nigeria, clusters were activated at the subnational level in the affected regions and link to capital-level coordination structures. More than two thirds of clusters/sectors have a subnational presence, totaling 894 hubs. The protection and food security clusters have the highest number of subnational locations, accounting for one quarter of all hubs. South Sudan, Somalia and Iraq have the highest subnational presence per operation.

In terms of capacity,¹⁶ 59% of national level clusters/sectors indicated having dedicated coordinators and 34% have dedicated information management officers (IMO). The remaining coordinator and IMO functions generally were filled by double-hatting staff from the cluster lead agency, surge support from the Global Cluster or standby partner capacity; in fewer instances the positions were vacant, not established or data was not provided. See the line graph below which provides average dedicated capacity for coordinator and IMO positions for all 27 locations. These percentages include government-led sectors which are not governed by the IASC guidance on the cluster approach and

generally have limited to no dedicated capacity. As a comparison, dedicated coordinator and IMO capacity in 2018 averaged 69% and 46% respectively.

At the subnational level, coordinator positions are largely filled by double-hatting programme staff based in the area (either cluster lead agency or partner organizations). Few subnational mechanisms have information management capacity

In terms of the language of meetings – an indicator of the extent to which coordination is 'localized' – 55% and 79% of clusters/sectors at the national and subnational levels (if present), respectively, reported using an official or local language of the country of operation¹⁷. More than one third of cluster/sectors that did not use official or local languages in meetings reported providing translation capacity at least half the time. Rarely is the translation capacity official. Most mechanisms use multilingual staff or participants/members to translate as needed. Several mechanisms reported making meeting minutes and other written materials available in the official or local language of the country of operation.



¹⁶ Capacity data was missing for several mechanisms. Please also note that respondents were asked to choose one of the following options in terms of coordinator and IMO capacity: full-time, part-time (i.e. one position shared by two clusters), "double-hatting"/role carried out by the cluster lead agency, Global Cluster or standby partner surge support, co-supervise with co-lead, vacant, or no position. If full-time and part-time was selected, respondents were also asked to indicate if the position was vacant for three or more months. These options were translated into a scoring system. Dedicated capacity for both posts was determined following this formula: yes (if at least one full-time or at least two part-time posts were recorded across all entities in leadership roles, without any vacancies of three or more months), partial (only one part-time post recorded across all leads without any vacancies of three or more months), surge (GCC or standby partner support) and no (all other choices selected or the data was missing).

¹⁷ In some countries, English is an official language. About 7% of clusters/sectors did not provide this data and thus were not factored into the language analysis. If a cluster/sector did not have subnational hubs, it was not factored into the subnational language analysis.

Other Coordination

Number of operations: 26 (28 locations)

42
NGO NETWORKS
MAPPED

All but two operation surveyed reported having either an international, national/local and/or joint NGO consortium. Yemen and Ukraine indicated that there was no NGO network at the time of the data collection. Twenty-one consortia have seats on HCTs. In all contexts, these networks support collaboration and provide a collective voice for NGOs to elevate operational and other challenges. They range in size, focus and duration. Most focus on both humanitarian and development work.

12
RAPID RESPONSE
MECHANISMS

Twelve operations¹⁸ have Rapid Response Mechanisms (RRM) – 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 RRM management structure varies greatly – ranging from one to eight managers – with UN agencies (60%) and international NGOs (34%) accounting for most of the 35 manager roles. The RRM in Niger is co-managed by the national authorities. Some report to the HCT or ICCG, while others are independent bodies.

10
HDN FORUMS

Ten operations reported having humanitarian-development nexus (HDN) platforms. Some are jointly led by the HCT and UNCT or the HC and the national authorities. Most consist of a broad range of government, development, peace and humanitarian actors at strategic and technical levels. Three additional operations reported having an informal exchange with development agencies occasionally, including having joint UNCT-HCT retreats to strengthen joint analysis and planning.

Data Collection Process

28 operations (30 locations) were invited to participate in a data collection process to inform the Emergency Directors Group's (EDG) Annual Review of Operations, which took place on 4 February 2020. 26 operations (28 locations) submitted data. Three questionnaires were used covering these areas: (i) HCT, ICCG, and cross-cutting issues (completed by OCHA country offices); (2) operational environment (OCHA country offices); and (3) cluster/sector coordination (country coordinators). The questionnaires were based on previous data collection exercises and consultation with the IASC Secretariat, relevant OCHA units/thematic advisers, and the Global Clusters. KoBo¹⁹ was used to collect the data.

The online survey was launched on 15 October 2019. Remote support was provided by OCHA, the IASC Secretariat, and the Global Clusters. Operations with electricity and Internet connectivity issues were able to submit data by different means (e.g. phone, email, Word document). In some instances, Global Clusters provided the minimum data required if cluster/sector coordinators were unable to participate. For seven clusters/sectors, data could not be obtained.

The majority of respondents submitted data by the 8 November deadline; a handful of more complex operations and capacity-strapped cluster/sector coordinators submitted inputs late, throughout December and January. This significantly compressed the time to clean and validate the data. Data was cleaned by OCHA and sent to Global Clusters for validation in November and December. In instances where a Global Cluster was unable to validate data due to time or capacity constraints, OCHA used other sources (e.g. websites) to confirm data or contacted country coordinators directly for clarification. The data collection process concluded on 31 January 2020. It involved about 400 people.

As with any data collection, and particularly one which collected a high volume of data 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.

¹⁸ Burkina Faso, Cameroon, Central African Republic, DRC, Iraq, Libya, Mali, Niger, Nigeria, oPt, South Sudan and Yemen.

¹⁹ Please see <https://www.kobotoolbox.org/>