



What is “Inter-Cluster / Sector Collaboration (ICSC)”?

This document is to be used as a guidance to help cluster/ sector national coordination teams to initiate, implement and monitor Inter-cluster/sector collaboration at country level. The different steps follow the humanitarian program cycle to align intersectoral projects with other projects.

Please note, ICSC is replacing the previously used acronym, ISC

1. What is inter-cluster / sector collaboration?

Inter-cluster/sector collaboration (ICSC)¹ refers to the joint actions carried out by relevant clusters/sectors to coordinate joint responses with their partners towards a common objective. Joint responses are delivered at the same time, in the same place, for the same people based on prioritization of needs to achieve a jointly agreed outcome.

Inter-cluster/sector collaboration brings relevant clusters/sectors together to not only share information but to actively plan and work on joint actions. In this way, ICSC takes a step further than simple coordination between clusters/ sectors. ICSC reinforces the work of the Inter-cluster coordination group (ICCG), which is usually led by OCHA and facilitates sharing of information and coordination of humanitarian interventions among different clusters/ sectors at the global and national level.

¹Other acronyms are sometimes used:

ISP = Intersectoral programming: joint programming taken by different humanitarian actors

ISA = Intersectoral action: joint actions taken by different sectors/clusters

ISC = Intersectoral collaboration: previous ICSC acronym used

2. What are the advantages of ICSC?

1. **A people-centered approach:** Recognizing that different sectors are often working with the same households/ persons / communities, ICSC promotes a people- centered approach to the humanitarian response through a holistic lens.
2. **It pools knowledge and problem-solving capacity:** Through common overarching goals, objectives, and joint actions, ICSC brings together different clusters/sectors/actors, with different knowledge and means, to understand and address multi-faceted and large-scale humanitarian issues.
3. **Efficiency:** By proposing joint programming at the same place and same time, the declination of ICSC as joint field implementation can reduce access barriers (cost of transportation, time spent, risk exposure, etc...).
4. **Reduced costs:** Finally, joint field implementation can reduce costs (by sharing transportation and offices costs, mutualizing staff, etc.), hence more resources become available for the programs.

Keep in mind that the collaboration between sectors/clusters/actors and the investments made must result in concrete joint actions for the people in need. It is not enough to simply sit in meetings together and consider the collaboration done!

Implementation of ICSC requires strong, active, and efficient collaboration at national / subnational level among all partners and governmental bodies.



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On 11 April 2022, a woman walks past shelters at Higlo Internally Displaced Persons (IDP) site in Ethiopia, which hosts thousands of people from drought-affected communities.

3. How is ICSC carried out?

The governance for such collaboration should be kept light and agile, with manageable mechanisms for joint planning, checking in and reviewing progress. To the degree possible, ICSC should use or build on existing coordination structures and style.

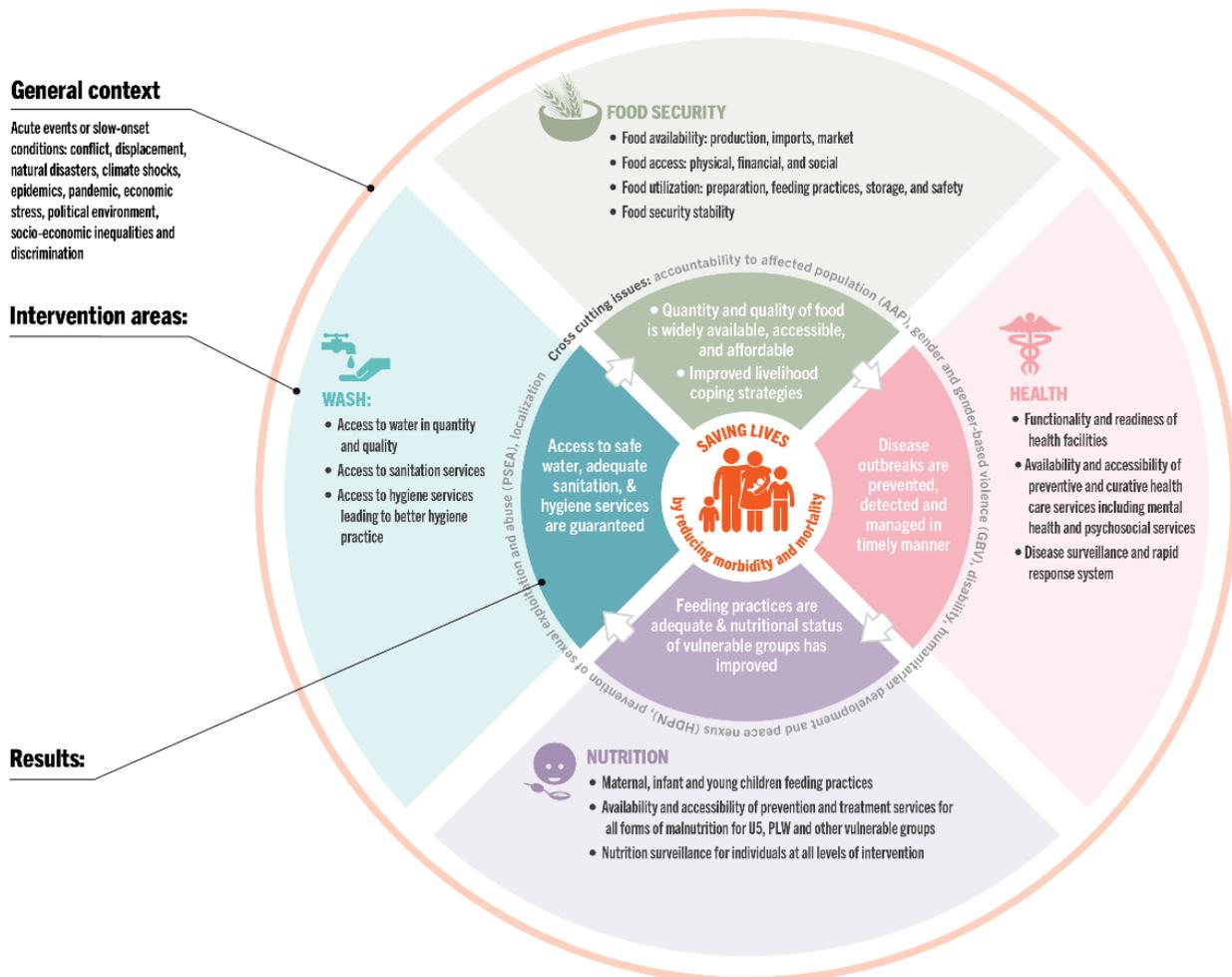
In practice, the governance varies from country to country; some have a dedicated ICSC working group, some are using an existing working group, some meet on an ad-hoc basis, and in some countries the government takes the lead and coordinates the ICSC work. Any sector/cluster/actor

can call for an ICSC group. The composition of the group (including leadership arrangements) and the TOR should be communicated to OCHA. Monthly meetings should suffice in the long run, but weekly ones might be necessary during the inception phase.

The clusters/ sectors / actors participating in the ICSC work are not fixed. They can vary from one country to another and from one geographical area to another. Most of the time, **WASH, Food Security, Health, and Nutrition clusters/ sectors** are already collaborating to some degree, but this may need strengthening. **Depending on the context and the priority needs** of the population, an ICSC approach could involve less clusters, or other clusters such as Protection, Education, Camp coordination and Camp management (CCCM), Shelter & Non-Food Item or others can also come on board, for more active collaboration. Participation will be driven by the identified common objective that led to the creation of the group. For example, different expertise will be required to respond to a cholera outbreak versus conflict-driven displacement with critical protection concerns.

Below is a conceptual framework aligning the efforts of the four clusters (who developed this guidance note) to deliver holistic packages to the people in need, in the same place and at the same time to reach a common objective: **saving lives by reducing morbidity and mortality.**

Inter-cluster/sector collaboration: our common objective



4. ICSC along the Humanitarian Program Cycle:

ICSC can take place at any stage of the **Humanitarian Program Cycle (HPC)**, but ideally it follows the entire process. Below is a list of intersectoral actions recommended for each step. At this point, it is also recommended to discuss and involve both ICCG and OCHA in collaborative efforts.



Humanitarian Program Cycle (HPC)

Step 1: Needs assessment and analysis:

- **Agree roles and responsibilities and timeframe.** Identify your core team. Agree who will be involved for the joint needs assessment and analysis, roles and responsibilities and timeframe for the analysis. These responsibilities may be adjusted as the plan evolves. Identify a wider group of key actors for consultation and feedback at different stages. Set the scope of the analysis and costing plan.
- **Joint planning.** Outline a basic framework for the information needed, agree on key indicators for each sector/cluster and collate and review existing data (secondary data) from respective sectors and identify critical information gaps. Note that the resources need to be aligned with the crisis / problem we want to answer (drought response will differ from a flood response to a cholera outbreak, etc.). Consider if essential information on the cross-cutting themes (Accountability to Affected Population, Gender Based Violence, Disability) and modality of intervention (Cash and Voucher Assistance, in-kind, mixed) is still needed.
- **Only if required, plan joint data collection.** Fill the information gaps identified and deepen the understanding of the situation and needs. Collectively select appropriate data collection and analysis methodologies, data collection tools and identify necessary resource. A practical plan should be developed, validated, and implemented to collect complementary information.
- **Jointly analyze and write up of findings.** Consolidate primary and secondary data and populate the analysis framework. Summarize findings and provide clear, actionable recommendations. Some recommendations may be common to all sectors while some may

be sector specific. One specific deliverable may be a joint chapter for the Humanitarian Needs Overview (HNO), or as a minimum, reflect ICSC commitments in the “Sectoral analysis” chapter of the HNO. When no space is provided in the HNO, a separate document can be prepared to highlight the joint analysis of needs and response strategy.

- **Share joint findings.** Share the final findings as a whole with all relevant coordination groups – for example, avoid extracting only the nutrition sections of the report to share with nutrition colleagues. Use different multi-sectoral platforms, groups.

Note this Step will likely be informed by the Joint Intersectoral Analysis Framework (JIAF), which is undergoing review and should be ready for use in the 2024 Humanitarian Programme Cycle (<https://www.jiaf.info>).

Step 2: Strategic planning:

- **Identify intervention areas for collaboration.** Agree on roles and responsibilities of each sector for common and complementary activities.
- **Identify and target the geographical areas of convergence** by using a ranking system (*Annex 1*). Note: priority areas are usually identified by the ICCG / HCT during the HRP process. However, clusters may need to work jointly at a more granular level, hence the need to refine the targeting exercise.
- **Plan a joint visit** to the pre-selected area/region to understand the needs with the community and leaders and agree on a minimum package of support.
- **Develop an inter-cluster / sector package of interventions** at household, communities, and facility level (e.g., health center, school). This step will be done jointly, and the defined ideal package can be adapted according to the area, resources available, needs etc. and potentially following a graduation approach (*Annex 2*). When it comes to actual delivery, it is important to note that not necessarily all households / individuals will receive assistance from all clusters, as interventions will remain need based.
- **Agree on joint targeting** of the beneficiaries. Targeting should take into account a) an agreed methodology for prioritizing communities, families and individuals, and b) clarification on whether the full minimum package will be delivered to all recipients afresh; whether previously non-present sectors will fill gaps in provision; or, whether a less than all-sectors package is an acceptable minimum standard (for example in some responses it might be better to guarantee that all people reached have received assistance from a minimum of three of four participating ICSC sectors).
- **Develop an integrated work plan** with agreed indicators of success (indicators that clarify the impact of one sector on the outcome of another sector, or jointly agreed outcome) (*Annex 3*).
- **Encourage local and international partners** to prepare joint proposals and budgets for inter-sectoral programs.
- **Prepare a joint HRP chapter** or as a minimum, reflect the ICSC in the chapter “Cluster/Sector objectives and response”. Don’t forget to integrate the joint monitoring indicators.

Step 3: Resource mobilization and advocacy

- **Define role and responsibilities** for joint resource mobilization and advocacy efforts.
- **Estimate costing** for the identified ICSC package of interventions – this is useful for planning, communication, advocacy, and fund raising.
- Then together, national clusters and their partners can **develop a concept note** to donors for funding allocation.

- When monitoring the joint response, if implementation gaps in one or several sectors/clusters due to underfunding are identified, **joint advocacy** to donors needs to be strengthened to ensure the implementation of the complementary activities (see Annex 4 on how to develop an advocacy note).

Step 4: Implementation and monitoring

- **Identify and mobilize partners** (local and international).
- **Plan joint training on ICSC** for partners / government / clusters.
- Develop a joint response monitoring plan (data collection, joint field visits, joint monitoring visits) based on the agreed objectives, key indicators and measurement methods. Be sure to involve vulnerable communities and minority groups at this stage, applying the principles of Accountability to Affected Populations (AAP).
- Agree on a reporting format (and visualization tools, if needed – e.g., dashboard) at subnational and national level.
- Document and share information / outcomes on inter-cluster / sector collaboration during implementation.

Step 5: Operational peer review and evaluation

- Carry out an evaluation of the joint response.



Following the rise in malnutrition cases in the Karamoja Sub Region of Uganda, due to food insecurity and prolonged dry spells, affected children are screened and treated for various health reasons.

Annex 1: How to define geographic areas of convergence?

- 1) **Agree on key sectoral indicators** at national level/ subnational level to assess the severity of the situation in different parts of the country; often one to two indicators per sector are enough. Make sure that each sector/cluster has more or less the same number of indicators to conduct this exercise, to be equally represented in the global analysis. Ideally indicators are chosen from IPC Acute Food Insecurity or IPC Acute Malnutrition analysis if we are anticipating / facing a food / nutritional crisis, but they can also come from other assessments conducted in country. The resources need to be aligned with the crisis / problem we want to answer (drought response will differ from a flood response to a cholera outbreak, etc.). Note to the degree possible, values for these indicators must be available at a subnational level.
- 2) **Attribute a severity score to each indicator.**
- 3) Then **sum the total scores** per area / region / district and **get an overall severity score**. The highest number will be the areas with the most severe needs and should be pre-selected for collaboration.
- 4) Final areas for collaboration will be validated according to the availability of funding, of the partners, etc. This will be collectively decided and validated by the clusters involved.

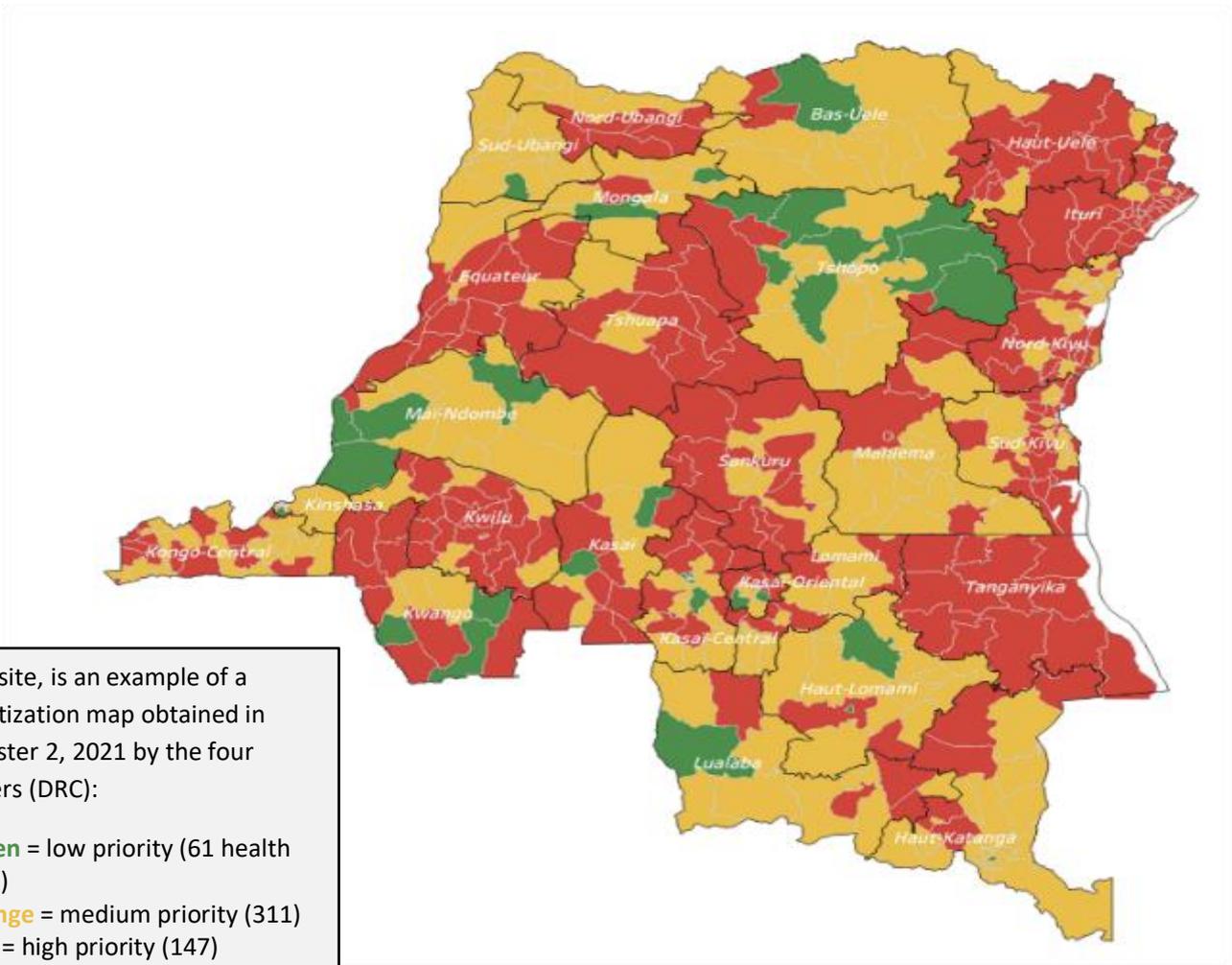
Example from Democratic Republic of Congo: The 4 clusters (WASH, Food Security, Health, and Nutrition) agreed on indicators to validate and prioritized the geographical areas to jointly intervene.

Indicators	Thresholds	Scores
<i>Numbers of alerts from the surveillance system during the last 12 months</i>	0-1 time	1
	2 times	2
	3-4 times	3
<i>IPC AFI Classification</i>	Phase 1 & 2	1
	Phase 3	2
	Phase 4 or more	3
<i>GAM prevalence (IPC analysis if available)</i>	0 – 9%	1
	9,1 – 20%	2
	More than 20%	3
<i>Stunting prevalence</i>	0 – 10%	1
	10,1 – 20%	2
	More than 20%	3
<i>On-going epidemic:</i>		
<i>Measles</i>	Yes	2
	No	0

<i>Cholera</i>	Yes	1
	No	0
<i>COVID</i>	Yes	1
	No	0
<i>Ebola</i>	Yes	2
	At risk	1
	No	0
<i>Population movement</i>	Yes	2
	No	0

By summing the scores obtained, the zones are then prioritized as such:

- Low priority = Scores between 5 and 10
- Medium priority = Scores between 11 and 15
- High priority = Scores between 16 and 20

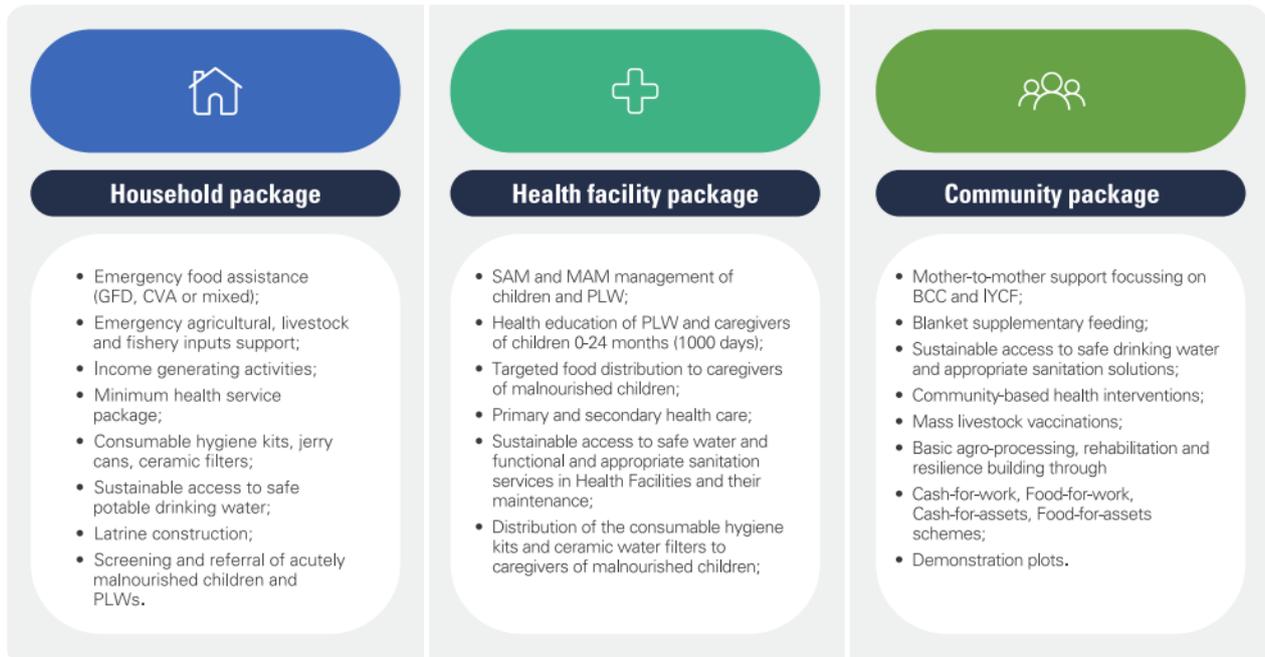


Opposite, is an example of a prioritization map obtained in semester 2, 2021 by the four clusters (DRC):

- **Green** = low priority (61 health zones)
- **Orange** = medium priority (311)
- **Red** = high priority (147)

Annex 2: Example of an intersectoral activities package from Yemen, extracted from the Integrated Famine Risk Reduction Package case study, July 2020

Summary of the initial IFRR minimum package



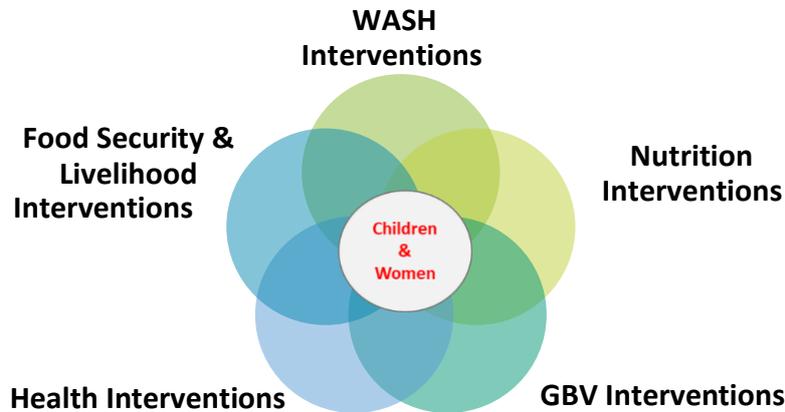
Intersectoral activity packages can be changed over time; better to start small and expand according to the needs of the population and capacities of clusters and partners involved.



Revised IFRR standard minimum package, 2019



Annex 3: Examples from South Sudan of joint indicators to monitor an intersectoral program



Strategic Objective 2: Ensure safe, equitable and dignified access to critical cross-sectoral basic services to enable populations to meet their basic needs in locations of severity level 4 and 5			
Specific Objective 2.1: Provision of regular access to quality basic services, including water, education, nutrition, and health is extended to [number] of [target population] by [date]			
Sectoral Objective 4	To increase equitable access to nutrition sensitive interventions from health, WASH, FSL, Education and Protection sectors through enhanced coordination and joint programming targeting vulnerable groups in prioritized locations by the end of 2022	Prevention, testing and treating for malaria among children under five years with acute malnutrition, in nutrition sites	Proportion of girls and boys admitted with SAM who are tested for malaria
			Proportion of girls and boys admitted with MAM who are tested for malaria
			Proportion of girls and boys admitted with acute malnutrition in nutrition sites who are provided with LLITN for malaria prevention
			Proportion of PLW admitted with acute malnutrition in nutrition sites who are provided with LLITN for malaria prevention
		Provision of WASH kits to children with SAM in nutrition sites	Number of girls and boys admitted with severe acute malnutrition receiving WASH kits
		Sensitize households on the correct use of aquatabs at by the CNVs	Percentage of people in priority counties with access to safe water
		Sensitize communities in the priority counties with hygiene and sanitation messages	Number of priority counties with access to WASH services/ facilities
		Establishing or maintaining demonstration kitchen garden at nutrition sites or in the vicinity	Number of nutrition sites with kitchen gardens for demonstration
Number of HHs with kitchen gardens			

		Linking with Cash and Voucher Assistance program	Number of children admitted to CVA program after discharge from nutrition site
		Integration of child stimulation and ECD in the provision of care for children with SAM and MAM	Number of nutrition sites integrating ECD
		Mainstreaming of child protection and GBV risk mitigation at nutrition sites	Number of nutrition sites with Gender Based Violence (GBV) safety audits conducted at least once
			Number of nutrition sites where information on GBV services/referral pathways is available Number of frontline nutrition staff trained on GBV basics, including how to safely and appropriately respond to GBV disclosures
		Collaborate with health in the management of diarrhea	Proportion of girls and boys admitted with acute malnutrition with diarrhea treated
		Provide Zinc and ORS to children with diarrhea	Percentage of children with diarrhea treated with Zinc and ORS

Annex 4: Process to write an advocacy note to promote inter cluster / sector collaboration (ICSC) work

Purpose of an advocacy note: To share the context, the ongoing response, identify challenges / bottlenecks and ways to address them, but the main purpose of an advocacy note is to outline the key asks to your target audience to solve the identified bottlenecks.

Step 1. Strategic thinking

Before you start writing an advocacy note to promote ICSC work, think about its purpose and the information needed to present a strong argument and include all relevant clusters from the beginning of the process. You should have a joint conversation to reflect on the following questions:

- **What for?** Define the joint problem you are trying to solve and how it could be best addressed.
- **Which clusters should be part of this reflection to address the highlighted problem?** Your argument will be stronger if it involves all relevant clusters (typically Food Security, Health, WASH, Nutrition and in some contexts also Protection, Education, Shelter).
- **What evidence do all clusters have to illustrate and strengthen your joint argument?**
- **Who are your target audiences?**
- **What are the key questions/doubts of your target audiences?**
- **What do you need to ask them to do differently** (this would be your key asks)?

Step 2. Joint drafting

- All relevant clusters should be included in the conversation from the beginning for joint strategic thinking and writing.
- Any cluster could take the lead on drafting the joint advocacy note, but all relevant clusters are expected to input along the process and jointly validate. It is important to agree on a clear validation process and deadline from the first discussion to avoid unnecessary delays.

Step 3. Writing process

- 1. Title.** Use a short and compelling title that outlines your key joint ask that will be further developed in the document. Consider using a subheading for additional information, if needed.
- 2. Opening statement.** Open with a statement that gets your audience's attention right away, perhaps using a prominent fact/data reflecting on the joint problem. This is your lead-in and should be only a sentence or two.
- 3. Background information.** In two or three paragraphs, describe the country context, identified needs and its impact on the population. You can include in this section information on the needs identified by each cluster, number of people in need and priority areas. Describe any work with national authorities, where relevant.
- 4. Challenges ahead.** Describe the impact caused by the problem if not addressed. You can detail gaps and challenges for an effective response here – for example, limited capacities for ICSC, funding challenges, de-prioritization of specific activities, lack of supplies, or reduced access. Remember, explain why it is important to act and the impact if gaps and challenges are not addressed.
- 5. Provide facts and data about the problem.** Data is important to demonstrate that a problem exists and to support your position. Look for facts that are relevant to your audience. To make the document more compelling, data can be presented in a visual format, including photos, graphs, charts, tables, etc (always ensuring an ethical use of data). Some sources of information include: HRP/HNO, Financial Tracking System, IPC reports, cluster dashboards, and joint assessments analysis.

6. **Connect the issue to wider agendas.** Connect the issue to the audience's interest and explain how it contributes to wider agendas, such as SDGs, gender, humanitarian-development nexus, or the realisation of the Grand Bargain commitments on accountability to affected populations or localization of humanitarian assistance.

7. **Your asks.** Clearly state what you want your key target stakeholders to do. The more precise you are on **WHO** has to do **WHAT** and **WHEN**, the clearer your target audience will be in understanding what are you trying to achieve and what it is expected from them. Consider recommendations for different stakeholder groups. For example: governments, donors, OCHA, the wider humanitarian community, development partners, etc.

Tips to write advocacy notes:

1. **Be brief.** Keep the document to 1-2 pages with short paragraphs of 1-3 sentences ensuring that in general each paragraph covers just ONE topic.
2. **Be clear.** Use short sentences and **avoid technical language, acronyms, and abbreviations.**
3. Improve your advocacy note with good **inter-cluster/ sector editing and revision.**