Area-Based Approaches (ABA) enabled by Area-Based Coordination (ABC)

Operational Guidance

Note: This document draws on DG ECHO's internal guidance on scaling up Area-Based Approaches (ABA) and Area-Based Coordination (ABC) and is shared to help partners understand DG ECHO's approach. It is consistent with the Inter-Agency Standing Committee (IASC) guidance note on "Cluster simplification and adapting in-country coordination" and its annexed ABC Terms of Reference.

1. Introduction

Humanitarian crises are increasingly complex, driven by overlapping shocks like conflict, climate hazards, health emergencies, and economic volatility that expose communities to interconnected vulnerabilities. Affected communities often demonstrate resilience and capacities that make them the first responders, yet these local capacities are not always sufficiently recognised or well-integrated into the wider humanitarian architecture. Traditional mandate-based, sector-driven programming and compartmentalised supply chains can generate fragmented, siloed assistance, making integrated responses more difficult. Such programming can struggle to reflect interlinked, multi-dimensional needs - for instance, how access to services underpins livelihoods, how displacements affect health, education and social cohesion - and can risk limiting meaningful outcomes.

The ongoing Humanitarian Reset is reshaping coordination architectures, resource allocations, and common supply chain models, enhancing opportunities for more area-focused, people-centred approaches. DG ECHO sees it as an opportunity to scale up Area-Based Approaches (ABAs) enabled by Area-Based Coordination (ABC).

Area-Based Approach (ABA): Area-based approaches are described as approaches that provide multi-sectoral support and engage multiple stakeholders, considering the whole population living in a specific geographic area with high levels of multi-sectoral needs. They offer a complementary lens to sector-based coordination and call for concerted action at the local level, bringing together internal and external players, as well as different sectors and levels of intervention. ABA encourages humanitarian agencies to conceptualise and design operations from an area/territorial perspective rather than through a specific sector. ABA should enable a people-centred, outcomes-orientated, principled response that draws on the comparative advantages of all actors present, promoting common approaches, shared services, and complementarity to drive efficiency gains.

Area-Based Coordination (ABC)[1] : Area-based coordination (ABC) is defined as a light, operational coordination and response structure facilitating ABA in a distinct subnational geographic area. It is chaired by an organisation present in the geographic area with the capacity to convene multiple actors, including local communities and authorities, and to deliver a principled, accountable, well-coordinated and context-specific response; support local actors and communities; and to engage with local authorities. ABC is multi-sectoral and participatory, ensuring the subnational response builds on local capacities and is tailored to local needs. It coordinates the identification of needs, intersectional protection risks, and the delivery of goods and services - in line with the priorities and preferences of affected people. It leads operational humanitarian planning for that area and contributes to national strategic planning (i.e. HNRP), in close coordination with clusters/sectors. An ABC group is linked to the relevant IASC coordination structure in the country, ensuring alignment with, and support from, the wider in-country coordination system.

ABAs are a way to frame the response, while ABC is the way to deliver such response. The first can be understood as the *what* of the humanitarian response, and the second as the *how* to enable/coordinate it.

2. General considerations

Guiding principles and rationale of area-based approaches

Area-Based Approaches recognise that **humanitarian needs, risks, and opportunities are shaped by the context**. The core principles of ABA include:

- **Geographic focus:** A defined area - neighbourhood, district, settlement, etc. - is the primary unit of analysis. Responses should prioritise areas with the most severe multi-sectoral needs, as determined by pre-defined triggers and thresholds linked to a shock or situation of concern.
- **People-centred approach:** Affected people are recognised as active agents and are involved in decisions affecting them. ABA considers the multi-dimensional needs and capacities of the entire population in an area - including underlying social determinants and public health factors - prioritising assistance for the most at-risk and vulnerable through an intersectional lens.[2]
- **Multi-sectoral and integrated programming:** Interventions address the impact of given shocks and communities' needs through multisectoral, integrated, and community-informed responses.
- **Principled coordination at area level:** Multi-stakeholder engagement - including communities, local NGOs, and authorities - underpins inclusive participation, localisation, and accountability to affected populations
- **Flexibility and adaptability:** Programmes must remain flexible, evolving as contexts change, shocks occur, and community feedback is received.

[1] This definition derives from IASC Guidance Note on Cluster Simplification and Adapting In-Country Coordination to Context_ 2026

[2] *Accounting for gender, age, disability, ethnicity, minority background, displacement status, sexual orientation, etc.

- **Centrality of protection**: Safety, dignity, rights, and inclusion sit at the centre of ABA, making it both principled and practical in identifying risks, reducing harm, and ensuring equitable, accountable responses.

ABA enhances impact and efficiency by designing and delivering assistance in an integrated manner at area level, enabling complementarities and collective outcomes, and reducing the risk of duplication.

3. Roles and responsibilities in ABA/ABC

Note: This section focuses on humanitarian actors. Development and private sector actors should be included in stakeholder analyses to avoid duplication, enable nexus collaboration, and facilitate transitions or exit strategies where appropriate.

Local stakeholders:

- **Affected communities** are recognised as first responders and as the entry point for any early-warning systems. Their coping mechanisms and priorities must inform and shape the response. Community engagement should be ensured throughout all phases of the ABC engagement, with particular attention given to intersectionality so that diverse groups are meaningfully included.
- **Local actors** bring added value, notably their proximity to communities and their contextual understanding. Their leadership and engagement should be supported by building on and strengthening their capacity to deliver and coordinate assistance in accordance with humanitarian principles. Local service providers and civil society organisations are often already present, operational and well placed to respond. ABCs are (co-) led by national/local NGOs by default, where feasible and based on operational presence and capacity.
- **Official local authorities** should be engaged, where compatible with humanitarian principles, and subject to regular analysis and reviews. They can help bridge local and national governance levels with and within ABC.

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- **HC and HCT:** Tailor the coordination structure to the particular context[4], endorse the scope and duration, and provide strategic oversight to ensure coherence between ABCs, clusters, Inter-Cluster Coordination Groups (ICCGs), and national planning processes.
- **OCHA:** Facilitates and supports ABCs through technical advice and information management, promotes coherence across coordination structures, avoids parallel structures, and, where best placed, (co-) chairs ABCs.
- **Sector/Cluster Partners:** Retain responsibility for sectoral standards, quality assurance, and Provider of Last Resort functions. They support ABC with technical input while recognising that area-level coordination complements, rather than replaces, sectoral accountability.

[3] As per the IASC Guidance Note on Cluster Simplification and Adapting In-Country Coordination to Context, March 2026
[4] Refer also to the Humanitarian Complementarity framework: An IASC framework for aligning roles, responsibilities, and comparative strengths across humanitarian actors

- **International Partners (INGOs, UN, Red Cross):** Participate in and support ABCs, contributing to integrated responses at area level.

ABC and cluster coordination are complementary: ABC enables operational, multi-sectoral coordination at area level; clusters ensure quality and sectoral standards - together improving people-centred outcomes.

4. Operational Guidance

This chapter outlines the common steps through which an ABA takes shape. While presented sequentially, these steps may unfold in parallel depending on the context and the stage of the response. This outline serves as a practical reference to support a better understanding of the process and facilitate substantive engagement with partners throughout the programming cycle.

1. Definition of the area and target population

Relevant actors should agree on a clearly delimited geographic area and identify priority population groups within it, including the most vulnerable and at-risk groups, in relation to a given shock.

2. Joint multisectoral needs assessment:

All relevant actors, including local communities, should contribute to a shared analysis of needs, protection risks and exclusion patterns, service gaps, supply chains and market functionality, access constraints, and community capacities. Using a common tool, a joint analysis should identify sectoral interactions and common priorities under collective outcome(s), while reducing the duplication of efforts caused by multiple organisations conducting parallel assessments.

3. Definition of a common outcome:

Within a specific geographic area, and based on joint multisectoral assessments, priorities should be defined while taking into account existing local capacities. Programming should be structured around a limited number of shared outcomes rather than disconnected sector outputs. These outcomes should be measurable, time-bound, and directly linked to the impact of the shock, with services structured to address the most prioritised gaps. By jointly defining the common outcome(s) to be achieved, sector interventions should demonstrate how they contribute to them, reflecting a shared understanding that no single sector can deliver the solution on its own.

4. Area-Based Coordination (ABC):

A practical coordination mechanism should be established or strengthened at area level, enabling an integrated response. It should include humanitarian and development partners, local actors, relevant authorities where appropriate, and community representation. The mechanism should support joint planning, gap analysis, referral pathways, and regular review of implementation constraints and coverage. ABC should be led by organisations with strong local acceptance, access, contextual knowledge and capacities to ensure effective collaboration. Whenever feasible, ABC should be led by national and local NGOs. Links with existing national and subnational cluster structures should also be ensured to maximise technical guidance and compliance with sector standards in the ABA response.

5. Interoperability and data sharing:

Partners should design responses around household and community needs, combining sector interventions in a mutually reinforcing manner. While an interoperable common assessment/registration form is the ultimate objective, at a minimum there should be data-sharing agreements incorporating standardised data definitions, quality controls, ethical considerations, and privacy safeguards to enable safe automated digital referrals and deduplication. A system to leverage unique IDs for system interoperability should be established.

6. **Functional referral pathways:**

Effective and timely referrals depend on the continuous updating of service mapping and on establishing functional data-sharing practices, including a referral tracking tool. It is highly recommended to include a referral indicator as a measure of success.

7. **Joint monitoring and adaptation:**

Monitoring should measure both sector-specific outputs and area-level outcomes. Partners should regularly review progress, community feedback, population movements, access conditions, and emerging risks, and adapt interventions accordingly. Integrated programming should remain flexible and responsive to the changing context.

8. **Accountability: Common Complaints and Feedback Mechanism (CFM):**

For a common CFM to be effective and accountable, it needs to be accessible to all beneficiaries, regardless of gender, age, disability, displacement status, minority background, or other specific vulnerabilities. It must also be underpinned by timely, responsive two-way communication, and allow for regular and timely adjustments to programming based on people's feedback on what is, or is not, working. Partners are encouraged to explore a shared, independent CFM in place of separate mechanisms.