From late 2020 to late 2021, the IASC Peer-2-Peer Support Project (P2P) led three country missions in support of humanitarian leadership amid escalating crises and complex humanitarian responses: a virtual P2P Support Mission to Libya on 30 November-14 December 2020; a P2P Support Mission to the DRC on 5-17 September 2021; and an Operational Peer Review to Ethiopia from 21 September to 1 October 2021. Each mission led to an HCT Action Plan laying out the main challenges facing the humanitarian response and articulating the HCT’s key priorities in response to these challenges. An analysis of the Mission Reports shows common threads spanning all three missions, with the following findings coming out from most or all the missions:

1. The need for more effective localization and stronger engagement with national and local NGOs;
2. A clear gap on accountability to affected populations and the prevention of sexual exploitation and abuse;
3. Inadequate or outdated coordination structures, and a disconnect between the leadership and operations in the field;
4. The need for enhanced security management and duty of care for staff;
5. The lack of a common HCT narrative on the humanitarian situation.

1. Severe gaps on localization

Effective engagement with national and local NGOs came out as a key gap in all three countries. While the missions found that there is a dynamic community of local actors in all three contexts, they are not being effectively included in humanitarian coordination mechanisms; have little to no influence on strategy-setting and decision making; and have insufficient opportunities to access funding and capacity building. This weakens the response as it makes it harder for the humanitarian response to reach the most affected communities amid severe access constraints (whether physical or security-related) and perpetuates an unsustainable system that depends on international actors and is less connected to local communities. Chart 1 below shows the strong findings from the HCT questionnaires, particularly in Libya and Ethiopia.

In their action plans, the three HCTs agreed to make a concerted effort to engage better with local and community actors; capitalize better on local expertise as part of the response; include them more effectively in the response architecture; provide targeted support to build their capacity; and improve coordination with all non-humanitarian actors, as a key step towards a more effective and sustainable response.
2. Challenges on AAP and PSEA

Despite being system-wide priorities as part of the global humanitarian response, accountability to affected populations and the prevention of SEA were found to be major gaps in all three contexts. This came out notably through the lack of effective systems to prevent or report SEA, as well as the lack of mechanisms to enable responders to adjust their programming based on the feedback of affected communities. In Ethiopia, in a context of escalating conflict, the mission found a high risk of SEA and an urgent need to reinforce prevention and reporting.

In response to this, HCT commitments include a better-resourced and more intentional focus on AAP and PSEA, including through dedicated capacity; a more systematic use of communities’ feedback to adjust and improve the response, in line with the IASC Collective AAP Framework; and more effective implementation of PSEA action plans, with an emphasis on support to field actors.

3. Inadequate and outdated coordination structures

One overarching challenge across the three contexts is outdated or inadequate coordination structures, and a disconnect between the leadership of the humanitarian response and operations at field level. In the DRC, where updating the coordination structures was the rationale for the mission, there was clear consensus that the coordination architecture is overly heavy and inefficient, with a proliferation of structures and working groups; insufficient communication and overly top-down decision-making; and scope for a clearer role for the Deputy HC. In Ethiopia, the mission found a need to tighten the linkages between different parts of the coordination architecture in order to provide better support to the northern Ethiopia response, including by improving the links between the national and regional/local levels, the HCT and inter-cluster, and individual clusters. Finally, in Libya, the mission found a clear need to move the response closer to the field, notably by moving operational partners into Libya (rather than staying in neighboring Tunisia).

HCT commitments in response to these challenges include reviewing coordination structures; clarifying roles and responsibilities as well as linkages between different forums; clarifying the scope of the Deputy HC role; and addressing specific areas such as working with DSS to move the operations to Libya, requesting a review of the Humanitarian Fund in the DRC, or reviewing the structure and composition of the HCT and its links to Area Teams and strengthening joint assessments in Ethiopia.
4. Insufficient security management and duty of care

The issue of security management and duty of care came out strongly, particularly in Ethiopia where the mission found that extremely difficult working conditions and lack of appropriate duty of care arrangements were creating risks to safety and security, leading to high staff turnover and generally affecting the efficiency of the humanitarian response. In the DRC, a key finding was the need to harmonize security management for the humanitarian response, particularly in the context of the MONUSCO drawdown, as the DSS coordination structures remain aligned with peacekeeping “zones” rather than humanitarian coordination areas. This leads to gaps and inefficiencies in security coordination as MONUSCO and humanitarians use different geographical areas, meaning a humanitarian project may need to interact with three different DSS focal points in order to obtain a security assessment for a single programme. In Libya, security management was identified as a clear prerequisite to enable the required transition of humanitarian actors back to Libya.

HCT actions in response to this challenge include concrete steps to improve security management, such as increasing civil-military capacity, prioritizing medevac and increasing UNHAS flights (in Ethiopia); harmonizing security coordination for humanitarians (in the DRC); or working with DSS to enable the operational shift back to the field (in Libya).

5. Lack of a common HCT narrative on the humanitarian situation

In all three countries, and particularly in Ethiopia, the missions found that a key shortfall was the absence of a common HCT narrative on the humanitarian situation. The lack of a common stance by the HCT on the humanitarian situation, advocacy priorities, and actions to be taken – and in some cases, stark differences of opinion within the HCT on these issues - leaves the response vulnerable to being criticized, undermined, and questioned by various parties. This finding is mirrored by the issue of whether the HCT is making informed timely and strategic decisions. Importantly, Charts 2 and 3 show that these findings were recognized by the HCTs themselves.

In response to this challenge, the three HCTs have committed to issuing regular advocacy documents through focused workshops or regular retreats; developing advocacy plans with the specific responsibilities of each actor; and deploying dedicated senior communication specialists in support of the HC.

Chart 2:
### Chart 3

The HCT is making informed, timely and strategic decisions - HCT Assessment data

<table>
<thead>
<tr>
<th>Country</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Don't know</th>
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<td>14%</td>
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<td>27%</td>
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