IASC Inter-Agency Standing Committee

Standard Terms of Reference

HUMANITARIAN COUNTRY TEAMS

February 2017

Endorsed by IASC Principals

INTER-AGENCY STANDING COMMITTEE

STANDARD TERMS OF REFERENCE FOR HUMANITARIAN COUNTRY TEAMS[1]

INTRODUCTION

These standard Terms of Reference (ToR) for Humanitarian Country Teams (HCTs) are the foundation for developing country-specific HCT ToR that are adapted as necessary. The ToR define the roles and responsibilities for participation and functioning of HCTs. They also reinforce the reciprocal and mutual accountabilities of the Humanitarian Coordinator (HC) and HCT members.

The ToR build on the IASC *Guidance for Humanitarian Country Teams* and the IASC *Terms of Reference for the Humanitarian Coordinator* endorsed in 2009. They are also consistent with the commitments of the World Humanitarian Summit and Grand Bargain.

PURPOSE

The Humanitarian Country Team (HCT) is led and chaired by the Humanitarian Coordinator (HC)[2]. The HCT's overall goal is to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, the livelihoods and dignity of people in need. As the top inter-agency humanitarian leadership body in a country, the HCT's primary purpose is to provide strategic direction for collective inter-agency humanitarian response.

The HCT makes decisions to ensure that country-level humanitarian action is well-coordinated, principled, timely, effective and efficient. It also ensures that adequate prevention, preparedness, risk and security management measures are in place and functioning.

The HCT is ultimately accountable to the people in need. The affected State retains the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory.[3] Whenever possible, the HCT operates in support of and in coordination with national and local authorities.

ESTABLISHMENT AND DISESTABLISHMENT

An HCT is established in all countries with an HC position. In countries where there is no HC position, an HCT is established when a humanitarian crisis erupts or a situation of chronic vulnerability sharply deteriorates. An HCT is also established to steer preparedness activities, if no other adequate coordination mechanism exists. In countries where there is no HC position, the decision to establish a HCT is taken by the Resident Coordinator (RC), in consultation with relevant operational agencies and the Emergency Relief Coordinator (ERC).

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[1] Final draft endorsed by the IASC Emergency Directors Group, February 2017.
[2] In the absence of an HC position, the Resident Coordinator (RC). The term 'HC' refers to both RC/HCs and stand-alone HCs.
[3] See UN General Assembly Resolution 46/182 of December 1991.

The HCT may be disestablished in the transition phase, if and when other coordination mechanisms are considered more effective and appropriate. The decision to disestablish the HCT is taken by the HC or, in the absence of a HC position, the RC, in consultation with the HCT and the ERC.

COMPOSITION

The HCT is composed of organizations that undertake humanitarian action in-country and that commit to participate in coordination arrangements.[4] It should include UN agencies, OCHA, national and international non-governmental organizations (NGOs) and, subject to their individual mandates, components of the International Red Cross and Red Crescent Movement[5]. The UNDSS Chief Security Adviser will have a standing invitation as an observer to the HCT.

The size of the HCT is limited, to allow for effective decision-making. Membership criteria are clear, generally accepted and well-known. The main criterion is operational relevance.

Members are represented at the highest level (Country Representative or equivalent). In addition to their own organization, members may represent one or more organizations that are not members of the HCT, at their request. An appropriate balance should be sought between representation from the UN and NGOs. Representation from national NGOs should be particularly encouraged and supported.

Representatives of Cluster/Sector Lead Agencies represent their cluster(s)/sector(s) in addition to their organization.

When appropriate, other institutions and agencies may be invited to participate in HCT meetings.

ROLE AND RESPONSIBILITIES

The HCT function is guided by international humanitarian and human rights law, the humanitarian principles of humanity, neutrality, impartiality and independence, and the Principles of Partnership.[6] Working in support of the HC, the HCT has the following responsibilities:

a) **Provide a shared strategic vision for collective humanitarian action in-country which is set out in a common strategic plan (the Humanitarian Response Plan or equivalent)**. The plan should be based on documented needs and integrate cross-cutting issues (for example age, gender, diversity, human rights, HIV/AIDS and the environment) as well as activities in support of preparedness and early recovery. The HCT should:

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[4] Humanitarian action includes relief, early recovery and protection activities in the response preparedness and response phases in either disasters or complex emergencies.

[5] The components of the International Red Cross and Red Crescent Movement attend Humanitarian Country Team meetings in an observer capacity, except the IFRC when it is attending as representative of the country-level convener of the Shelter Cluster. They coordinate with other humanitarian actors to the extent necessary to achieve efficient operational complementarity and a strengthened response for people affected by armed conflict, situations of violence and other crises, as appropriate, according to their individual mandates.

[6] Equality, Transparency, Results-oriented approach, Responsibility, Complementarity. See also ICVA's background and rationale page which explains the Principles of Partnership and provides a direct link to the PoP commitments, https://icvanetwork.org/principles-partnership-statement-commitment.

- Agree on the most effective division of labor to support implementation of the strategic plan, including through an appropriate cluster[7] and cluster leadership arrangements.
- Ensure the principled, timely, effective and efficient implementation of the strategic plan, including through strategic oversight of needs assessment and monitoring and evaluation.
- Lead efforts to ensure that the strategic plan is sufficiently funded in a timely manner, with the HC and HCT members promoting and contributing to inclusive resource mobilization.
- Provide clear direction on key in-country humanitarian concerns that require common positions in the HCT.
- Monitor implementation of the strategic objectives and ensure corrective action is taken when required.

b) **Oversee the Inter-Cluster Coordination Group (ICCG), sub-national coordination bodies and other groups that are part of the inter-agency coordination architecture in-country.** This responsibility includes oversight of the implementation of the strategic plan, encouraging joint analysis and inter-sectorial outcome-based programming, ensuring implementation of the response, endorsing in-country positions and responding to requests from these bodies. As appropriate, the HCT will encourage and support decentralization to the sub-national level, including by facilitating two-way information exchange and communication.

c) **Support efforts led by the HC to obtain free, timely, safe and unimpeded access by humanitarian organizations to populations in need.** The HCT should:

- Engage in coordinated negotiations with relevant parties, including non-state actors where appropriate.
- Promote respect for international humanitarian and human rights laws by all parties, including contributing to private and/or public advocacy as appropriate.
- Support the efforts of the HC to influence Member States, regional organizations, UN entities, civil society, the private sector, the media and other relevant actors.

d) **Ensure that preparedness and response efforts are inclusive and coordinated.** The HCT should strengthen early warning and preparedness capacity, and enhance synergies and relationships with national and local authorities. These efforts should build on the interface between the HCT and UNCT. Clearly defined commitments and support for engagement of local and national NGOs as strategic and equal partners should also be a priority.

e) **Ensure that the international humanitarian response is coordinated with national, sub-national and local level authorities**, including crisis management agencies, as appropriate.

f) **Support and contribute to efforts to address the humanitarian-development nexus.** The HCT should endeavor to coordinate with development platforms to develop a shared understanding

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[7] IASC clusters are formally activated clusters created when existing coordination mechanisms are overwhelmed or constrained in their ability to respond to identified needs in line with humanitarian principles. For more information in particular on when IASC Clusters or Government-led coordination please refer to the IASC Reference Module For Cluster Coordination at Country Level (July 2015); https://interagencystandingcommittee.org/iasc-transformative-agenda/documents-public/reference-module-cluster-coordination-country-level.

of sustainability, risk and vulnerability, achieve a shared vision for outcomes and facilitate shared analysis and multi-year planning and financing as appropriate.[8]

HCT COMPACT AND ACCOUNTABILITY

The HC and the HCT are ultimately accountable to the people in need. The HC leads and chairs the HCT and reports directly to the ERC, forming an annual Compact.[9] HCT membership is conditional on a commitment to mutual accountability among the members. Individual HCT Members and their respective organizations, make a commitment to contribute to the HCT as a collective, and to pursue collective outcomes. This contribution should be considered a key component of the responsibilities and performance of country-level operational leadership of each member agency.

Members of the HCT outline specific mutual responsibilities, in an annual[10] HCT Compact, that is developed in country and provides the basis for periodic review of the performance of the HCT. The Compact should set out the important actions required to collectively achieve the "role and responsibilities" mentioned above, as prioritized by the HCT, as well as four mandatory responsibilities:

- A collective approach for ensuring that **protection**[11] is central to humanitarian action, including developing and implementing an common HCT strategy on protection.[12]
- A collective approach to **Accountability to Affected People (AAP)** for engaging with, ensuring feedback to and adjusting the response based on the views of affected people.
- A collective mechanism and approach to **Protection from Sexual Exploitation and Abuse (PSEA) by humanitarian workers**, including a Code of Conduct, aligned with any other mechanisms in place to deal with this issue.
- A collective approach to addressing **Sexual and Gender based Violence.**

MODUS OPERANDI

The modus operandi of the HCT is governed by the **Principles of Partnership**.**[13]**
The HCT should be chaired in a consensual and facilitative manner.[14] Membership should be collaborative and constructive.

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[8] See Commitment 10, *'Enhance Engagement between Humanitarian and Development Actors,' The Grand Bargain*: https://consultations.worldhumanitariansummit.org/bitcache/075d4c18b82e0853e3d393e90af18acf734baf29?vid=580250&disposition=inline&op=view, and the UNSG *World Humanitarian Summit 'Commitments to Action,'* https://www.worldhumanitariansummit.org/sites/default/files/media/WHS%20Commitment%20to%20Action_8September2016.pdf, sets out an agenda for a new way of working by transcending the humanitarian – development divide.
[9] See IASC Terms of Reference for the Humanitarian Coordinator (2009): The annual compact between the HC and ERC spells out agreed objectives and planned outcomes, and what each can expect from the other.
[10] The compact may be negotiated for a shorter duration if HCTs are established for shorter terms.
[11] As concerns refugees, UNHCR will brief the HCT on the protection and solutions strategy envisaged.
[12] *The Centrality of Protection in Humanitarian Action*, Statement by IASC Principals, endorsed by the IASC Principals on the 17 December 2013. Also see the *IASC Protection Policy*, endorsed by the Principals in October 2016. Available at: https://interagencystandingcommittee.org/protection-priority-global-protection-cluster/documents/inter-agency-standing-committee-policy. The HCT Protection Strategy should be based on the analysis of the protection cluster and members should commit to share information and analysis with the Cluster.
[13] See ICVA's background and rationale page which explains the Principles of Partnership and provides a direct link to the PoP commitments, https://icvanetwork.org/principles-partnership-statement-commitment.
[14] In case of an L3 response, the decision-making process and chairmanship style might need to be adjusted in accordance to IASC Transformative Agenda Reference Document, 3. *Responding to Level 3 Emergencies What 'Empowered Leadership,' looks*

Meetings are strategic in purpose, focused on clear objectives, action-oriented and produce realistic decisions with clear and agreed follow up.

INTERFACE WITH MEMBER STATES, REGIONAL BODIES AND IN-COUNTRY COORDINATION MECHANISMS

While representatives of Member States and regional bodies, including donors, are not members of HCTs, the HC/HCT should ensure regular, consistent engagement with these representatives. It is especially important to ensure proactive engagement in planning, information exchange and strategic discussions with Member State and regional body representatives who do or could provide financial and strategic support for the inter-agency response. A fortnightly, monthly or quarterly HCT-donor meeting is advisable. The frequency will depend on the crisis and HCs/HCTs are encouraged to ensure regular ad hoc engagement as required.

The HC or, in the absence of an HC position, the RC, is responsible for ensuring complementarity between the HCT and UNCT.[15] Building on complementarities is particularly important in the areas of preparedness, early recovery and strengthening the humanitarian-development nexus.

Where a UN Disaster Management Team (DMT) exists at the level of Country Representative, the HC, or in the absence of the HC, the RC is responsible for ensuring complementarity with the HCT.

Where possible, the HCT complements government-led coordination structures and response.

The HCT interfaces with the UN Security Management Team (SMT) as appropriate, with the Chief Security Adviser having a standing invitation to participate in the HCT as an observer.

When a decision has been taken to phase out the HCT, the HC, or in the absence of an HC position, the RC is responsible for ensuring transition of responsibilities to other coordination mechanisms in the country.

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like in practice, PR/1209/4175/7 November 2012; IASC Transformative Agenda Reference Document 1. *Concept Paper on 'Empowered Leadership*,*'* (Revised) March 2014.

[15] If the HC is not also the RC, such responsibility befits both the HC and the RC.