Note on IASC coordination structures at country level in 2021

15 December 2022

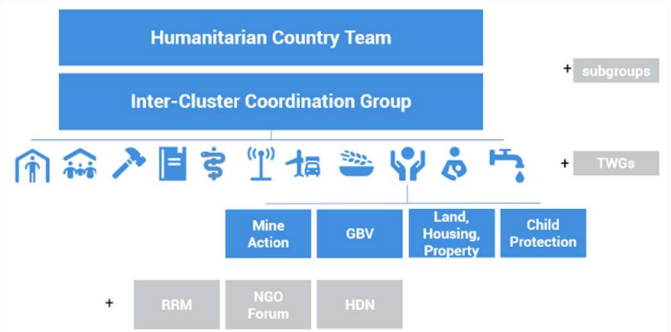
This note summarises data collected through an annual mapping of IASC country-level coordination structures [1] in place across 29 operations during the year 2021. It is the only standardized method for capturing coordination structures, capacities and alignment with IASC coordination requirements globally. An assessment of coordination performance and impact are outside the scope of this exercise; however, this data provides an important insight into the status and practice of humanitarian coordination at national and subnational levels. A number of key observations are provided here:

- During 2021 IASC System-Wide Scale Ups took place in two countries (Ethiopia and Afghanistan), were deactivated for COVID-19 (Jan 2021), and new humanitarian operations were established in two countries (Honduras, Madagascar).
- Humanitarian Country Teams (HCTs) strengthened their performance during 2021 on a range of IASC mandatory responsibilities and core functions e.g. HCT Compacts, gender-based violence (GBV) and accountability to affected populations (AAP) strategies, as well as ensuring thematic focal points for protection from sexual exploitation and abuse (PSEA) and gender were in place.
- At the same time, the number of HCTs with HCT protection strategies declined and only half of operations had a community feedback mechanism that could handle sexual exploitation and abuse (SEA) complaints. Just over a quarter of HCTs undertook an annual review of coordination architecture during the year to assesses whether cluster coordination structures continued to be appropriate to the context.
- HCT size has steadily increased over the past three years and was on average 30 members during 2021. While composition remained similar to previous years, a slight increase in the overall percentage of national NGO members and a slight decrease in the overall percentage of donor membership was observed.
- Almost all Inter-Cluster Coordination Groups (ICCGs) conducted a collective review of their performance and a majority of ICCGs had workplans – this was a notable improvement from 2020.
- The number of clusters at the national level increased with the addition of new contexts and Scale Ups. At the subnational level, the geographical coverage and footprint increased in several countries with most additional subnational coordination presence being added in Ethiopia, Haiti, Burkina Faso and CAR.
- Trends: At national level, dedicated cluster capacity for coordinators remained largely consistent; there was a slight dip for Information Management Officers (IMOs). At subnational level there was a decrease in dedicated subnational coordinators and a slight increase in IMOs.
- The majority of clusters had strategies and ToRs in place that were updated within the last three years.
- Fewer than half of clusters completed a performance monitoring review (CCPM), and very few had transition plans.
- A range of subnational coordination modalities were reported to be in place, including area-based and decentralized coordination approaches to ensure adapted solutions at the operational level.
- Efforts to increase the participation of national and local actors in coordination were visible with the addition of NNGOs on a number of HCTs and a slight increase in national authorities participating in cluster leadership at the subnational level. In 2021 90% of clusters reported having national NGOs on Strategic Advisory Groups (SAG). The use of official languages in coordination meetings was comparable with previous years.
- A range of platforms addressing humanitarian-development nexus (HDN) issues were recorded in just under half of all operations.

Annexes 1, 2 and 3 to this report list the key data points surveyed with a comparison with previous years' figures where available. Coordination structures for refugee or mixed migration responses were not part of this data collection.

General overview

In total, over 2,400 coordination structures were mapped across 29 operations (31 locations)[2]. These structures are HCTs, ICCGs, clusters/sectors and areas of responsibility (AoRs), subgroups reporting to the HCT/ICCG, technical working groups (TWGs) supporting clusters, and other coordination entities (e.g. rapid response mechanisms, humanitarian-development forums and NGO coordination forums). Please see diagram below for more details.



In 2021 the mapped coordination structures at national level comprised:

- 30 national-level HCTs and corresponding ICCGs
- 305 national-level clusters/sectors/AoRs
- 521 technical working groups

[1] The survey was carried out by the System-wide Approaches and Practices Section, Coordination Division, OCHA, with support from OCHA field offices and other sections/divisions in OCHA as well as the Global Cluster Coordination Group.

[2] This includes Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Colombia, DR Congo, Ethiopia, Haiti, Honduras, Iraq, Lebanon (HCT/ICCG data only), Libya, Madagascar, Mali, Mozambique, Myanmar, Niger, Nigeria, occupied Palestinian territory, Philippines, (HCT/ICCG data only), Somalia, South Sudan, Sudan, Syria (Damascus, regional, Gaziantep), Venezuela, Yemen, Zimbabwe.
NB: Due to the eruption of the conflict, the Ukraine operation was unable to participate in the mapping exercise in 2021.

At the subnational level, the humanitarian coordination footprint included:

- 39 subnational-level HCTs
- 79 subnational-level ICCGs
- 1,134 subnational clusters/sectors/AoRs present in over 315 locations supporting service delivery at the operational level.

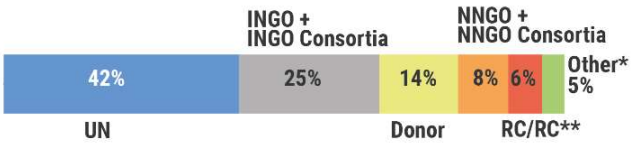
During the course of 2021, IASC System-Wide Scale Ups were activated for Ethiopia and Afghanistan. The IASC endorsed the activation of clusters in two new humanitarian operations: Honduras (ETC, CCCM, WASH, Food Security, Health, Education, Protection) and Madagascar (Food Security, Nutrition, WASH). In addition, a number of existing sectoral coordination mechanisms in ongoing emergencies were formally activated such as clusters in Afghanistan (Education), Burkina Faso (CCCM), Ethiopia (CCCM, ETC), Myanmar (Education, Food Security, Nutrition, Protection).

National level coordination (HCTs, ICCGs, clusters/sectors and subgroups)

Humanitarian Country Teams (total: 30)

All operations surveyed had an HCT or equivalent, chaired by the country-level Humanitarian Coordinator (HC), responsible for strategic coordination and decision-making of international preparedness and response. HC attendance averaged 86% with officers-in-charge covering the remaining meetings.

HCT membership (total:889)
Breakdown of organizations



*Other includes *International Organization (non UN), Cluster/sector coordinator, International Financial Institution (IFI), Private sector, NGO Consortia Mixed, National/Local authorities*
**includes national societies and international Red Cross/Red Crescent

In terms of membership breakdown, the UN (42%) together with NGOs and NGO consortiums (international, national and mixed, 34%) and the Red Cross/Red Crescent movement (6%) held over three quarters of all seats. Donors were recorded on 24 of 30 HCTs, holding a combined total of 125 seats (14%) with the United States, the European Union/ECHO, and the United Kingdom filling nearly half of donor-held seats. Any HCTs that did not include donors had separate mechanisms in place to ensure regular donor engagement and consultation (e.g. Iraq, oPt, Sudan, Syria-Gaziantep, Syria-Damascus, Venezuela). Cluster/Sector coordinators and other technical experts (ProCap, GenCap, AAP advisors) participated in six HCTs. The World Bank participated in three HCTs (Afghanistan, Chad, Madagascar).

On average 39% of HCT members were women with Lebanon reporting the highest level of female HCT members (66%). The size of HCTs has increased incrementally over the past three years and now averages 30 members. The HCT with the largest membership was Honduras with 53 members followed by Madagascar (51) and Yemen (47).

Focusing on the role of local and national humanitarian actors (L/NAs), national NGOs (or a national NGO consortium[3]) and the National Red Cross/Red Crescent were present on 80% of HCTs[4] with the largest increase in NNGO participation taking place in Lebanon. Local/national actors (L/NAs) altogether (national NGOs, Red Cross/Red Crescent, national authorities) comprised 9% of HCT membership. HCTs generally met monthly (57%), with others meeting every one to two weeks.[5]

HCT alignment with IASC requirements

The IASC has put in place a number of tools and policies that guide HCTs on their role and responsibilities including HCT Compacts, HCT Terms of Reference (ToRs), as well as other IASC guidance, such as the IASC Cluster Coordination Reference Module pertaining to cluster activation and deactivation, transition, and annual coordination architecture reviews.

During 2021, all HCTs had ToRs and over half had been updated within the past three years. HCT Compacts existed in 18 locations and three other HCTs were in the process of putting a compact in place. While not an IASC requirement, 33% of HCTs had workplans to support the group's output and guide its priorities during the year.

100%	ToRs
60%	HCT COMPACT
30%	COORDINATION ARCHITECTURE REVIEW

IASC guidance requires HCs and HCTs to initiate coordination architecture reviews annually to ensure that cluster coordination structures remain 'fit for purpose' and to determine if they should continue, be adjusted or transition/deactivate, based on an analysis of the context and national coordination capacity. In 2021, 9 HCTs took stock of the coordinaton architecture during the course of the year[6].

HCT mandatory responsibilities

The IASC has agreed four mandatory responsibiliities as part of the HCT Compact for all HCTs[7]: establishing collective approaches to protection (including developing and implementing a common HCT strategy on protection); AAP; protection from sexual exploitation and abuse (PSEA); and sexual and gender-based violence (GBV).

HCTs in 18 of the 30 operations had put in place HCT protection strategies (60%) and ten of these operations regularly measured progress against actions identified in their

[3] Note: this figure is for NNGO consortiums only and does not include "mixed" INGO and NNGO consortiums
[4] Five HCTs added NNGOs to their membership during 2021: Burkina Faso, Haiti, Honduras, Lebanon*, oPt. *(Lebanon had NNGO consortiums in 2020 but no NNGOs).
[5] The HCT in Iraq met every three weeks, or as directed by the HC.
[6] Note: not all reviews included a specific focus on clusters' continued appropriateness to the context.
[7] Please see page 4 of the IASC Standard Terms of Reference for HCTs.

protection framework. Over three-fifths of HCTs (63%) included protection as a standing item on their meeting agenda.

With regard to AAP, 17 HCTs (57%) reported having a response-wide accountability framework for affected persons, with an additional eight reporting that a framework was under development. In total, eight HCTs (66%) reported having a working group on AAP and/or community engagement.

Joint UNCT/HCT PSEA Action Plans were in place or under development in 25 of the 30 national-level HCTs (83%) and almost all operations had full time PSEA coordinators (87%) supporting and facilitating in-country PSEA implementation. The majority of these coordinators (92%) reported to the RC/HC.

Taking a closer look at complaint and feedback mechanisms (CFM), in total, 17 operations (57%) reported having an inter-agency CFM in place.

Overall, reports on HCT mandatory responsibilities for 2021 indicated that most were satisfactorily met and improved upon since 2020, however:

- Only half of operations in 2021 had CFM mechanisms in place that could handle complaints on sensitive issues, including sexual exploitation and abuse (SEA).
- While 63% of HCTs promoted disability mainstreaming using IASC guidance as part of the response, fewer than half of HCTs had a focal point for disability inclusion.

100%	**PSEA NETWORK**
70%	**GENDER ADVISOR**
87%	**PSEA DEDICATED COORDINATOR**
63%	**GBV STRATEGY**
60%	**HCT PROTECTION STRATEGY**
57%	**COMPLAINT & FEEDBACK MECHANISM (CFM)**
57%	**AAP FRAMEWORK**
50%	**MECHANISM TO ADDRESS PSEA COMPLAINTS**

National level Inter-Cluster Coordination Groups[8]

(total: 30)

All operations surveyed had an 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. In total, 30 ICCGs operated at the national level and twenty three (77%) were chaired by OCHA at the Head/Deputy Head of Office or Head of an OCHA Humanitarian Advisory Team. The remaining ICCGs were chaired by the Head of an OCHA Humanitarian Coordination Unit (23%). ICCGs generally met once every fortnight or month (80%); the exceptions were the ICCGs in CAR, Ethiopia, Venezuela, and Yemen which had weekly meetings and Zimbabwe which met on an ad-hoc basis.

In Iraq and Libya ICCGs were split between two locations (Baghdad and Erbil for Iraq, Tripoli and Tunis for Libya).

While the composition of each ICCG varied,[9] it generally consisted of cluster/sector coordinators, information management officers and technical advisers[10]. Agency emergency coordinators participated in half of all ICCGs. National NGOs participated in 33% of ICCGs.

The average size of the 30 ICCGs surveyed remained unchanged since 2020 at 28 members. The ICCGs with the largest membership were S.Sudan (63), Mali (59), and DRC (43).

ICCG responsibilities

90%	**ToRs**
90%	**ICCG PERFORMANCE MONITORING REVIEWS**
60%	**WORKPLANS**

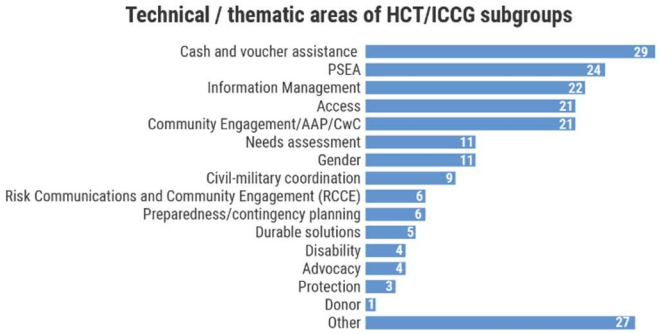
All but three ICCGs (90%) had ToRs with over half (54%) of those ICCGs having updated their ToRs within the past three years. More than half of ICCGs (60%) had also developed workplans to guide their work during the course of the year. Similarly, almost all ICCGs (90%) undertook an annual review to assess the group's collective performance of its core functions and participated in a dedicated meeting or workshop to review the results and identify corrective measures. In terms of time spent on specific areas of work, ICCGs spent the lion's share of their meetings working on processes relating to Humanitarian Needs Overview and Humanitarian Response Planning followed by operational analysis and preparedness actions.

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 (e.g. sequencing meetings and ensuring standing agenda items to provide HCT/ICCG updates). A number of operations held joint HCT-ICCG meetings during the year to further strengthen working modalities between the two bodies or, for example, to ensure coherence and agreement around HRP parameters (e.g. Myanmar, S. Sudan).

8 This also refers to inter-sector working groups.
9 Please see standard ICCG Terms of Reference (2017).
10 One ICCG included donors (Lebanon), two ICCGs included national Red Cross societies (Philippines, Haiti), one ICCG included national authority representatives (Mali), and two had representatives of the private sector (Philippines, Haiti).

National level subgroups (total: 204)

A total of 204 subgroups were recorded during 2021, the majority of which reported to HCTs and ICCGs covering numerous technical or thematic areas (see bar chart below covering all subgroups). Overall, the four most common types of groups were Cash and Voucher Assistance, PSEA, Information Management, Access and Community Engagement/AAP/CwC.[11] The remaining subgroups for the most part had joint reporting lines to the HC, HCT, UNCT and or the ICCG.



HCT and ICCG subgroups were generally chaired/co-chaired by the UN (72%), with OCHA filling this role nearly half the time. International NGOs and NGO forums (20%), and local/national NGOs and local/national authorities (4%) served as HCT/ICCG thematic subgroup chairs less frequently.

HCT subgroups (total: 86 in 27 operations)

Taking a closer look at HCT subgroups globally, HCTs had 86 subgroups reporting to them that worked on thematic issues or addressing strategic concerns. The most prevalent were PSEA (20), Access (19), and Community Engagement/AAP (8). The number of subgroups per HCT varied, for example Mali's HCT had ten groups whereas Afghanistan had just two.

ICCG subgroups (total: 88 in 25 operations)

ICCGs had 88 subgroups that worked on operational support or thematic issues such as disability and preparedness. The most frequent groups in place were Cash (20), Information Management (19) and Community Engagement/AAP (16). In terms of numbers, Yemen's ICCG had the largest number of subgroups (10).

National level clusters, sectors, AoRs (total: 305)

A total of 305 clusters, sectors and areas of responsibility (AoRs) [12] were present at the national level across the surveyed operations. Most operations had a mixture of all three mechanisms. For reasons of conciseness, the terms cluster/sector or mechanism are used interchangeably to refer to all three types of mechanisms. While in most instances clusters at country level mirrored the 11 clusters established by the IASC, there are some variations. This included operations where clusters were merged e.g.CCCM/Shelter or Health/Nutrition clusters (8 instances of merged clusters) or split (e.g. Food Security is split into Food Security and Agriculture in Ethiopia).

In 2021 fewer than half of clusters/sectors (47%) fully completed an annual cluster coordination performance monitoring exercise (CCPM). Around 14% had transition plans by which the transfer of coordination responsibilities is planned and implemented.

National cluster/sector leadership (total: 305)

Country-level leads and co-leads at the national level generally reflect IASC global Cluster Lead Agency (CLA) arrangements with UN organizations holding most cluster lead/co-lead positions (74%), followed by national authorities (19%) and INGOs (6%). Looking at all leadership roles with the inclusion of co-chair/co-coordinators (i.e. lead, co-lead, and co-chair/co-coordinator) provides a more holistic view of cluster leadership arrangements with the UN in 56% of roles, followed by INGOs (23%), LNA (government) (17%) and LNA (NNGOs) (3%).

Just over a quarter of all clusters/sectors (27%) were led/co-led by national authorities, and of all cluster/sector leadership roles,19% were filled by national authorities.

Breakdown of **all national leads (combined lead, co-lead, co-chair** organizations)

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

Almost half of all clusters/sectors at the natonal level had co-chairs[13]– an organization that supports the work of the cluster but is not accountable for its functioning or for discharging the provider of last resort responsibility.

Co-chair roles were predominantly undertaken by NGOs (80%). The Food Security and Nutrition clusters had the highest number of mechanisms with co-chairs.

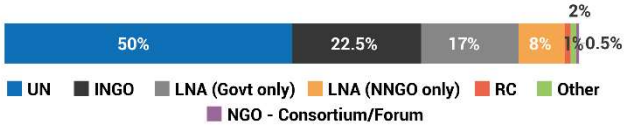
Breakdown **of co-chair** organizations

[11] The category "other" in the chart includes working groups such as Durable Solutions, Returns, Disaster Risk Reduction, Communications, Livelihoods, etc.

[12] The Protection Cluster's' Areas of responsibility (AoRs) of Child Protection (led by UNICEF), Gender-Based Violence (UNFPA), Mine Action (UNMAS, HI -for 2021, currently DRC), and Housing, Land and Property (NRC) are included in this analysis.

[13] Some Global Clusters call this role co-facilitator or co-coordinator. For additional details on coordination terms or guidance on the application of the cluster approach please refer to the IASC Reference Module for Cluster Coordination at the Country Level (2015).

Technical working groups - TWG (total: 521)
Breakdown of focal point organizations

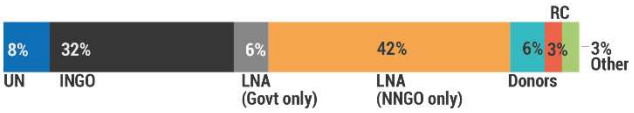


Approximately two thirds of mechanisms (65%) had technical working groups (TWG) which supported specific technical or thematic areas of work within or between clusters/sectors. The total number of TWGs stood at 521.

Topics covered by these groups were broad-ranging; examples included case management, advocacy, assessments, technical guidance development, and cash. The clusters with the most TWGs were Health, Nutrition and WASH.

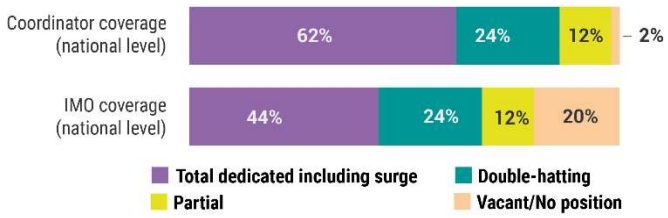
Most TWGs were chaired by the UN and international NGOs, although LNAs (government and NGOs) chaired a quarter of TWGs.

Cluster/sector membership (total: 17,480)
Breakdown of participating organizations

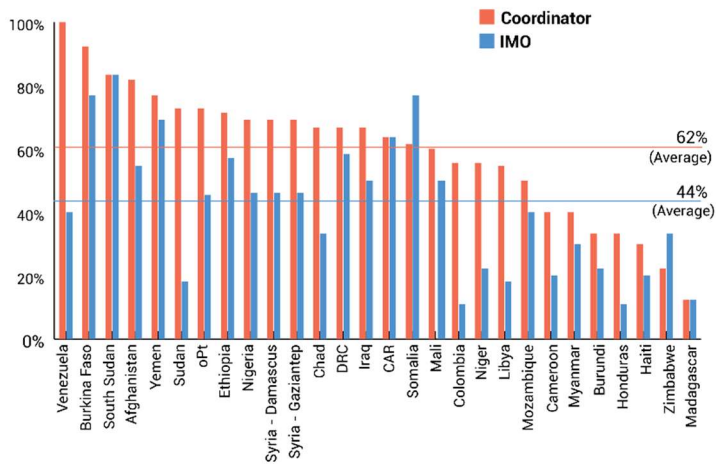


Clusters/sectors coordinated a combined total of 17,480 partner organizations [14] worldwide. Cluster membership breakdown has essentially remained constant over the past three years. In total, NGOs comprised 74% of membership lists, with national NGOs comprising the single largest membership group.

National level cluster coordinator and IMO capacity[15]
National Level



In terms of capacity[16] 62% of national level clusters/sectors indicated having dedicated coordinators and 44% had dedicated information management officers (IMOs). The remaining coordinator and IMO functions generally were filled by double-hatted and partial staffing arrangements. The graph below displays the average dedicated capacity for coordinator and IMO positions. Countries with the greatest number of clusters with dedicated coordinator capacity at the national level were Venezuela, Burkina Faso, South Sudan and Afghanistan. For IMOs these were South Sudan, Burkina Faso and Somalia.



Subnational level coordination (Area-HCTs, ICCGs, subnational clusters/sectors, and subgroups)

A range of diverse mechanisms were in place at the subnational level to ensure coordination and response solutions to localized contexts, providing both sectoral and strategic coordination and ensuring linkages with decision-making entities at the national level. These included Area HCTs, subnational ICCGs, clusters/sectors and other operational coordination mechanisms.

Subnational HCTs (total: 39)

Fourteen operations had subnational level-HCTs with some having up to seven subnational HCTs (e.g. Sudan).[17] The majority of subnational HCTs were chaired by OCHA. A Deputy Humanitarian Coordinator (DHC) chaired subnational HCTs in Ethiopa, Mozambique, Nigeria and Yemen. In three operations, a representative of the local authorities co-facilitated the subnational HCT (Honduras, Madagascar, Mali). Linkages between national and subnational HCTs were maintained in a number of ways including by inviting subnational representatives to attend HCT meetings, sharing minutes, and annual retreat workshops bringing together the HCT and sub-national groups (e.g. Mozambique).

[14] This should not be misconstrued as the number of unique partners, as the same entity may be a member of one or more mechanisms.
[15] The staffing methodology was reviewed and updated for this report. Please note the main differences in reporting from previous years: the inclusion of surge as part of dedicated staffing, updating the calculation of partial support, and separating out double hatting from vacant or no position, which were previously reported under a common heading.
[16] Respondents were asked to choose one of the following options for coordinator and IMO staffing during the preceding 12-month period: fully dedicated, double-hatting, vacant, no position. They also indicated the number of months for each category as well as whether it was part of a surge deployment, where relevant. The following formula was used to determine staffing levels: *Dedicated*: One coordinator/IMO in place for 9+ months or two dedicated staff in place 6+ months including any period of surge deployment. *Partial*: One dedicated coordinator/IMO for 3 - 8 months or two dedicated 3-5 months including surge. *Double hatting*: One double hatting coordinator/IMO 9+ months or any 2 double hatting for 6+ months. *Vacant /no position*: Any vacant or no position for 3+ months.
[17] Subnational HCTs that were newly put in place in 2021 were recorded for Honduras, Madagascar, Ethiopia and Niger.

Subnational ICCGs (total: 79)

Twenty one operations (70%) had ICCGs at the subnational level with a total of 79 subnational ICCGs present across all operations. The average number of subnational ICCGs per operation was four. Countries with the most subnational ICCGs included South Sudan (10), Iraq (8), Sudan (8) and Somalia (7). Of the 79 subnational ICCGs, twenty-seven (34%) had a member of national authorities participating in ICCG meetings (Burkina Faso, CAR, Haiti, Honduras, Madagascar, Mali, Niger, Nigeria, Somalia). A local authority representative co-facilitated the ICCG in 4 operations (Haiti, Honduras, Madagascar, Mali).

Subnational cluster/sector leadership (total:1,134)

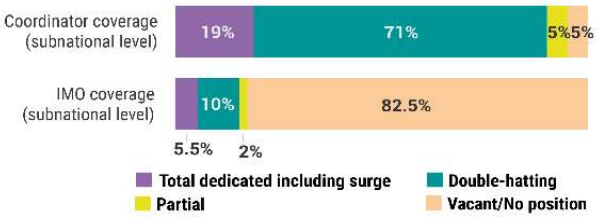
Almost three quarters of mechanisms (72%) had a subnational presence, totaling 1,134 clusters/sectors at the subnational level. South Sudan, Somalia and Sudan had the largest subnational footprints in terms of the number of locations. WASH and the GBV AoR were the clusters with the most subnational presence, followed by Health, Education, Protection, and Food Security equally.

A breakdown of organizations leading/co-leading and co-chairing subnational clusters/sectors is provided below. Notably LNA (government) filled 18% of all such roles while LNA (NNGOs) filled 8% of all subnational roles.

Breakdown of lead, co-lead, co-chairs at the subnational level

Subnational cluster/sector capacity

In terms of capacity, fewer than a quarter of mechanisms had dedicated coordinators and 5.5% of subnational mechanisms had dedicated IMOs. oPt (67%), Mozambique (60%), Yemen and (57%), were the countries with the highest levels of dedicated cluster coordinators. For IMOs, these were oPt (44%), Mozambique (40%) and Yemen (27%).



Other subnational mechanisms

Area-based and localized mechanisms

In addition to subnational HCTs and ICCGs, a diversity of other localized coordination mechanisms were present in over two thirds of operations. Adapted to the to their contextual requirements, these mechanisms ranged from provincial or departmental-level coordination down to the deep field level coordination set-ups

In Afghanistan, Operational Coordination Teams (OCTs) at the provincial level supported emergency assessments, response and early recovery within specific provinces. In the DRC, OCHA facilitated decentralized coordination forums (Coordination Opérationnelle Humanitaire Provinciale - COHP- and Relais Humanitaire) covering 5 provinces. In Colombia, hybrid humanitarian-development-peace coordination bodies called Local Coordination Teams coordinated humanitarian response to emergencies, protection and development initiatives across 15 departments most affected by internal conflict. In South Sudan, NGOs working in remote locations carried out coordination functions supported by dedicated OCHA focal points. In specific areas of northeast Syria, response was delivered both by humanitarian partners as coordinated via the HCT in Damascus, and as coordinated via the North-East Syria NGO Forum (NES Forum), as part of an agreed Whole of Syria IASC coordination architecture, including sectoral and inter-sectoral coordination. In a number of countries, these subnational mechanisms were chaired or co-chaired by local authorities, for example in Niger, Madagascar, Mali and Zimbabwe.

Subnational Rapid Response Mechanisms (RRM) were present in eight operations (Cameroon, CAR, Chad, Ethiopia, Mali, Mozambique, Niger, Yemen). In CAR, for example, the RRM had 5 operational bases covering approximately 75% of the country in addition to a mobile team based in Bangui. In Niger, RRM mechanisms were present in Diffa, Tahoua, Tillaberi and Maradi.

Language and translation

In terms of the language used in meetings 74% of clusters/sectors at the national and 89% at subnational levels reported using an official or local language of the country of operation.[18] Just under a quarter of cluster/sectors (22%) that did not use official or local languages in meetings reported providing translation capacity at the national level at least half the time. At the national level, French was reportedly used as an official language in 32% of all clusters as a main language or in conjunction with other languages, followed by English (16%). Most mechanisms used multilingual staff, participants, or members to translate as needed. Several mechanisms reported making available meeting minutes and other written materials in the official or national language of the country of operation.

[18] In many countries, English and French are the official language.

Other coordination

30 CASH AND VOUCHER ASSISTANCE (CVA) WORKING GROUPS	Cash and voucher assistance (CVA) was considered the default response option by 21 of 30 HCTs (70%). In some of the remaining operations, CVA was used extensively but was not the default option (e.g. Yemen, Colombia, Afghanistan, Iraq) or was being scaled up (e.g. oPt). In some countries specific contextual constraints impeded CVA response (e.g. suspension of CVA by the government in Venezuela, or liquidity challenges in Libya). CVA groups were recorded in all operations, 66% of which reported to the ICCG.
46 NGO NETWORKS MAPPED	In total, 46 NGO consortiums represented the NGO community on a range of coordination fora (HCTs, ICCGs, and other bodies) in all but three operations (Chad, Honduras, Yemen). National NGO consortiums were present in 14 countries and in total made up 35% of all consortiums. INGO consortiums were 48% of all consortiums while joint INGO and NNGO consortiums made up 17% and were present in Afghanistan, Haiti, Iraq, Niger, Somalia, South Sudan, Syria – Gaziantep.
15 RAPID RESPONSE MECHANISMS	Fifteen operations [19] 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 four managers – with UN agencies (53%) and international NGOs (43%) accounting for most of the 30 manager roles. Just under half of RRMs reported to ICCGs, with others reporting to clusters, HCTs, independent bodies or donors (for example ECHO).
13 HDN FORUMS	Thirteen operations reported having humanitarian-development nexus (HDN) platforms. Most consisted of a broad range of government, development, peace, and humanitarian actors at strategic and technical levels. Two operations reported having HDN forums at the subnational level (Myanmar and Iraq).

[19] Afghanistan, Burkina Faso, Cameroon, Central African Republic, Chad, Colombia, Ethiopia, Libya, Mali, Mozambique, Niger, Nigeria, South Sudan, Sudan, and Yemen.

Data collection process

In total, 30 operations (31 locations) were invited to participate in the data collection process and submitted data. Two questionnaires were used covering these areas: (i) HCT, ICCG, and cross- cutting issues (completed by OCHA country offices); and (ii) cluster/sector coordination (completed by country-level cluster/sector coordinators). The questionnaires were based on previous data collection exercises and consultations with Global Cluster Coordinators, thematic focal points, and relevant OCHA entities. Remote support was provided by OCHA and the Global Clusters.

To collect the data this year, a platform was used that integrates the KoBoToolbox survey tool[20] – widely used by humanitarians and used for this survey in previous years – with the HPC.tools platform developed by OCHA to support planning and monitoring of the HPC. This allowed for leveraging both the flexibility and familiarity of KoBo and the structured collection workflow processes of HPC tools, enabling respondents to start with surveys pre-populated with previous data, save their progress and return later, and to collaborate and consult with others (e.g. cluster co-leads) prior to submission. Further improvements are planned for next year, after a more thorough evaluation of feedback about this year's survey.

Data was cleaned by OCHA and shared with Global Clusters for validation. The data collection process concluded on 8 September 2022.

As with any data collection, and particularly one where a high volume of data is collected 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

[20] Please see https://www.kobotoolbox.org/

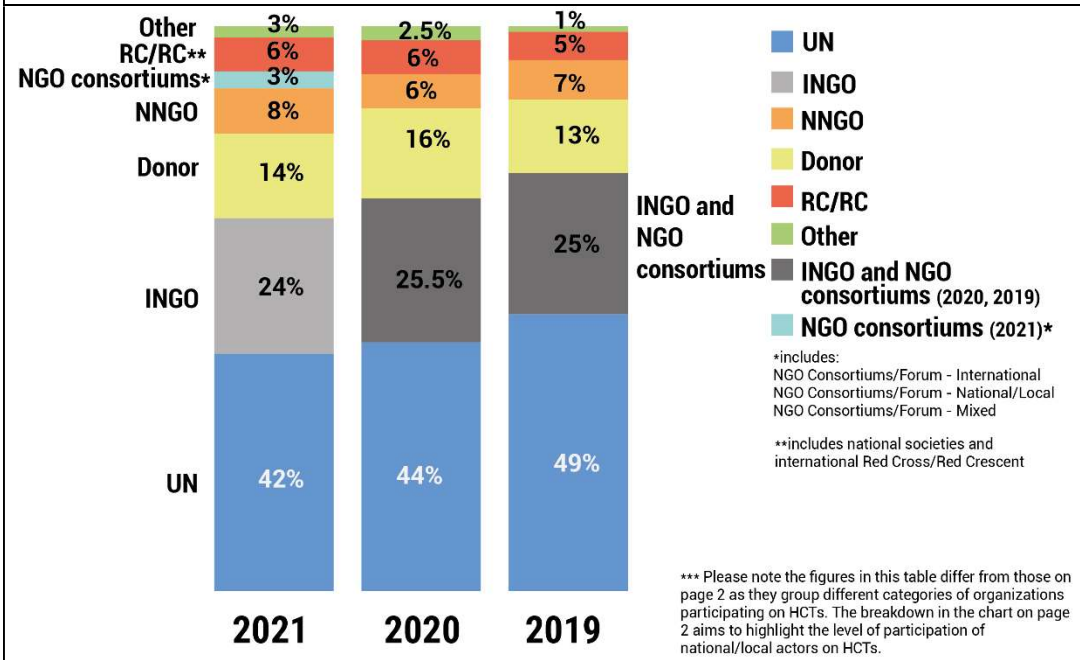
ANNEX 1 – DATA COMPARISON 2019-2021 – GENERAL & HCT

General

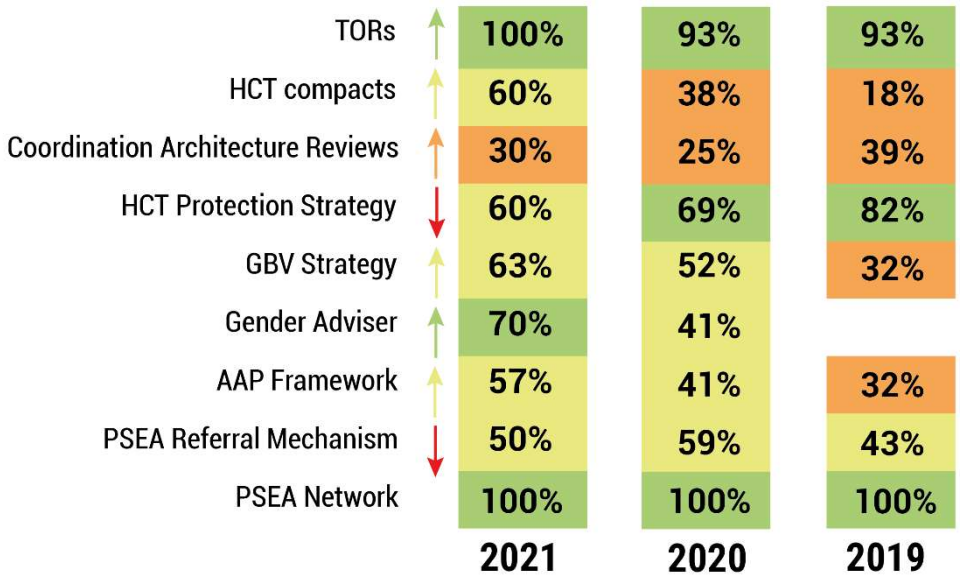
	2021	2020	2019
Structures mapped	Over 2,400	Over 2,200	About 2,000
Operations	29	28	26
Locations	31	30	28

HCT

HCT composition



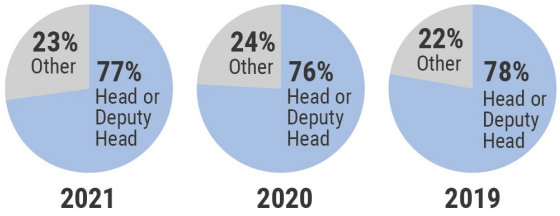
HCT- Alignment with IASC requirements



ANNEX 2 – DATA COMPARISON 2019-2021- ICCG

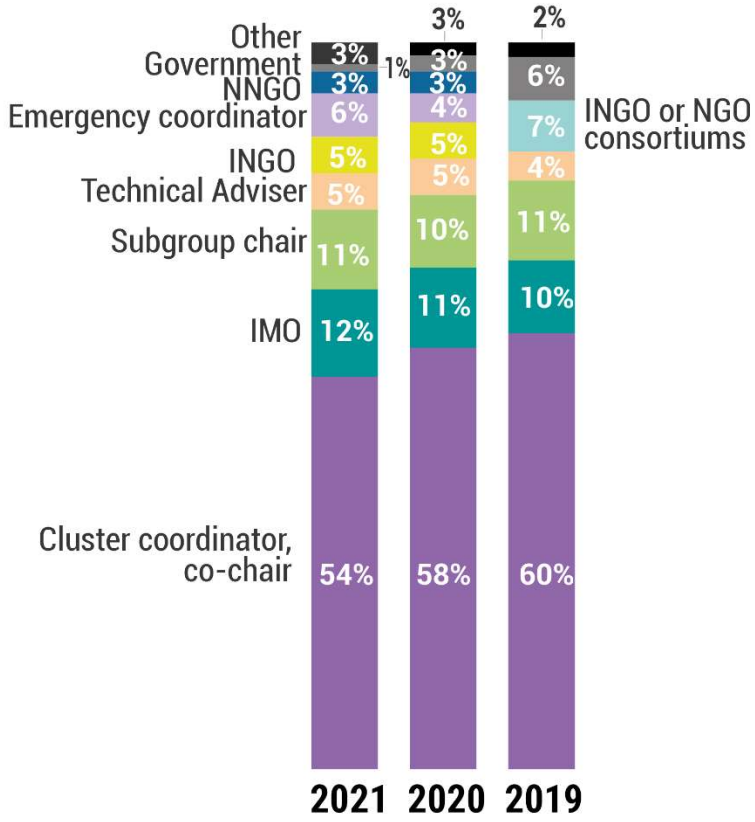
ICCG

ICCG chair seniority



ICCG responsibilities

ICCG membership composition



ANNEX 3 – OTHER COORDINATION - ADDITIONAL DATA