Participant/Global Cluster: Linda Doull (GHC), Mary Jelliti (GLC), Jim Robinson (AoR Housing, Land and Property), Ruxandra Bujor (CCCM), Peter Kozelets (GPC), Julie Bara (WASH), Marie-Helene Kyprianou and Abdul Majid (GFSC), Caroline Teyssier (ETC), Michelle Brown (GEC); Nisar Syed (UNICEF-led Global Clusters Rep), Brett Moore (GSC), Briony Stevens (GNC); Marina Skuric-Prodanovic (Co-Chair), Annarita Marcantonio, Randa Hassan and Muchun Wan (GCCG-s).

Invitees: Stephen O'Malley (P2P), Fernando Hesse (OCHA Mozambique).

Summary and action points

Welcome and agenda overview

1. Ms. Marina Skuric-Prodanovic, GCCG Co-Chair, welcomed participants and provided a brief overview of the agenda. She noted that Ms. Mary Pack would not be able to attend the meeting. No proposed changes to the agenda were brought forward and the agenda was adopted.

Briefing on Operational Peer Review (OPR) in Somalia and toplines on OPR in Syria

2. Ms. Skuric invited Mr. Stephen O'Malley from the Peer-2-Peer Project to brief on the outcomes of the Operational Peer Review (OPR) in Somalia. Mr. O'Malley provided context to the OPR – the scale-up was declared in August 2022, while the OPR was conducted in May 2023. The delay was due to the time needed for the response to be put in place and its scheduling coincided with a change in HC. The mission was led by Martha Ruedas and team members included representatives from IOM, UNFPA, Save the Children (UK) and Al Sham Humanitarian Foundation. The mission was able to travel to different places in the field.

3. Mr. O'Malley outlined the key findings of the OPR:

   - The major injection of funding was effective in preventing and responding to famine in Somalia. Resources started to flow at a time when financing was declining and agencies were cutting the size of their presence and programmes.

   - Regarding the scale-up itself, the timeliness and quality of disbursement of funds was highlighted as it was uneven across the country. There were also issues of high turnover of staff with surge, and constraints on humanitarian access despite the efforts by the new head of DSS. Moreover, not enough attention was given to IDPs, for instance, with very limited services provided to IDP settlements. Mr. O'Malley also highlighted the way in which the ICCG was functioning, with clusters working in siloes and a disconnect between the national and sub-national coordination structure. Although the HCT was actively involved in operational issues, its work had not filtered down to the field level or been tracked for implementation. Hence, it was proposed to reassess the coordination structures, for example by reviewing the ToR of the ICCG regarding its operational coordination role, and ensuring better coordination between the HCT, as well as national and subnational coordination.

   - The decision to prioritize certain clusters was questioned by the mission. One concern was that it may lead to other clusters being deprioritized. The mission team was not able to assess if the decision impacted in any way on the other clusters or the response, but it was suggested to keep balance in emergency settings and to keep all the clusters functioning at the same speed.

   - Data sharing and management was a major impediment that was highlighted by partners: lack of common registration system, or lack of available updated data, were highlighted. The proliferation of community feedback mechanisms also did not assist in moving forward on cross-cutting priorities. The mission hence suggested a harmonization of data sharing arrangements. It also recommended that data sharing in scale up should be part of any scale up response. Inclusion of local responders was also problematic. They were not sufficiently included in decision-making. They were also faced with bureaucratic impediments at the federal and regional level.

   - Regarding the risk management unit, there was insufficient attention to keeping it fully staffed.

   - Inadequate investment was made in resilience, prevention and risk mitigation. Nexus activities were not fully reflected in the response. Efforts to establish basic services and durable solutions were made, but there was no real articulation of the humanitarian - development response. Even

though there were some links, for example through a humanitarian liaison officer from the World Bank, who engaged actively in meetings, no links were established between the UN, the World Bank and the government of Somalia.

4. The floor was opened for discussion. Ms. Linda Doull (GHC) pointed out that the decision to prioritize certain clusters was evidence-based. She acknowledged that it might be the use of the word "prioritization" that raised concerns. With regard to the nexus, Ms. Doull clarified that the health cluster is currently supporting nexus initiatives in Somalia in relation to primary healthcare. Mr. O'Malley agreed with Ms. Doull's suggestion that the messages could come across differently and suggested better storytelling on the nexus projects in Somalia. He also acknowledged that there was no objective measurement of the potential negative consequences associated with the decision to prioritize clusters. Mr. Brett Moore (GSC) noted that the success of humanitarian-development process may vary significantly in Somalia depending on locations. At the national level, the situation could appear slow-moving, but at subnational locations it may be taking place at a different pace or direction. He suggested that as discussions around nexus and related issues continue to mature, a better understanding on how to effectively implement these strategies would emerge. Ms. Skuric suggested that GCCG supports the ICCG by looking at its functions. Mr. O'Malley acknowledged the risk of oversimplifying the reality of nexus initiatives.

5. In terms of key areas of interest to the GCCG, Mr. O'Malley noted the dissatisfaction by HCT members on the level of operational coordination performed by the ICCG (vs the time spent on HPC processes) as well as the need to better define the relationship between the ICCG and the HCT. On a wider note, and reflecting a comment made by Ms. Linda Doull, he suggested it may be useful to review instances where HCTs have prioritized certain clusters during a response to identify what was the evidence base for those decisions and what were the consequence (if any) of such decisions e.g. on other clusters' response. The findings could be of particular interest to RC/HCs in sudden onset situations.

6. Mr. O'Malley provided topline messages from the OPR in Syria, noting that the report has not been finalized. He complimented the remarkable work accomplished in the Türkiye and Northwest Syria emergency response. He drew attention to the negative perception of the UN following the decision by Member States not to allow search and rescue and emergency medical teams to enter Syria. Drawing a parallel to the situation in Somalia, Mr. O'Malley highlighted challenges caused by a deteriorating situation coupled with declining funding. Furthermore, he noted that the initial response in Syria lacked essential stakeholders, which posed additional difficulties. Additionally, the system-wide approach, which focused more on the consequences of non-renewal of mandates, did not adequately address the potential risks of earthquakes and natural disasters. The response also lacked sufficient attention to the needs of persons with disabilities in Northwest Syria. Mr. O'Malley concluded that he would provide a fuller update to the GCCG once the draft report was finalized.

7. Finally, Mr. O'Malley noted that a review of the Peer-to-Peer mechanism was being undertaken and suggested an in-depth discussion with the GCCG in October to reflect on findings, issues related to the clusters, and limitations relating to P2P and GCCG missions.

Action points:

i. *GCCG secretariat: Organize an in-depth discussion with Mr. Steve O'Malley on the review of the Peer-to-Peer mechanism in October.*

Operational updates: Mozambique

8. Ms. Skuric welcomed Mr. Fernando Hesse, OCHA Deputy Head of Office, to provide an update on northern Mozambique, in particular the government's emphasis on shifting to development activities and the return of displaced populations amidst funding cuts to humanitarian response. Considering limited resources and a changing operational context, clusters are reviewing their plans for the remainder of 2023 that will then be presented to the government (no revision of the HRP is envisaged). This exercise has highlighted a few gaps and areas requiring strengthening in terms of the clusters' work. At the sub-national level in Cabo Delgado, he brought the below cluster core functions which require attention.

9. Informing the HC/HCT's strategic decision-making: since January 2023, there have been limited, if any, needs assessments and analysis of gaps across and within clusters to inform the setting of priorities. While four OCHA-facilitated inter-cluster rapid needs assessments have taken place, the overall response to

priority needs and gaps remains poor. There is a need for clusters to strengthen their ability in identifying and proposing solutions for emerging needs and formulating priorities based on the analysis of data.

10. <u>Monitoring and evaluating performance</u>: Strengthening measuring progress against cluster strategies/agreed results and recommending corrective action, where necessary, is required. This has not taken place during 2023. Clusters have not conducted monitoring and reporting on activities since January 2023 (except the food security outlook, OCHA 5Ws, and Health Resources and Services Availability Monitoring System). Inputs towards 5Ws have been inconsistent.

11. <u>Building national capacity</u>: Stronger emphasis is needed in working with national counterparts. While some clusters (e.g. Health and Education) have consistent engagement with the government, others still do not have government counterparts.

12. <u>Supporting robust advocacy</u>: Advocacy is an important function in the current context and an operational perspective is critical to guide the HCT. Clusters appear challenged in identifying the key concerns and contributing to HC and HCT messaging. Advocacy on behalf of the cluster, cluster members, and affected people has not taken place.

13. GCCs will have to engage with their respective cluster coordinators as appropriate on the points above. A proposal was made to conduct a joint GCCG/Mozambique ICCG call to support clusters and the ICCG strengthen their functioning, paying attention to the core functions highlighted. GFSC, GEC, WASH volunteered to take the lead. GCCG Secretariat will liaise with OCHA Mozambique to identify an appropriate date and will support in the organization of the call.

Action points

ii.   *GCCs: Engage with respective cluster coordinators in Mozambique as appropriate on the points above to strengthen clusters' work.*
iii.   *GCCG-S, GFSC, GEC, WASH: Organize a joint GCCG/Mozambique ICCG call to support clusters and the ICCG strengthen their functioning.*

DRC: Update on support to DRC ICCG

14. Ms. Annarita Marcantonio (GCCG-s) reminded of the action points from the meeting with OCHA DRC on 14 July, which included inviting GCCs to take action on engaging with their cluster coordinators in the DRC, supporting the ICCG on multi-sector response, and considering how to better support colleagues at the deep field level. She also reminded that the next meeting with the DRC ICCG where multi-sectoral response will be discussed will take place on 28 July. The tools and guidance shared by GCCs, in relation to inter-sector programming and approaches, are available on the GCCG Collaborative Space. GCCG-s will reshare the [link](#) and help any cluster with uploading relevant documents upon request.

Haiti: Global Cluster mission- Key messages

15. Ms. Skuric updated on key messages from recent GCCG mission to Haiti. She noted that an in-depth debrief will take place once all mission members are available.

16. The GCCG mission was composed of four members: Marina Skuric Prodanovic, Co-chair of the GCCG; Astrid Haaland (GBV AoR); Emma Fitzpatrick (GHC); and Julien Marneffe (GPC). Ms. Skuric shared below top line messages:

- Some good progress has been made on the IASC scale-up in the last couple of months; nevertheless, a greater sense of urgency is needed in the response. After the mission's departure, the HCT had requested approval for a 3-month extension of the scale-up expiring on 14 July. Non-extension by the EDG could potentially result in a loss of momentum and progress achieved.
- Significant investments have been made by many CLAs but these have taken time to materialize. Staff turnover and short-term deployments are considerably affecting progress.
- More attention is needed to strengthen the subnational coordination hubs as soon as possible.
- Localization requires sustained efforts; proactive practical efforts are needed (funding, transport) to ensure local and national NGOs can more easily participate in coordination and co-chair when possible.

Key Outcomes from GCCG mid-year retreat

17. Ms. Skuric provided an update on the GCCG mid-year retreat. The draft summary report will be circulated at a later stage. Ms. Skuric briefed on the key takeaways and next steps:

- GCCG Workplan: there is progress across several work areas. It is good to prioritize while also acknowledging that there are areas that have not found momentum or have questions on whether they should be merged.
- On review of cluster reviews, she said it was an excellent discussion with consensus on the need for common messaging and advocacy from the GCCG and non-GCCG entities to communicate about the value-add of clusters in order to influence the direction of ongoing reforms.
- On the localization presentation, Ms. Skuric thanked Ms. Michelle Brown (GEC) and Ms. Jennifer Chase (GBV AoR) for leading the presentation on the localization indicators and discussion that highlighted some of the real challenges faced in operationalizing localization. Ms. Skuric invited Ms. Brown to update the progress in the workstream and the circulated document with proposed localization indicators. Ms. Brown said that comments on the proposed revisions to the localization indicators would be accepted until 25 August. She briefed on the localization webinar for the MENA region in Arabic held on 6 July, attended by 125 attendees. A summary will be shared. The next webinar will be in French in late September or early October.

Action Points:

iv.   GCCG secretariat to contact leads of a number of workstreams to identify support required.
v.   GEC: circulate a summary of the localization webinar.

Updates and follow-up on GCCG action points

18. Ms. Skuric provided an update on recent IASC meetings and pending action points from previous GCCG meetings. The HPC Steering Group (HPC SG) meeting took place on 15 June. Ms. Gemma Connell has taken up the role of chair of HPC SG and chief of the Assessment Planning and Monitoring Branch (APMB) in OCHA. The HPC SG approved the JIAF 2.0 technical manual, which was subsequently endorsed by the OPAG. The Inter-Agency Monitoring Working Group (IAMWG) (Ms. Hassan will attend on behalf of the GCCG until a new GCCG representative is identified) had provided an update to the HPC SG on their work. The IAMWG was tasked to produce a statement document on the challenges of Mandatory Disaggregated Data Reporting as some donors have been insisting on disaggregated data when not relevant to operational decision-making. It was decided that each agency on HPC SG will discuss the document internally. A draft will be shared with GCCG shortly. It was also agreed that IAMWG would produce a roadmap and would have it ready for HPC SG review by mid-July. The next HPC SG meeting will be on 27 July. The IASC Taskforce meeting on 5 July was cancelled.

19. Mr. Abdul Majid (GFSC) briefed on the JIAF 2.0 capacity building trainings aimed at developing experts at global, regional and country levels to support joint analysis. Trainings have been held in Geneva and Nairobi, and further trainings will be held in Istanbul and at the country level. Mr. Majid raised GCC concerns about the short time frame to identify participants, and challenges in funding and visa processes, particularly when the venue changed from Dakar to Istanbul. GCCs appreciated the funding to cover transportation costs; however, many raised said they had missed such information. Mr. Moore (GSC) further commented that IMOs were generally on shorter-term contracts, raising questions about the value-add of investing in staff who may not stay long term. This would be raised to JIAF team to be factored in the future.

20. On IASC Task Force 4 on HDC, Mr. Majid said that the overarching strategy sat with TF 4. It will be shared with all the clusters to encourage all to base cluster strategies be based on the overarching strategy. A new timeline would be provided to the GCCG. Ms. Skuric asked Mr. Majid to relay the point regarding whether GCCG can be involved from a conceptual stage, to which Mr. Majid agreed.

21. On pending action points, OCHA Nigeria was developing a concept note for training on various topics, including sector and inter-sector functions, roles and responsibilities. GCCG secretariat will circulate the note once finalized. GCCG secretariat will aim to schedule a follow-up discussion with Mr. O'Malley on lessons learnt from Ukraine and implications for future humanitarian response in a high-capacity country in the week of 4 September. On the GCCG retreat, a poll had been re-circulated, with 14 responses received. Given the majority of votes, the new dates proposed are 4 and 5 December. The group expressed a preference on Morges as a possible location.

Action point

vi. *GFSC: Mr. Majid to share HDC strategy from TF 4 with all clusters with an aim to have the clusters base their own strategies on the overall strategy.*

Read-out by GCCs from recent annual meetings

22. Ms. Skuric invited GCCs to share feedback from recent annual meetings. Ms. Linda Doull (GHC) reported on three GHC events in June: the Annual Health Cluster Coordination Forum, the SAG meeting and the Annual GHC Partners meeting. She noted that the ongoing cluster reviews influenced various discussions, including coordination at the global level, a shifting of global health coordination based on the lessons learnt from pandemic, a global level pandemic treaty, and a political declaration at the GA on issues of global health. Ms. Doull proposed to have a dedicated session to present results from three reports recently completed by GHC. She further explained that the study on Coordination and Multisectoral Collaboration raised issues about how humanity and coordination links with national authorities, the role of ICCG and relationships with HCT. While the study was specific to the health cluster, Ms. Doull emphasized that some of the learnings could be applicable to humanitarian efforts overall. Case studies presented were Myanmar, Somalia, and Haiti, leading to a vigorous discussion about clusters' capacity to scale up. The notes from this discussion will be shared with the GCCG when ready. GCCG-s will liaise with GHC on scheduling the briefing.

23. Ms. Ruxandra Bujor (CCCM) reported on Global CCCM annual meeting on 13-14 June. It focused on the renewed CCCM strategy, solutions and relevant technical elements, as well as nexus and data sharing. She thanked GCCs for their participation.

24. Ms. Michelle Brown (GEC) reported on the cluster coordinators retreat and annual meeting held on 12-16 June. The retreat focused on cluster core functions and areas for improvement. The annual meeting focused on two main topics: 1) UNEP's presentation on climate change; 2) rapid response and preparedness. She mentioned the launch of toolkit for GEC and an outcome document, which will be shared with GCCG. The document will outline collective actions that the GEC and partner organizations will lead based on the three areas for improvement: 1) inclusion, with a particular emphasis on disability, gender, and other specific targeted groups; 2) learning outcomes in education; 3) data and evidence, primarily focusing on needs assessment and monitoring progress at the current stage.

Action points

vii. *GCCG secretariat: Organize a briefing session on the results of three reports recently conducted by GHC.*

AOB

25. On coordination mapping exercise, Ms. Hassan said that data cleaning and analysis has begun, and results will be made available to clusters in due course.

26. Ms. Skuric noted that the next regular GCCG meeting will be held on 30 August from 14:00 to 16:00 (Geneva time) and suggested agenda items include: follow up on action points and updates; operational updates; presentation on "Nexus Environmental Assessment Tool" NEAT+ and update from GHC on Health Reports. GCCs were invited as usual to suggest other agenda items.