Global Cluster Coordination Group (GCCG) meeting – 13 January 2021 Summary of discussion and action points

Participants: Monica Ramos, Global WASH Cluster (GWC); Linda Doull, Global Health Cluster (GHC); Miguel Urquia and Ela Serdaroglu, Global Shelter Cluster (GSC); Stefano Fedele, Global Nutrition Cluster (GNC); Dher Hayo and Wan Sophonpanich, Global Camp Coordination and Camp Management Cluster (CCCM); Bruno Minjauw, Global Food Security Cluster (GFSC); Athalie Mayo, Bruno Vandemeulebroecke and Sean Price, Global Logistics Cluster (GLC); Christelle Loupforest, Mine Action Area of Responsibility (MA AoR); Maria Agnese Giordano and Anthony Nolan, Global Education Cluster (GEC); Jennifer Chase, Gender-based violence Area of Responsibility (GBV AoR); Jim Robinson, Housing, Land and Property Area of Responsibility (HLP AoR); Brent Carbno, Global Emergency Telecommunications Cluster (GETC); Roberto Paganini, Global Early Recovery Cluster (GERC); William Chemaly, Global Protection Cluster (GPC); Erik Kastlander, Information Management Working Group (IMWG); Marina Skuric-Prodanovic (GCCG Chair); Randa Hassan, Annarita Marcantonio, Mate Bagossy (GCCG Secretariat).

Invitees: Ms. Alice Obrecht, ALNAP; Ms. Kelly David, OCHA IAHE; Ali Buzurukov, OCHA; Kimberly Lietz, OCHA

Summary of discussion		Action points	
The upd	CG Chair provided an overview of the draft agenda which was adopted. late on the GHRP will be moved to the next GCCG meeting, on 27 January 2021. Follow-up on previous GCCG meetings (action points, summary record, etc) Sudan: No further information received from Sudan on the potential for a support mission mentioned in the last meeting. OPAG: GCCG-S to further follow up with the IASC-S on final outcome of OPAG discussions in order to be able to proceed further on the revision of the GCCG TOR. HNPW: No inputs have been received so far from GCCs regarding suggested topics	1.	GCCG-S to revert to GCCs with more information on possible Sudan request for support mission from GCCG
(iv)	for HNPW sessions. Coordination mapping: Nearly all GCCs have already shared their list of in-country FPs for the annual coordination mapping exercise, which is expected to start in two weeks. The GCCG Chair thanked contributors to date and said GCCs would be informed about next steps by GCCG-S.	2.	GCCs to provide suggestions they may have on HNPW sessions.
(v) (vi) (vii)	Meeting of all the IASC Results Groups (RG) Chairs/Co-chairs with Associated Entities Chairs to be held on Tuesday, 19 January. The GCCG-S has not yet received suggestions from the GCCs on how to move forward with the interaction with the RGs. Honduras update: The RC has shared a letter with the HCT requesting cluster activation, but the HCT had not reached consensus on this. Mozambique update: Following the activation letter from the RC/HC to IASC Principals, some issues need be addressed at country level. An HCT meeting was meant to take place on 6 January but was postponed. GCCG-S will revert with any further updates.	3.	GCCs to share suggestions of issues the GCCG can raise at the upcoming RGs meeting on 19 January
back to I meeting	CG Chair thanked all GCCs who have contributed with their inputs to the 'Stepping look forward' exercise, remarked on some of the positive progress made since the last and requested that GCCs finalise outstanding contributions so that a general meeting set up, likely towards the end of January.		
deactiva on occas	CG-S clarified, responding to questions from GCC, that clusters in Pakistan were sted at the end of 2019 and were not reactivated as well as that CERF allocations can, sion, target countries where clusters are not activated. Ms. Kimberly Lietz, from OCHA, and that Pakistan was involved in the HPC process this year.		
2.	Update on the HPC		
Ms. Kimberly Lietz, from OCHA/APMB, provide an update on the HPC, highlighting the following:		4.	GCCG-S to share with the GCCs

Summary of discussion **Action points** Four HNOs have been finalized and published: Afghanistan, CAR, DRC and Libya. links to the tools Two HRPs have been published: Afghanistan and CAR. OPT has published 'Working Draft' by email, so that documents, branded as such as there will likely be a few modifications made, and for political the field Clusters reasons. Ukraine, Ethiopia and South Sudan are expected to by the end of January. 28 can also benefit from this. countries are anticipated to produce HNOs and HRPs for the 2021 cycle. As we look toward the conclusion of the 2021 planning cycle, we are moving forward with preparations for the two annual evaluative exercises: the Muti-Partner Review, and the Quality Scoring. Multi-Partner Review (MPR): The MPR was introduced last year in association with the rollout of the enhanced humanitarian cycle approach and is used to inform the continued evolution of the HPC. It comprises three elements: A country-level After Action Review (usually undertaken by ICCGs and coordinated by OCHA): An online survey to all partners involved in the HPC allowing them to provide feedback in a confidential manner, and; information from individual agency, cluster, AoR reviews. The survey will be released in the next few weeks, and the first round of analysis produced in late February/early March. The survey will be left open longer this year, to allow for rolling inputs from those countries who complete their HPC process later and to increase the response ratio. Information will be periodically analysed and updated. A GCC asked if HNOs and HRPs that are regularly shared on Humanitarian Info could be uploaded and stored together in an easy-to-access platform. Ms. Lietz created a Dropbox into which finalized published documents uploaded: all and will be https://www.dropbox.com/sh/q8oqh529fb6cqy1/AAC3sOvny0wO76VdFih FPIHa?dl=0 while those managing OCHA's online services are approached about a longer term solution

The HPC Quality Scoring is an annual exercise that assesses the HNO and HRP documents against a set of quality standards which aim to ensure the documents are relevant, credible and useful. The information is used to for a number of reporting requirements (I.e. FCDO Payment by Results, Grand Bargain, Gender Accountability Framework, other), serve as a benchmark, and identify areas for support or guidance by OCHA, clusters, agencies and/or donors. The criteria focus mainly on the inter-sectoral elements but are equally relevant to the individual sector pages, for which they can be easily adapted The following links were shared: HPC Table: https://docs.google.com/spreadsheets/d/10Swa-

KH19f07imlNtAZewsyPtDwuLK6cANTRH9AMajg/edit?usp=sharing

2020 Multi-Partner Review Report:

https://www.dropbox.com/s/sqpkcaqzicnetrc/HPC%202020%20MPR%20Report%20-%20Final.pdf?dl=0

2020 HPC Quality Scoring Protocols:

https://www.dropbox.com/s/qwb06ebjw5mclh9/HPC_QS_2020_Approach%20and%20Protols%20FINAL.pdf?dl=0

Summary of discussion	Acti	ion points	
3. The State of the Humanitarian System		•	
Ms. Alice Obrecht, from ALNAP, presented on the State of the Humanitarian System Report (SoHS):		GCCG-S and ALNAP to convene a	
The Report's aim is two-fold: (1) to provide a comprehensive description of the international humanitarian system through demographic and financial data; (2) to provide a longitudinal assessment of the performance of humanitarian assistance and protection efforts. The current, fifth report, will cover the period from 2018 till December 2020. Data collection started in September 2020 and will continue until November 2021, with the aim of publishing the report in the summer 2022. Ms. Obrecht highlighted a few changes that would occur in the next report and requested the GCCG's help with data collection. Ms. Obrecht added that the methodologies have not significantly changed from previous exercises as there is a need to collect comparable data.		meeting in order to compare and discuss their respective data collection indicators	
 The main changes for the fifth edition include: Increased participatory aspects of the research Expanding how the report looks at 'the system' and how it sits within a broader context of conflict and disaster relief – understanding better local actors and responses Added a focus on COVID and on diversity and inclusion issues Improvement of perception-based data collected from humanitarian practitioners More focus on collecting objective data More emphasis/focus on certain performance issues/criteria than on others Understanding the 'nexus' and its impact on humanitarian performance Mortality data in crises Use of innovation and data technology & its impact on humanitarian performance Assessing progress and issues in localization (partnering with NEAR Network to apply their localization performance indicator for Turkey and Somalia) 			
 Ms. Obrecht requested the GCCs support regarding the following: Dissemination of surveys for humanitarian practitioners Availability for key informant interviews Sharing sector-specific performance data 			
The GCCG chair thanked Ms. Obrecht for the presentation and commented that since the GCCG will also be mapping coordination structures, it would therefore be good to coordinate and to prevent a duplication of efforts. Ms. Obrecht clarified that this should not happen as capitalizing on other data sources is part of ALNAP's approach. She expressed an interest in a follow up call for discussing/comparing indicators and plans.			
Responding to questions from GCCs, Ms. Obrecht specified that the name of the tool used to frame localization is the 'NEAR Localisation Performance Measurement Framework'.¹ She said that ALNAP will be looking for non-perception based data about cluster performance in order to understand up to what degree humanitarian assistance meets its objectives.			
A GCC suggested to include in the next report SRH mortality data in the Health Cluster under UNFPA and IAWG, and ALNAP said it would follow up. A GCC expressed the hope that ALNAP will look at Women-Led Organizations under localization.			

 $^{^{1} \,} Link \, to \, the \, document: \, \underline{https://ngocoordination.org/system/files/documents/resources/near-localisation-performance-measurement-framework.pdf}$

Summary of discussion	Action points
4. Inter-Agency Humanitarian Evaluations: recommendations from evaluations	
Ms. Kelly David, Chair of IAHE (Inter-Agency Humanitarian Evaluations) OCHA, provided the following update on the IAHE:	
 The IAHE Steering Group is composed of the Evaluation Directors of participant organizations. IAHE has conducted dozens of system-wide humanitarian evaluations since 2008, informing major policy initiatives and becoming the most relevant body conducting joint humanitarian evaluations. IAHE evaluations focus only on collective action, and not individual agencies. The ultimate goal of IAHE evaluations is to ensure collective learning and accountability to shape future responses. 	
 A few examples of present or recent evaluations are: the first ever evaluation to examine a drought year by year in Ethiopia; the Mozambique cyclone Idai evaluation of the Scale Up Protocols; and the first thematic evaluation of the ability of humanitarian community to implement tools and frameworks on gender. 	
Going forward, IAHE will be launching an evaluation of the Yemen response as well as an evaluation of the Global Humanitarian response to COVID-19.	
Ms. David shared some suggestions on how the IAHE could benefit of more engagement with the GCCG:	
 Annual consultations on the IAHE forward work plan to hear the GCs priorities and suggestions. Working more closely with the GCCG for GCs inputs during all stages of the evaluation - from inception, in helping identify KIs through to global level validation workshops and receiving GCs comments on draft reports if feasible. 	
Responding to questions on the management response to evaluation recommendations in recent evaluations, Ms. David clarified there is a process outlined in the IAHE guidelines for the ERC to seek management response from the HCT at the country level and from IASC decision makers at the global level. The HC/HCTs for Ethiopia and Mozambique have developed strong response plans. However, due to delays related to the pandemic, OPAG and EDG decision makers have yet to be briefed on the findings of the Ethiopia and Mozambique IAHEs, although discussions are underway for this go forward.	
Ms David agreed with the suggestion that a summary of cluster specific recommendations from the most recent evaluations be shared with the group to facilitate follow up by the global clusters.	6. GCCG-S to follow up with IAHE on the summary of
A GCC suggested that global clusters are notified of evaluations in advance. This would help them to support country teams as needed and also make suggestion to evaluators on issues that should be given more attention.	cluster-specific recommendation / GCCs to follow up as needed once
GCCs broadly agreed with the suggestions made by Ms. David on follow up / greater coordination between the GCCG and IAHE.	received.
Ms. David concluded by saying that because all IAHE documents and evaluations are made public, this needs to be taken into account when recommending any evaluation topics to the IAHE SG to consider undertaking.	
5. Update on COVID-19	
Ms. Linda Doull, Global Health Cluster Coordinator, updated the GCCG on COVID-19 global trends:	
 The update uses data collected from 4 to 10 January 2021. Case numbers are escalating at rapid pace, have reached 90M cases, approaching 2M deaths. The last quarter of 2020 was particularly important in acceleration trend. The Americas and Europe accounted for 87% of global cases. 	

Summary of discussion **Action points** The biggest increase in last weeks is from Africa region; with decreasing trend in the Eastern Mediterranean and South-East Asia regions. The main drivers of infection are inconsistent compliance with health measures, emergence of new variants with higher transmission rates. Only around 50% of reported cases are age and sex disaggregated. The general view is that middle aged groups are more affected because they socialize more whilst older age categories tend to be more careful and abide better by public health and social measures. Numbers of cases among the female population affected are increasing, possibly due to them being caregivers and their bigger presence as health workers (70 per cent of health workers are female). The death rate is higher rate in older groups, males are more predisposed, possibly for biological reasons. In terms of children, there is a slightly growing case number, but not of significant concern. However, the role of children in transmission needs more analysis and research on this aspect is ongoing. WHO is finalizing the new Strategic Preparedness and Response Plan for 2021, built on what was learned during the last 12 months. It has eleven pillars, vaccination being the only new one. Ms. Doull also mentioned the Buffer concept and principles approved by the Global Alliance for Vaccines and Immunization (GAVI) Board on 17 December 2020. GAVI, WHO and the IASC WG on the Buffer are now working on: • Scenarios where the Humanitarian Buffer (HB) would apply Missed communities/ populations' that the Government does not recognize or refuses to serve; Conflict settings / non-Government controlled areas; Unexpected influx of refugees; 'Uncounted' or invisible populations Eligibility, partners and target populations Applications, approval & oversight (including liability/indemnity) Operationalization, different vaccines, logistics Including humanitarian expertise in the allocation decision processes Discussion in how allocation process can be as independent as possible A GCC enquired about the WG / relationship to the IASC, to which Ms. Doull replied that there is an ongoing discussion on the form in which the group continue. Responding to other questions, she underlined the logistical challenges presented by the limited visibility on national vaccine development plans. Information on who is or is not included in plans is currently hard to obtain. A GCC enquired how other clusters could support the strengthening of health systems pending the arrival of vaccinations, considering delays in vaccination even in developed countries. Ms. Doull concluded by informing the group that the essential health services pillar continues within the new WHO SPRP and that results from a second pulse survey on health service availability and access across all countries will be available end January. 6. AOB **Burkina Faso:** 7. The GCCG-S will The GCCG-S has received a training request support for the ICCG in Burkina Faso (including share with GCCs reviewing some essentials on cluster and inter-cluster coordination) which will probably require by email more a couple of hours for an online training in January. More details will be shared by email with details on the the GCCs and GCCs are encouraged to volunteer to take part. Burkina-Faso support request Upcoming GCCG meetings: 27 January 2021, 10 February 2021

Forward agenda – 27 January: Debriefing from P2P mission to Libya by Kevin Kennedy

- Debriefing from the RGs meeting to be held on 19 January
- Follow up on OPAG IASC associated entities.
- GHRP update