Note on IASC Coordination Structures at Country Level in 2020
22 July 2021

This note summarises data collected through an annual mapping of IASC country-level coordination structures[1] across 28 operations during the year 2020. 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:

- Humanitarian Country Teams (HCTs) strengthened their performance on HCT Compacts, gender-based violence (GBV) and accountability to affected populations (AAP) strategies and PSEA referral networks. At the same time, few undertook an annual review of coordination architecture.
- HCT composition remained similar to previous years, with slight increases in average size and donor membership.
- Inter-cluster Coordination Groups (ICCGs) improved their focus on collective performance reviews, but there was a dip in the development of workplans. As with HCTs, a slight increase in ICCG average size was noted.
- Dedicated cluster coordinator capacity at the national level remained consistent with previous years at around 60%; a slight improvement in IMO capacity (44.5%) at the national level was observed over the last year.
- Fewer than half of the clusters performed a monitoring review and most did not have transition plans.
- The subnational coordination footprint expanded in twelve countries during 2020, with most additional field coordination presence being added in South Sudan, Somalia, Colombia and CAR[2]. A range of subnational coordination modalities were reported to be in place, including area-based[3] and decentralized coordination approaches.
- Efforts to increase the participation of national and local actors in coordination may have contributed to a slight increase in national NGOs holding co-chairing positions at the national level and national authorities at the subnational level. Similarly, the use of national languages in coordination meetings increased at both national and subnational levels over previous years.
- The use of Rapid Response Mechanisms increased in 2020.

Annexes 1, 2 and 3 to this report list the key data points surveyed with a comparison to 2019 figures where available. Coordination structures for refugee or mixed migration responses were not part of this data collection.

General overview

In total, over 2,200 coordination structures were mapped across 28 operations (30 locations, taking into account the three components of the Syria response)[4]. These structures are HCTs, ICCGs[5], clusters/sectors and areas of responsibility (AoR), subgroups reporting to the HCT/ICCG, technical working groups (TWG) 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.
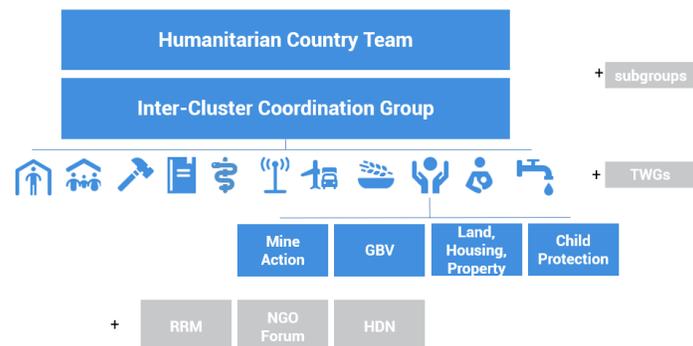
In 2020 the humanitarian landscape at national level comprised:
- 29 national-level HCTs and corresponding ICCGs;
- 298 national-level clusters/sectors/AoRs; and,
- 531 technical working groups.

At the subnational level, the humanitarian coordination footprint included:
- 31 subnational-level HCTs;
- 65 subnational-level ICCGs; and,
- 1,069 subnational clusters/sectors/AoRs present in over 300 locations supporting service delivery at the operational level.

During the course of 2020 the IASC endorsed the activation of five new clusters: four Logistics Clusters (in Ethiopia, Sudan, Somalia, Burkina Faso) and a Shelter Cluster in the Democratic Republic of the Congo.

Humanitarian Country Team (total: 29)

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.[6] In accordance with the IASC Standard Terms of Reference for HCTs, HCT members should be "represented at the highest level (country representative or equivalent)." On average, country directors attended 56% of HCT meetings.[7] Various factors

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contributed to this rate, including organisations being headed by programme staff, vacant country director positions, and rest and recuperation cycles. HCT members were absent from 21% of meetings, although there are significant variations across organizations and operations. The highest attendance rates at the country director level were recorded for the HCT in oPt (94%), followed by Lebanon (79%) and Syria/Damascus (76%).

HCT attendance (all members)			
Country Director 56%	Deputy 10%	Other 13%	Not present 21%

HC attendance (in person or virtually) averaged 77%, with officers-in-charge covering 23% of meetings.The average HCT size was 27 members.[8] Of those, 79% were regular or rotational[9] members and 21% were 'observers' or 'special invitees' – the latter two categories usually composed of representatives of the International Red Cross/Red Crescent Movement, Médecins Sans Frontières, or donors. On average; 39% of HCT members were women.

The UN (44%) together with international/local NGOs and NGO consortia (31.5%) held three quarters of all seats. Donors[10] were recorded on 25 of 29 HCTs, holding a combined total of 129 seats (16%), with the United States, the European Union/ECHO, and the United Kingdom filling more than half of donor-held seats. Four HCTs - Iraq, oPt, Sudan, and Syria/Gaziantep - indicated having separate forums for regular meetings with donors (usually called HCT Plus).

National NGOs (or a national NGO consortium) were present in over three quarters of all HCTs – accounting for 47 HCT seats in total (6%).

The World Bank participated on three HCTs (rarely attending):Chad, the Democratic Republic of the Congo (DRC), and Haiti.

One 'non- traditional' partner – the Organization of Islamic Cooperation (OIC) in Somalia - was part of an HCT.

HCT membership (total: 793) Breakdown of organizations

UN (44%)	INGOs (25.5%)	Donor (16%)	N-NGO (6%)	RCRC (6%)	Other (2.5%)

Notes: * INGOs also includes NGO consortia.

For three operations – Libya, Iraq, and the occupied Palestinian territory (oPt) – the national level HCT was split between two locations due to the operating environment. HCTs were present at the subnational level in ten operations, with some operations having up to seven subnational HCTs (e.g. Sudan) to facilitate coordination and

coherence in response at the localized level (Total: 31 subnational HCTs).

HCTs generally met monthly (55%), with others meeting every one to two weeks.[11]

HCT alignment with IASC requirements

HCTs use tools such as HCT Compacts and HCT Terms of Reference (ToRs) to ensure roles and responsibilities are clearly articulated and to provide a basis for periodic reviews of HCT performance. All but two HCTs at the time of reporting had ToRs. However in many instances the ToRs may predate the IASC Standard Terms of Reference for HCTs established in 2017. HCT Compacts existed in 11 locations and four other locations were in the process of putting one in place.

93%	ToRs
38%	COMPACT (in place)
25%	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 2020, 7 HCTs oversaw reviews of coordinaton architecture during the course of the year.

HCT mandatory areas of responsibility

The IASC has four mandatory areas of responsibility for all HCTs[12]: 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.

HCT protection strategies were in place for 20 operations. (71%) Of these, nine (32%) were reviewed at least once a year. All operations (100%) had inter- agency networks of PSEA focal points.

Regarding PSEA, all operations reported having PSEA networks and 19 of these (66%) had full-time, inter-agency PSEA coordinators supporting and facilitating the network and in-country PSEA implementation. The remaining operations are either in the process of recruiting a PSEA coordinator or use existing staff to fill this role. In total, 17 locations (59%) reported having an inter-agency, complaint and feedback mechanism (CFM) for handling SEA complaints by humanitarian workers.

At the same time, half or less of operations had:
  • a dedicated gender adviser;

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[8] Countries which saw the greatest increase in HCT size are Yemen, Venezuela, South Sudan and DRC.
[9] Donors and NGOs usually hold rotational HCT seats – changing periodically based on established procedures for selecting their constituent representatives.

[10] HCTs that saw the greatest increase in donors are South Sudan, DRC, Yemen, Myanmar and Colombia.
[11] The HCT in Iraq meets every three weeks.
[12] Please see page 4 of the IASC Standard Terms of Reference for HCTs.

- taken account of the 2017 IASC gender policy in their workplan;
- a disability focal point

100%	PSEA NETWORK
69%	HCT PROTECTION STRATEGY
66%	PSEA DEDICATED COORDINATOR
59%	PSEA REFERRAL MECHANISM
52%	GBV STRATEGY
41%	GENDER ADVISOR
41%	AAP FRAMEWORK

Taking a closer look at AAP, twelve HCTs (41%) reported having a collective AAP framework to ensure engagement and communication with affected people, with an additional 11 reporting that a framework was under development. In total, 19 HCTs (66%) reported having a working group on AAP and/or community engagement.

Inter-Cluster Coordination Group[13] (total: 29)

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[14]. ICCGs were chaired by OCHA, at the Head or Deputy Head of Office (76%) or Head of an OCHA Coordination Unit/Humanitarian Advisory Team (21%). Twenty-nine ICCGs operated at the national level. In Iraq and Libya the ICCGs were split between two locations. ICCGs generally met once every fortnight or month (79%); the exceptions were the ICCGs in CAR, Venezuela, Yemen, and Zimbabwe which had weekly meetings.

While the composition of each ICCG varied,[15] it generally consisted of cluster/sector coordinators, information management officers and technical advisers[16]. National NGOs participated in 31% of ICCGs, while four ICCGs included national authorities. The average size of the 29 ICCGs surveyed was 28 members. NGO cluster co-chairs participated in 79% of ICCGs.

90%	ToRs
74%	ICCG PERFORMANCE MONITORING REVIEWS
38%	WORKPLANS

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[13] This also refers to inter-sector working groups.
[14] The Syria response includes two bodies performing operational ICCG functions, hence the total number of ICCGs or equivalent being 29.
[15] Please see standard ICCG Terms of Reference (2017).
[16] One ICCG has a donor (Mali), two have Red Cross/Red Crescent participants, one has a migrant/refugee platform, and one has a member from the private sector (Philippines).

All but three ICCGs (90%) had ToRs, and 38% had workplans during 2020. In many operations this was due to the onset of COVID-19 coinciding with the start of the ICCG annual workplanning cycle. Almost three quarters (74%) undertook an annual performance monitoring 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 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.

ICCGs at the subnational level

Seventeen operations (59%) had ICCGs at the subnational level with a total of 65 subnational ICCGs present across all operations. The average number of subnational ICCGs per operation was four. In some large operations e.g South Sudan, there were up to nine subnational ICCGs providing platforms for subnational clusters and key partners to ensure localized coordination of response activities. The frequency of contact between ICCGs with subnational antennas and their national-level counterparts was as follows: 6% daily to weekly contact, 65% bi-monthly to monthly, while the rest had irregular contact.

HCT or ICCG subgroups (total: 182)

An array of subgroups covering a broad range of technical or thematic areas (including PSEA networks) reported to HCTs and ICCGs. In 2020, a total of 182 such groups were recorded. The four most common were PSEA,Information Management, Cash and Voucher Assistance, Access, and Community Engagement/AAP/CwC (see bar chart on next page[17]). HCT and ICCG subgroups were generally chaired/co-chaired by the UN (76%), with OCHA filling this role nearly half the time. International NGOs and NGO forums (19%), and local/national NGOs and local/national authorities (3%) served as HCT/ICCG thematic subgroup chairs less frequently.

The subgroups co-chaired by national/local authorities included those with a focus on civil-military coordination, disaster risk reduction, cash and voucher assistance, mental health and psychosocial support, and reproductive health.

Cash and voucher assistance (CVA)

Cash and voucher assistance was used across all operations and accounted for an average of 24% of the response across 27 operations[18] with considerable variations (ranging from 5% in Libya to 53% in CAR). In total, there were 27 Cash Working Groups (CWGs), of which 22 reported to the ICCG.[19]

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[17] The category "other" in the chart includes working groups such as Durable Solutions, Returns, Disaster Risk Reduction, Communications, Livlihoods, etc.
[18] Please note that this figure was derived from quantitative estimates provided by 27 field operations and is not based on official financial figures.
[19] Please see page 2 of the standard ICCG Terms of Reference (2017)

Technical / thematic areas of HCT/ICCG subgroups

Area	Value
Cash and voucher assistance	27
PSEA	22
Information Management	21
Access	20
Community Engagement/ AAP/CwC	18
Civil-military coordination	9
Gender	9
Risk Communications and Community Engagement (RCCE)	7
Needs assessment	5
Protection	4
Advocacy	4
Preparedness/ contingency planning	4
Donor	1
Other	31

Clusters/Sectors/AoRs (total: 298 – national, 1,069 - subnational)

A total of 298 clusters, sectors and areas of responsibility (AoRs)[20] 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. Some clusters/sectors – such as Emergency Telecommunications and Logistics – were active in only a few operations, while others such as Food Security, Health, and Shelter were active in all operations. While most instances of clusters mirror 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 (9 instances of merged clusters) or split (e.g. Food Security is split into Food Security and Agriculture in Ethiopia).

Fewer than half of clusters/sectors (42%) have fully completed an annual cluster coordination performance monitoring exercise (CCPM). Around14% have transition plans by which the transfer of coordination responsibilities is planned and implemented.

Cluster/Sector leadership

Country-level leads and co-leads at the national level generally reflect IASC global cluster lead agency (CLA) arrangements, with UN agencies holding most positions. National or local authorities led or co-led 28% of sectors or clusters, and of all cluster/sector leadership roles,19% were filled by national or local authorities.

In addition to leads and co-leads, 46% of cluster/sectors had co-chairs[21] at the national level – 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. Almost all co-chairs were NGOs (84%) – 11 international NGOs held about half of all NGO co-chair seats, while 16 national NGOs and 27 international NGOs

held the rest. The Water, Sanitation and Hygiene (WASH) and Protection clusters had the highest number of mechanisms with co-chairs. There were no operations where all mechanisms in country had co-chairs.

More than two thirds of mechanisms (69%) 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 531.

Topics covered by these groups were broad-ranging; examples included case management, advocacy, assessments, technical guidance development, and cash. More than half of TWGs fell under the Health, WASH, Education, and Nutrition clusters. Most TWGs were chaired by the UN and international NGOs, although 42 national NGOs in a broad range of operations and academic institutions in Venezuela, Myanmar and Sudan chaired some groups.

Clusters/sectors coordinated a combined total of 16,490 partner organizations. This should not be misconstrued as the number of unique partners, as the same entity may be a member of one or more mechanisms. NGOs comprised 76% of membership lists.

A breakdown of organizations leading/co-leading and co-chairing national level clusters/sectors, serving as focal points for subnational clusters/sectors, and serving as chairs of TWGs is outlined below. Notably national NGOs filled 8% of all such roles. A breakdown of cluster membership is also provided.

Cluster/Sector/AoR subnational coordination

Over two thirds of mechanisms have a subnational presence, totaling 1,069 clusters/sectors at the subnational level. Somalia, South Sudan and Sudan had both the greatest number of clusters/sectors and AoRs present at the subnational level, and the largest subnational footprint in terms of number of locations. The Protection and Education clusters and the GBV AoR had the highest number of subnational locations, accounting for one third of all subnational mechanisms.

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[20] The Protection Cluster's 'areas of responsibilities' (AoRs) of child protection (led by UNICEF), gender-based violence (UNFPA), mine

action (UNMAS, HI), and housing, land and property (NRC) are included in this analysis. Click on this link for more information.
[21] Some Global Clusters call this role co-facilitator or co-coordinator.

Cluster/sector leadership – national (total: 298)

Breakdown of lead/co-lead organisations

UN 74%	GOVT 19%	INGO 7%

Notes: Clusters/sectors have one (56%), two (39%) or three (5%) leads/co-leads

Breakdown of **co-chair** organisations

INGO 73%	NNGO 11%	GOVT 10%	UN 4%	RCRC 2%

Notes: 46% of clusters/sectors have co-chairs (82% - one chair, 18% - two chairs).
* More than half of clusters/sectors led by a single agency have a co-chair

Cluster/sector leadership – subnational (total: 1,069)
Breakdown of focal point organisations

UN 54%	INGO 21%	GOVT 17%	NNGO 8%

Notes: * Subnational cluster/sectors are led by one (53%), two (43%) or three (4%) organizations. * 29% (or 85) clusters/sectors have no subnational presence

Technical working groups - TWG (total: 531)
Breakdown of focal point organisations

UN 50%	INGO 23%	GOVT 17%	NNGO 7%	VARIOUS 2% / RCRC 1%

Notes: * TWGs have either one chair (51%) or two (49%). * Other includes academia.

Cluster/sector membership (total: 16,490)
Breakdown of participating organisations

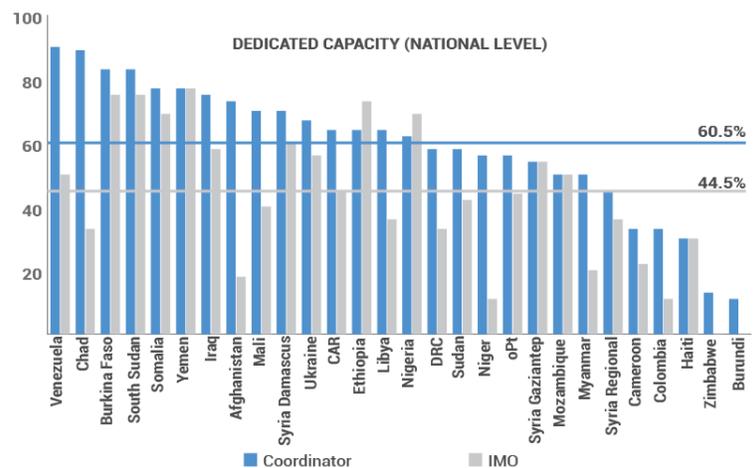| NNGO 44%	INGO 32%	UN 9%	GOVT 5%	DONOR 5%	VARIOUS 5%

Notes: Various (5%) accounts for the International Red Cross/Red Crescent Movement (2%), academia (1%), private sector and IFIs (0.5%) and other organizations (1.5%).
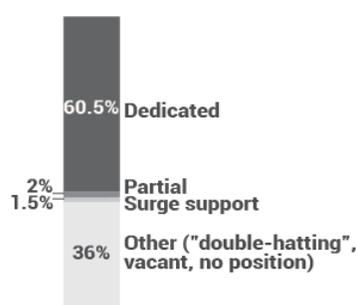
Cluster coordinator and IMO capacity

In terms of capacity,[22] 60.5% of national level clusters/sectors indicated having dedicated coordinators and 44.5% had dedicated information management officers (IMOs). The remaining coordinator and IMO functions generally were filled by double-hatted staff from the CLA, surge support from the Global Cluster or standby partner capacity; in fewer instances the positions were vacant or not established. The graph below displays the average dedicated capacity for coordinator and IMO positions. As a comparison, dedicated coordinator and IMO capacity in 2019 averaged 59% and 34% respectively.
Countries with the greatest increase in dedicated IMO dedicated capacity in 2020 compared with 2019 were Burkina Faso, Sudan and Haiti.

At the subnational level, while a quarter of mechanisms have dedicated coordinator capacity, only 2% of subnational mechanisms have dedicated IMO capacity. Nigeria (74%), Mozambique (64%) and Yemen (61%) were the countries
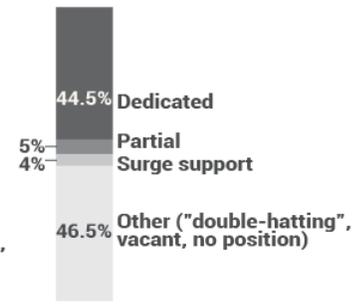
with the highest levels of dedicated cluster coordinator. For IMOs, these were Nigeria (26%), oPt (22%) and Ethiopia (20%).

DEDICATED CAPACITY (NATIONAL LEVEL)

Legend: Coordinator / IMO

Countries (left to right): Venezuela, Chad, Burkina Faso, South Sudan, Somalia, Yemen, Iraq, Afghanistan, Mali, Syria Damascus, Ukraine, CAR, Ethiopia, Libya, Nigeria, DRC, Sudan, Niger, oPt, Syria Gaziantep, Mozambique, Myanmar, Syria Regional, Cameroon, Colombia, Haiti, Zimbabwe, Burundi

Reference lines: 60.5% and 44.5%

Coordinator coverage (national average)

60.5% Dedicated
2% Partial
1.5% Surge support
36% Other ("double-hatting", vacant, no position)

IMO coverage (national average)

44.5% Dedicated
5% Partial
4% Surge support
46.5% Other ("double-hatting", vacant, no position)

Language and translation

In terms of the language used in meetings 74% of clusters/sectors at the national and 88% at subnational levels reported using an official or local language of the country of operation.[23] Around one third of cluster/sectors that did not use official or local languages in meetings reported providing translation capacity at least half the time. Most mechanisms use 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.

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[22] Please note that respondents were asked to choose one of the following options for coordinator and IMO capacity: full-time, part-time (i.e. one position shared by two clusters), "double-hatting"/role carried out by the cluster lead agency, Global Cluster or standby partner surge support, co-supervise with co-lead, vacant, or no position. If full-time and part-time was selected, respondents were also asked to indicate if the position was vacant for three or more months. These options were translated into a scoring system. Dedicated capacity for both posts was determined following this

formula: yes (if at least one full-time or at least two part-time posts were recorded across all entities in leadership roles, without any vacancies of three or more months), partial (only one part-time post recorded across all leads without any vacancies of three or more months), surge (GCC or standby partner support) and no (all other choices selected).
[23] In some countries, English is an official language. If a cluster/sector did not have subnational hubs, this was not factored into the subnational language analysis.

Impact of COVID-19

Most clusters/sectors (65%) reported that the COVID-19 response was coordinated within existing mechanisms whereas 19% of clusters/sectors reported that a new dedicated taskforce or working group was established. The greatest impact on coordination was the shift from in-person to virtual modalities. Clusters/sectors reported the postponement of training and capacity building activities and limited field monitoring as examples of the impact of COVID-19 on coordination. The shift to virtual meetings affected national actors in two ways - where internet connections were accessible and reliable they facilitated coordination by doing away with expensive or long journeys to a coordination hub, while in remote areas with poor internet connections, participation in coordination meetings became challenging.

Other coordination

41 NGO NETWORKS MAPPED	All but three operations surveyed reported having either an international, national/local and/or joint NGO consortium. Chad, Yemen and Ukraine indicated that there was no NGO network at the time of the data collection. Twenty-five NGO consortia had seats on HCTs. In all contexts, these networks supported collaboration and provided a collective voice for NGOs to elevate operational and other challenges.
16 RAPID RESPONSE MECHANISMS	Sixteen operations[24] had 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 varied greatly – ranging from one to four managers – with UN agencies (65%) and international NGOs (35%) accounting for most of the 31 manager roles. Half of RRMs report to ICCGs, with others reporting to clusters, HCTs, independent bodies or donors (for example ECHO, SHF advisory board).
12 HDN FORUMS	Twelve 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. Three additional operations reported having an informal exchange with development agencies occasionally, including having joint UNCT-HCT retreats to strengthen joint analysis and planning.

Data collection process

In total, 28 operations (30 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 consultation with Global Cluster Coordinators, thematic focal points, and relevant OCHA units. Remote support was provided by OCHA and Global Clusters.

To collect the data this year, a new platform was used that integrates the KoBoToolbox survey tool[25] – 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 collaborate 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 29 April 2021. A total of 344 surveys were completed by field coordination staff.

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.

For any queries on this report, please contact ocha-coord-mapping@un.org.

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

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

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General

	2020	2019
Structures mapped	Over 2,200	About 2,000
Operations	28	26
National level locations	30	28

HCT

HCT composition	HCT attendance
HCT- Alignment with IASC requirements	

ANNEX 2 – DATA COMPARISON 2019-2020- ICCG

ICCG Chair seniority	ICCG Responsibilities

ICCG Chair seniority

2020 — Other, 24% / Head or Deputy Head, 76%

2019 — Other 22% / Head or Deputy Head 78%

ICCG Responsibilities

		2020	2019
ToRs	↓	90%	93%
Workplans	↓	38%	61%
Performance monitoring	↑	74%	39%

ICCG membership composition

2020
- VARIOUS: 3%
- GOVERNMENT: 3%
- NNGO OR NNGO CONSORTIA: 3%
- EMERGENCY COORDINATOR: 4%
- INGO OR INGO CONSORTIA: 5%
- TECHNICAL ADVISOR: 5%
- SUBGROUP CHAIR: 10%
- IMO: 11%
- CLUSTER COORDINATOR, CO-CHAIR, CO-FACILITATOR: 58%

2019
- VARIOUS: 2%
- GOVERNMENT: 6%
- NGO OR NGO CONSORTIA: 7%
- 4%
- 11%
- 10%
- 60%

ANNEX 3 – OTHER COORDINATION - ADDITIONAL DATA

Legend: ■ UN ■ GOVT ■ INGO ■ NNGO ■ RCRC ■ VARIOUS

Cluster co-leads at national level

	2020	2019
INGO	7%	7%
GOVT	19%	18%
UN	74%	75%

Cluster co-chairs at national level

	2020	2019
RCRC	2%	1%
UN	4%	5%
GOVT	10%	13%
NNGO	11%	8%
INGO	73%	73%

Cluster co-leads at subnational level

	2020	2019
VARIOUS		1%
NNGO	8%	8%
GOVT	17%	14%
INGO	21%	22%
UN	54%	55%

Technical Working Group focal points

	2020	2019
VARIOUS	1%	1%
	2%	3%
NNGO	7%	8%
GOVT	17%	15%
INGO	23%	25%
UN	50%	48%

Cluster/sector membership

	2020	2019
GOVT	5%	4%
	5%	5%
	5%	7%
UN	9%	9%
INGO	32%	32%
NNGO	44%	43%

Official/local language used in cluster/sector/AoR meetings

National — 2020: 74%
Subnational — 2020: 88%
National — 2019: 59%
Subnational — 2019: 79%

■ Official/local language