Cluster Coordination Performance Monitoring

CCPM Annual Report 2021

Global Health Cluster - April 2022

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Cover photo: A young girl waits to be vaccinated during a World Health Organization (WHO) national polio and measles vaccination campaign in Mogadishu, Somalia. 1 September 2020.
WHO takes the lead in the UN system in promoting and protecting health worldwide.
Photo: WHO Somalia/Ismail Taxta/Ildoog

Contents

ACRONYMS

- **AAP** Accountability to Affected Populations
- **CCPM** Cluster Coordination Performance Monitoring
- **CPQ** Cluster Performance Questionnaire
- **GBV** Gender-Based Violence
- **GHC** Global Health Cluster
- **GHO** Global Humanitarian Overview
- **HC** Health Cluster
- **HCC** Health Cluster Coordinator
- **HCT** Humanitarian Country Team
- **HNO** Humanitarian Needs Overview
- **HPC** Humanitarian Program Cycle
- **HRP** Humanitarian Response Plan
- **IASC** Inter-Agency Standing Committee
- **IMO** Information Management Officer
- **INGO** International Non-Governmental Organization
- **NGO** Non-Governmental Organization
- **PHIS** Public Health Information Systems - Standards
- **UN OCHA** United Nations Office for the Coordination of Humanitarian Affairs
- **WHO** World Health Organization

WHO regional offices

- **AFRO** African Region
- **AMRO** Region of the Americas
- **SEARO** South-East Asian Region
- **EURO** European Region
- **EMRO** Eastern Mediterranean Region
- **WPRO** Western Pacific Region

ACKNOWLEDGEMENTS

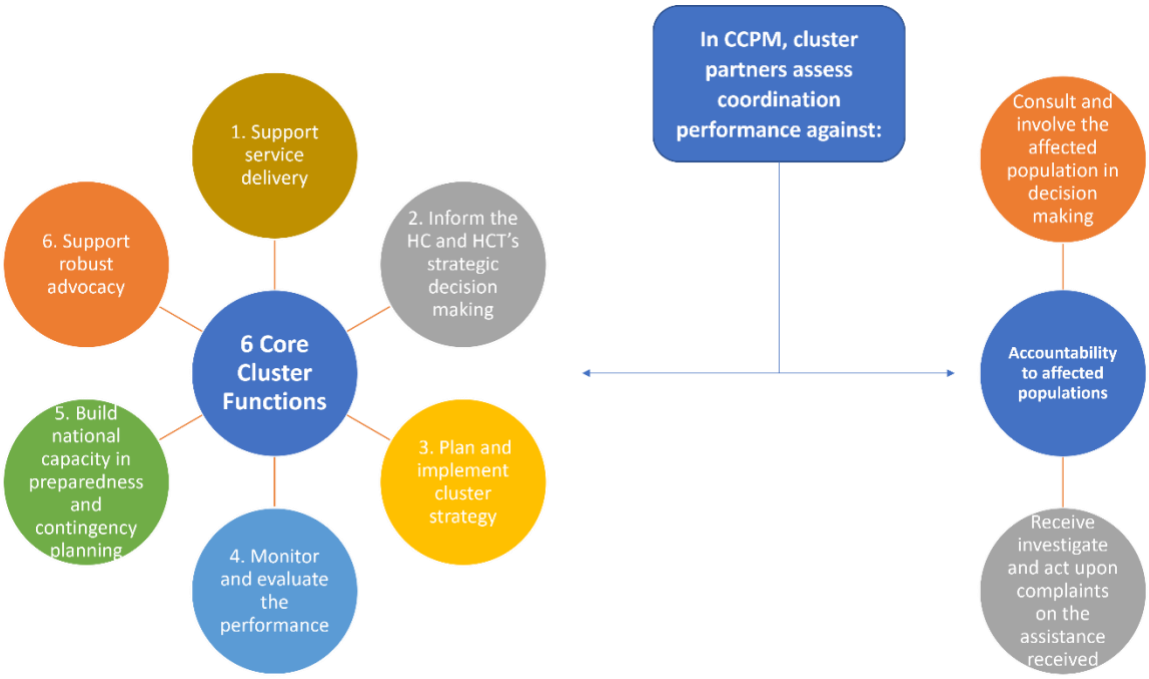
The Global Health Cluster team gratefully acknowledges inputs to the Cluster Coordination Performance Monitoring during 2021. We express our sincere thanks to the Health Cluster international and national partners and their focal points for having taken the time to complete the surveys, to the Health Cluster Coordinators and Co-Coordinators that have facilitated the process within their own country's HC, as well as to the colleagues from the WHO Emergencies Program in the regions that have been supportive of the activities involved in completing the CCPM.

1 OVERVIEW

In 2021 the Cluster Coordination Performance Monitoring (CCPM) took place in 7 out of 30 active Health Clusters. In the African Region (AFRO) Burkina Faso, South Sudan and Niger (including 3 sub national hubs); in Eastern Mediterranean Region (EMRO) Iraq, Libya and occupied Palestinian territory; and in the European Region (EURO) in Ukraine. Please see map detailed below.

This HC representation means that 23% of the Health Clusters (HCs) completed this mandatory exercise, being the least representative number than in previous years. In 2020 59% and in 2019 60%.

The CCPM covered the 6 core cluster functions and AAP, that includes the consult and involve the affected population in decision making, and the reception and investigation and actions upon complaints on the assistance received. On average, showed strong performance in Supporting Service Delivery and Monitoring and Reporting on Implementation of Cluster Strategy and Results



CCPM performance against 6 HC Core functions + AAP

The stress in the health sector caused by the Covid19 pandemic, which impacted the 2020 CCPM exercises, seems to be exacerbated during 2021, including factors such as movement restrictions coupled with limited capacity for meeting face-to-face to collect primary data may have played a significant role in some of the lower scores noted in this report.

Without further investigation, it is not possible to definitively state why some areas appear to be rated lower than expected, but the following possibilities may have impacted cluster performance:

- Shifting to remote meetings, which would rely on strong access to the internet may not be possible for all organizations and might affect certain types of organizations more than others (e.g., national NGOs located in more remote areas)
- Restrictions on collecting primary data face-to-face may have resulted in a greater reliance on only one or two coordinated assessments, limiting the types of analysis the cluster would have the ability to conduct

- All clusters were focusing on the response to COVID-19, on top of the needs they were already responding to. We might assume that perhaps, the Global Humanitarian Response Plan for COVID meant that there were some separate reporting structures that may have placed added strain on cluster resources, and the general focus on the response may have detracted from traditional planning methods.
- Additionally, the deployment of the new system for supporting the CCPM and an important shift in the GHC Information Management team composition could impact the support to the clusters.

Function	Average Performance
Support to Service Delivery	82,38%
Monitoring and Reporting on Implementation of Cluster Strategy and Results	80,24%
Accountability to Affected Populations	75,41%
Advocacy	75,00%
Planning and Strategy Development	74,29%
Preparedness for Recurrent Disasters	74,00%
Informing Strategic Decision-Making of the HC / Humanitarian Country Team	61,14%

Table: Global average performance

At the regional level, the AFRO region was strongest in Supporting Service Delivery. The EMRO Region had lower scores than other regions being stronger in Monitoring and Reporting on Implementation of Cluster Strategy and Results but lower in Informing Strategic Decision-Making of the HC / Humanitarian Country Team. EURO was stronger in Monitoring and Reporting on Implementation of Cluster Strategy and Results but like other regions, will need reinforcement in Informing Strategic Decision-Making of the HC / Humanitarian Country Team.

Function	AFRO	EMRO	EURO	Global average
Monitoring and Reporting on Implementation of Cluster Strategy and Results	79,67%	80,00%	84,67%	81,44%
Support to Service Delivery	84,29%	78,57%	80,71%	81,19%
Accountability to Affected Populations	76,50%	73,00%	78,00%	75,83%
Advocacy	76,00%	72,50%	74,50%	74,33%
Planning and Strategy Development	75,40%	71,80%	74,60%	73,93%
Preparedness for Recurrent Disasters	75,50%	70,00%	73,00%	72,83%
Informing Strategic Decision-Making of the HC / Humanitarian Country Team	63,25%	57,00%	59,00%	59,75%

Table: Regional average performance

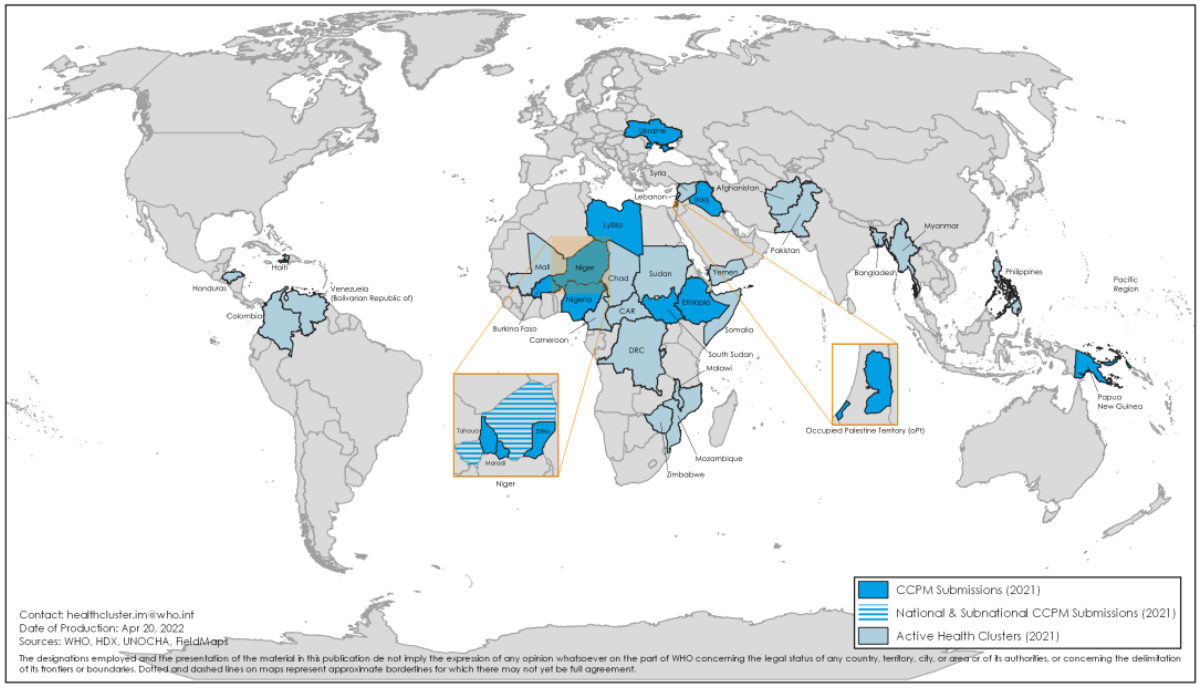
Countries with CCPM for 2021

HEALTH CLUSTER

Cluster Coordination Performance Monitoring (CCPM)

Annual Report - 2021

April, 2022



2 INTRODUCTION

This document presents a brief description of the CCPM and the overview of results obtained from the surveys conducted in the countries. Also, includes a section on findings and recommendations.

2.1 Health Cluster

Health Clusters exist to relieve suffering and save lives in humanitarian emergencies, while advancing the well-being and dignity of affected populations. In 2021a total of 30 Health Clusters/Sectors, including 2 regional coordination mechanisms were working to meet the health needs of more than 120 million of people worldwide, according to the Global Health Humanitarian Overview[1].

For more information, please visit https://healthcluster.who.int/about-us

2.2 Health Cluster Coordination Performance Monitoring - CCPM

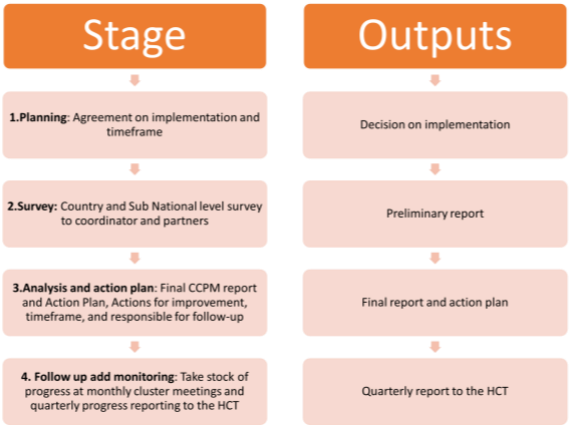
The Health Cluster Coordination Performance Monitoring (CCPM) is a component of the inter-cluster CCPM. It is an IASC mandated self-assessment of cluster performance against the 6 core cluster functions plus Accountability to Affected populations. It is a country led process, supported by Global Clusters and OCHA.

CCPM can be applied by both clusters and sectors and assists in taking stock of which coordination functions work well, and which areas need improvement. Beyond providing an opportunity for self-reflection, CCPM can also help to raise awareness of support requirements and provide a direct opportunity for accountability to all partners.

When is the CCPM implemented?
CCPM exercises should take place according to the following situations.

- In case of a new emergency onset, CCPM must occur in three to six months
- In case of protracted crises, at least once every year
- In case of confirmed weakening of core functions: the CCPM must happen with higher frequently

The four stages of CCPM



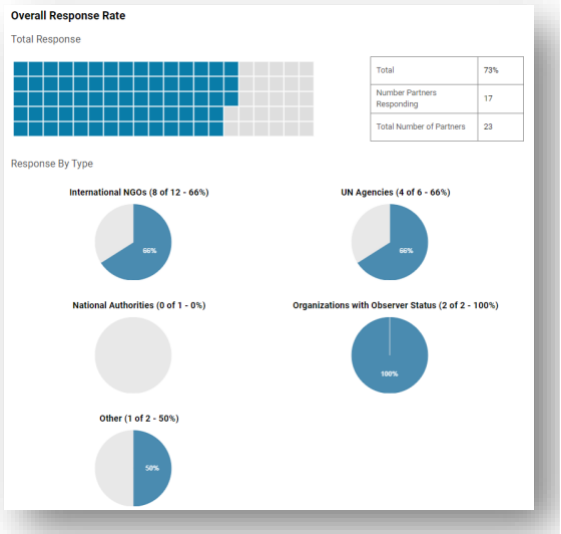
Stages of CCPM: The result of this exercise will help to identify areas to improve coordination performance

[1] GHC (2022) "Global Health Humanitarian Overview". Humanitarian Data Exchange. Available in https://data.humdata.org/dataset/global-health-humanitarian-overview-hrp-data

3 METHODOLOGY

In 2021 a new web tool was developed and deployed to provide support to the clusters in the data collection of CCPM surveys. Located at https:// ccpmghc.org/ the tool allows the creation and assignment of surveys with the same structure, but independent for every country and every sub-national hub, that can be collected in different languages (so far, the surveys are available in English, French and Spanish). Also, the systems allow to prepare surveys for sub national clusters or hubs, and provides a robust database management mechanism, that is also user-friendly and flexible.

Multi-language and multi-survey capacity for each cluster



Example of charts and reports provided by the system to the health clusters

3.1 CCPM 10 steps, process, and timeline

	Preparation			Roll-out				Finalization		
		1 week		1 to 3 weeks			1 week	1 week		
STEP	1	2	3	4	5	6	7	8	9	10
Cluster coordination (national & subnational)	Get familiar with the process and tools	Present the approach during the Cluster Meeting	National level Coordinator to submit one Activation Request Form for both (national and subnational) levels	Transfer of email for partners with Instruction and CPQ	Fill in the Cluster Coordinators' CPQ (20-30 minutes)	Send reminders as required to ensure maximum participation	Retrieve the preliminary report from the portal and share with partners		Write-up the final report	Disseminate the final report
Cluster partners and coordinators		Agree on the approach and timeline during the Cluster meeting			Partners to fill in Partners' CPQ (20-30 minutes)			Hold a meeting to discuss and build consensus on the results, constraints, and way forward that will constitute the basis of the final report	Review the report	
Support functions	Provision of all required background information and support material including standard presentations		1) Adaptation of online questionnaires to the local setting 2) Generation of specific emails to national and subnational coordinators with required instructions and information for both coordinators and partners			Provide feedback on participation rate half-way into the process	Generation of preliminary report in editable version			

The process was led and supported by the GHC unit and entailed the following steps

- Design an analysis plan for the CCPMs completed in 2021 utilizing existing data stored in CCPM-GHC tool
- Gather feedback on process from Health Cluster Coordinators
- Validate the data internally
- Analyze the data at National, Regional and Global level.
- Prepare the final report

The data covered all CCPMs completed at country level from the end of January 2021 to mid-January 2022.

3.2 Technical Methodology

The system allows to fill two different online surveys one targeting cluster coordinators and the other, cluster partners. The surveys were primarily comprised of Likert-type questions[2]. These questions use scaled responses, usually from very positive to very negative. For example, if partners were asked "How frequently they attended cluster meetings", their response options would be: Always, Often, Sometimes, Rarely, Never. These options were then coded from 1 (Never) to 5 (Always). To calculate an overall score, an average was used. The global methodology differs from the country level reports which only look at absolute figures (in this instance, anyone who reported attending cluster meetings was counted in the positive, and only 'Never' counted as negative). Doing this provides an overall figure, but it does not show the variety in the same way a calculated figure can. To keep the results in a similar format, the calculated Likert scores were re-coded into a percentage (e.g. if the average response to "How frequently do you attend cluster meetings?" was 4.3, and the total possible score was 5, the percent score would be 86%.)

3.2.1 Limitations

There are some limitations with this approach as the survey questions do not all use the same scales. In some cases, there may have been more negative options than in others.
To address this issue, the meanings of the various levels were carefully considered during analysis.
The system launched in 2021 helped to standardize the different methodologies used in the previous years and helped to address the limitations identified before, related on the use of different methodologies in the countries. This will help on the comparison over time.

Despite of this, the adaptation of clusters on the use of the system perhaps impacted negatively on the total number of clusters that conducted their CCPM.
Additionally, the Spanish version of the survey was available only by the end of 2021, making impossible for the countries that don't use other languages to use the system.

It is important to note that the CCPM survey is perception-based and does not necessarily provide a concrete means of comparison across health clusters. Even with clear instructions in the survey, it is quite likely that a high score in one location is not equal to the same score in another as the individuals who respond to the survey do so from their own perspective in each context.
Finally, as a performance monitoring tool, it has been decided that anonymity is a paramount concern. For this reason, all responses are anonymous beyond their cluster location and the type of organization they represent. One potential problem with this data collection method is possible duplication of results. For analysis, it is presumed that each response represents an organization, and that all organizations follow the instructions provided to only respond once. Unfortunately, there remains a delicate balance between

[2] The scale is named after its inventor, psychologist Rensis Likert who proposed a psychometric scale commonly involved in research that employs questionnaires. It is the most widely used approach to scaling responses in survey research, Likert, Rensis (1932). "A Technique for the Measurement of Attitudes". Archives of Psychology. 140: 1–55. https://psycnet.apa.org/record/1933-01885-001

the need to ensure there are no duplicate responses and that organizations have correctly classified their type, against the need to ensure partners feel comfortable reporting honestly on cluster performance without concern for repercussions if they provide negative reviews. At this stage, all sectors have decided to err on the side of frank reporting and ensuring anonymity of respondents. Additionally, it is agreed that for addressing this issue, the partners survey includes the organization identifier field (that can be the name, acronym or alias of the organization) and that information is keep private and accessible only to the GHCU team and not the clusters coordinators.

3.3 Assumptions

The following assumptions should be taken into consideration in the analysis and interpretation of data:

- Possible bias with self-reporting by Coordinators and Partners.
- Data takes into account the activity of the Cluster throughout the 2021 HPC.

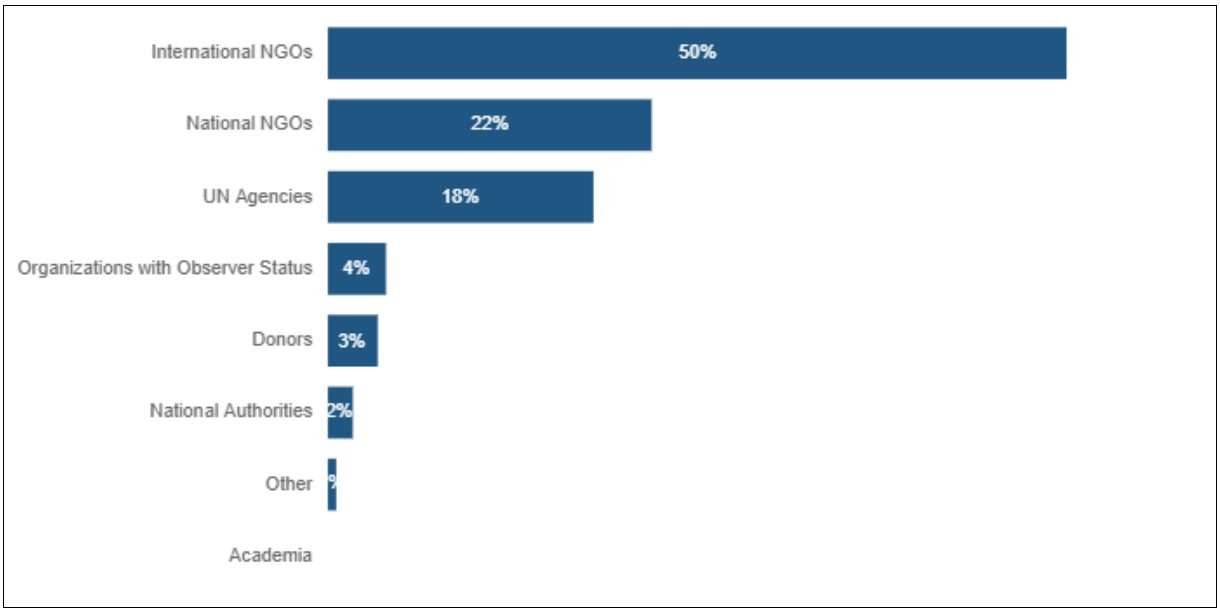
4 SURVEY RESULTS

Completion and Response Rate

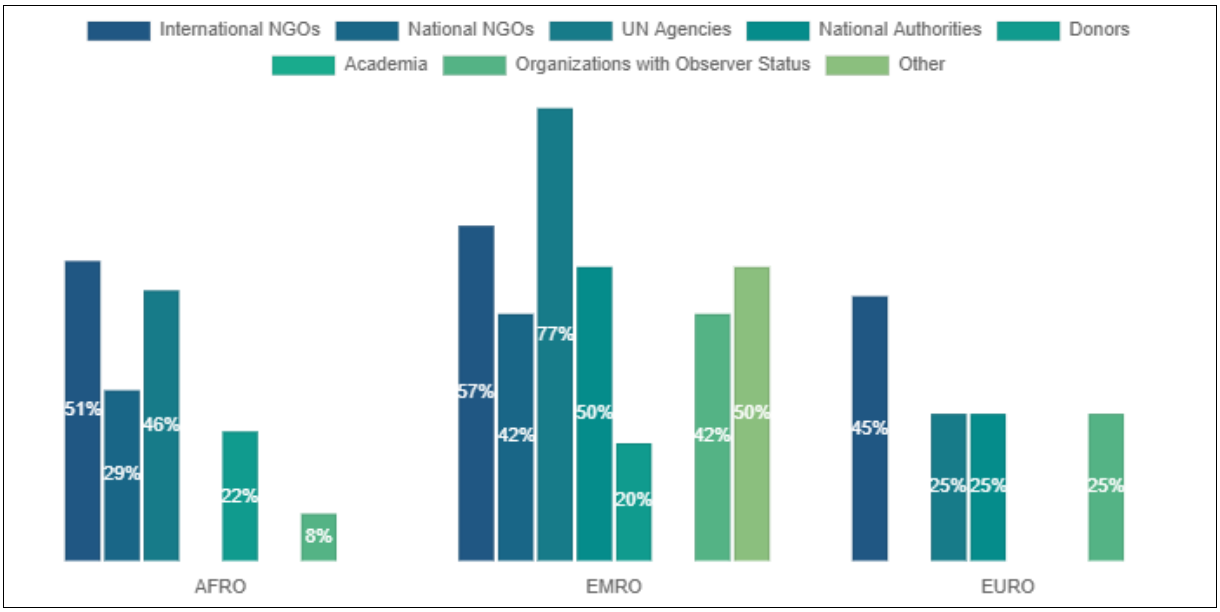
Overall Completion Rate

	National Level	Sub National	Coordinators Responses	Partner Responses
AFRO	3	3	10	86
EMRO	3	0	3	81
EURO	1	0	1	14

Response Rate of Partners by Type of Organization and Region

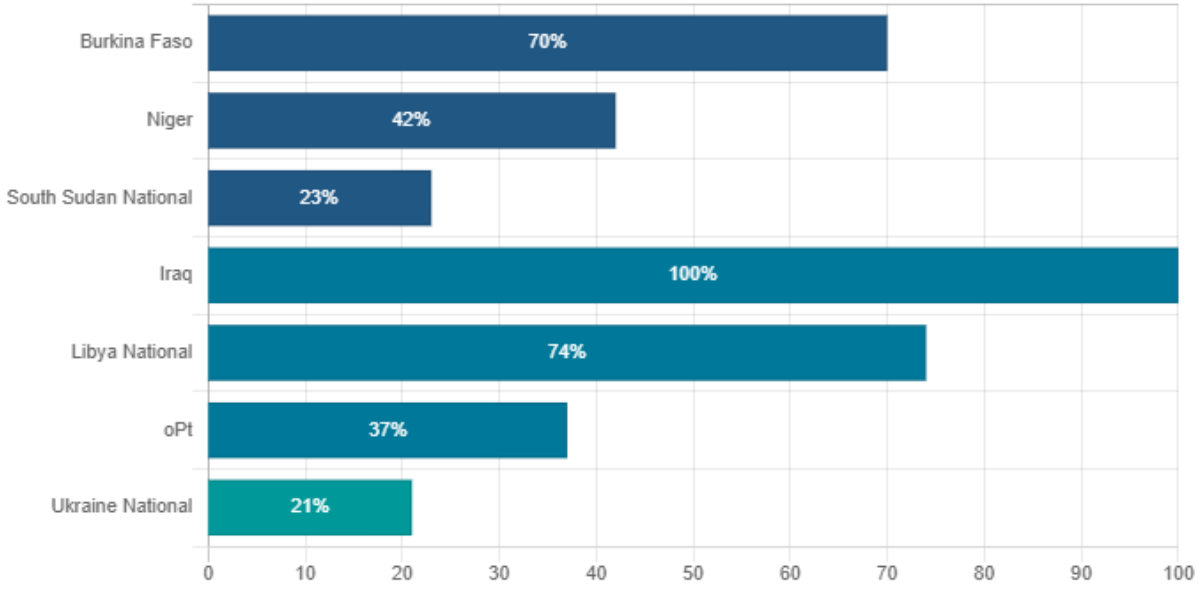


Partners by Region

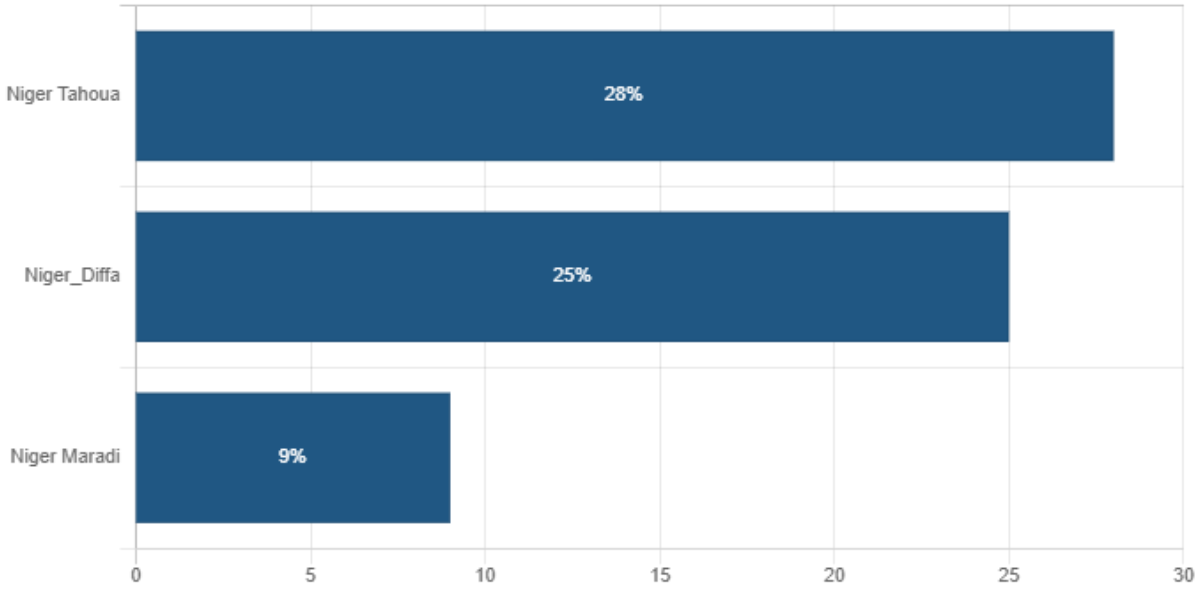


Response Rate by Country

At national level



At sub-national level



Summary Results - Overall Performance

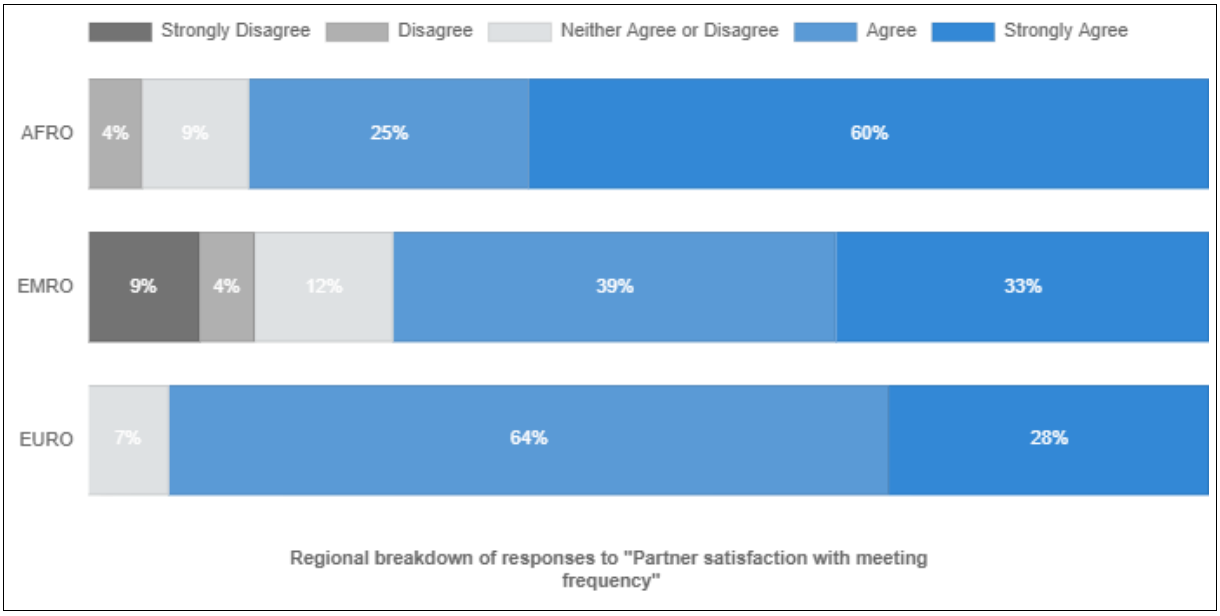
Support to Service Delivery

	Partner satisfaction with meeting frequency	Organization's ability to participate fully in cluster meetings (access language)	Cluster meeting ability to identify and discuss needs, gaps and response priorities	Cluster ability to take strategic decisions about the direction of the response	Frequency of partner contribution to 3W mapping	Partner contribution to analysis of gaps and overlaps in 3W data	Use of cluster analysis of gaps and overlaps in partner decision making
AFRO	86%	92%	83%	86%	89%	75%	79%
EMRO	72%	87%	81%	78%	81%	73%	78%
EURO	84%	82%	85%	80%	82%	74%	78%

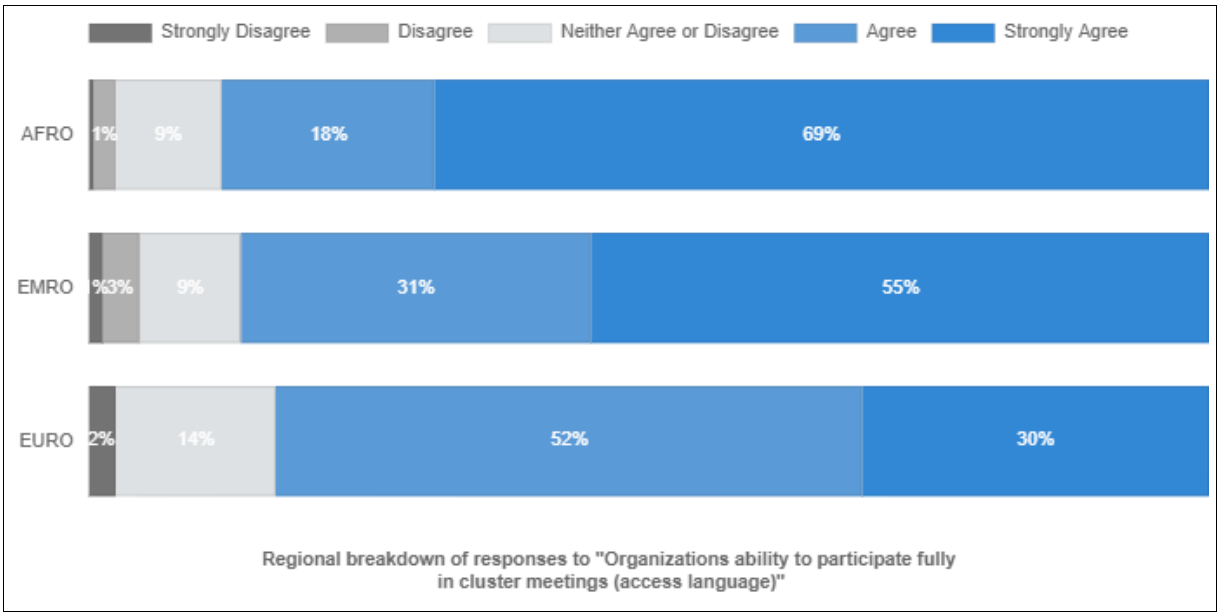
		Partner satisfaction with meeting frequency	Organizations ability to participate fully in cluster meetings (access language)	Cluster meeting ability to identify and discuss needs, gaps and response priorities	Cluster ability to take strategic decisions about the direction of the response	Frequency of partner contribution to 3W mapping	Partner contribution to analysis of gaps and overlaps in 3W data	Use of cluster analysis of gaps and overlaps in partner decision making
AFRO	Burkina Faso	89%	90%	84%	83%	82%	65%	76%
	Niger	83%	85%	73%	73%	90%	65%	66%
	South Sudan	95%	95%	83%	85%	89%	84%	85%
EMRO	Iraq	89%	90%	84%	84%	84%	78%	83%
	Libya	44%	82%	81%	73%	84%	67%	77%
	occupied Palestinian territory	82%	87%	79%	77%	76%	72%	74%
EURO	Ukraine	84%	82%	85%	80%	82%	74%	78%
	Global	**80.86%**	**87.29%**	**81.29%**	**79.29%**	**83.86%**	**72.14%**	**77.00%**

At subnational level

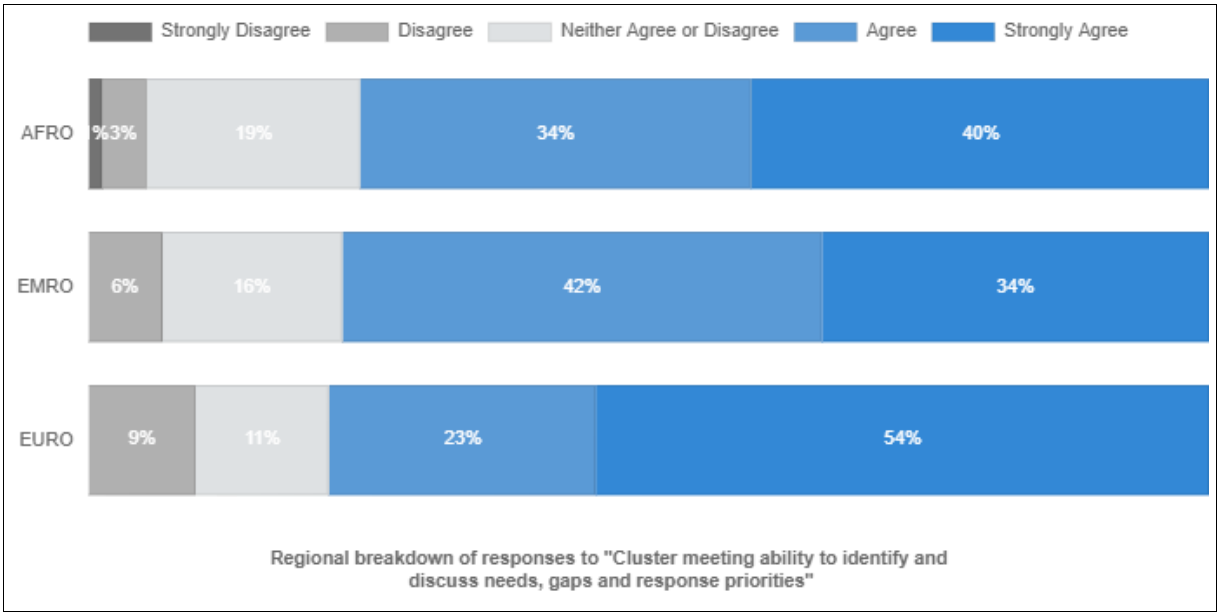
AFRO	Maradi (Niger)	100%	100%	93%	93%	100%	80%	80%
	Tahoua (Niger)	84%	95%	89%	93%	98%	88%	94%
	Diffa (Niger)	64%	91%	79%	91%	74%	72%	72%
	Global	**82.67%**	**95.33%**	**87.00%**	**92.33%**	**90.67%**	**80.00%**	**82.00%**



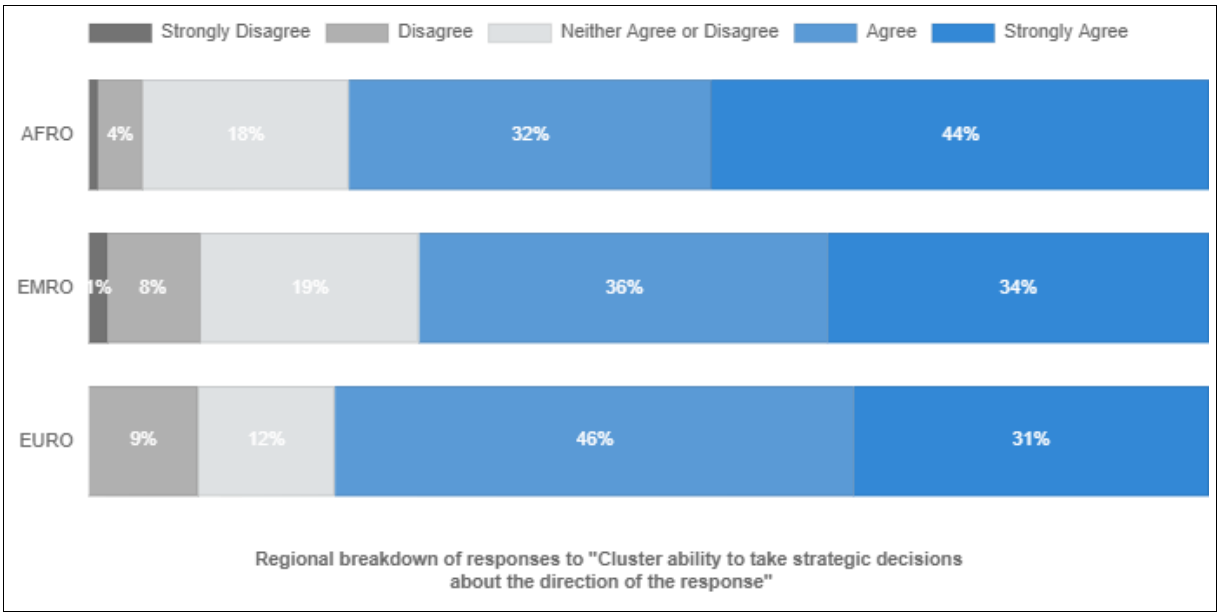
Regional breakdown of responses to "Partner satisfaction with meeting frequency"



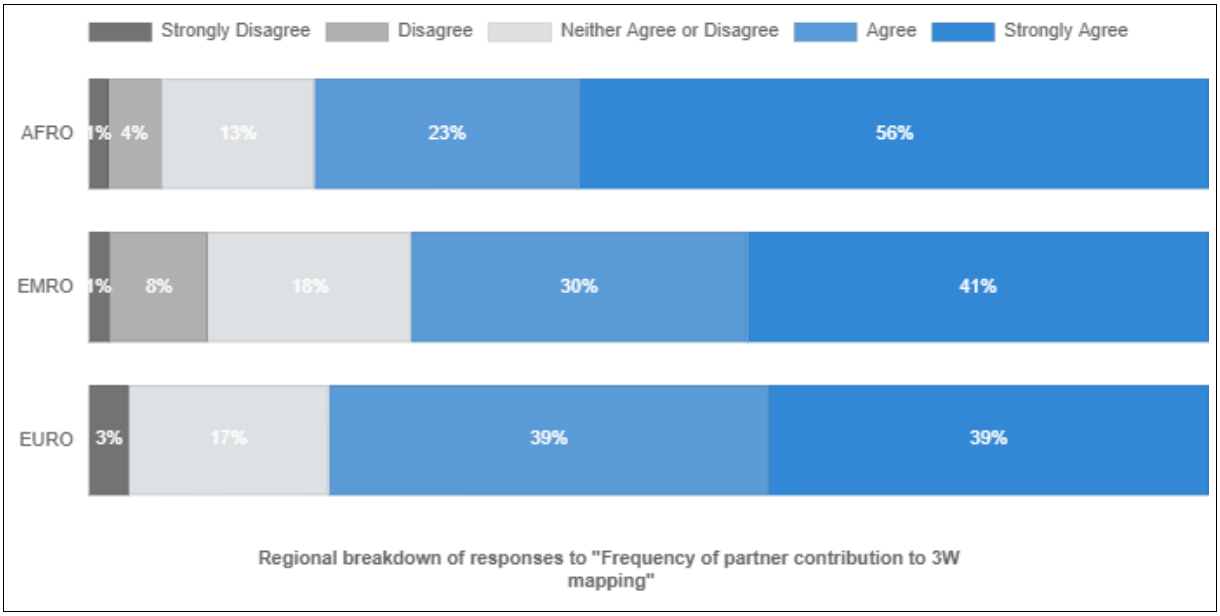
Regional breakdown of responses to "Organizations ability to participate fully in cluster meetings (access language)"



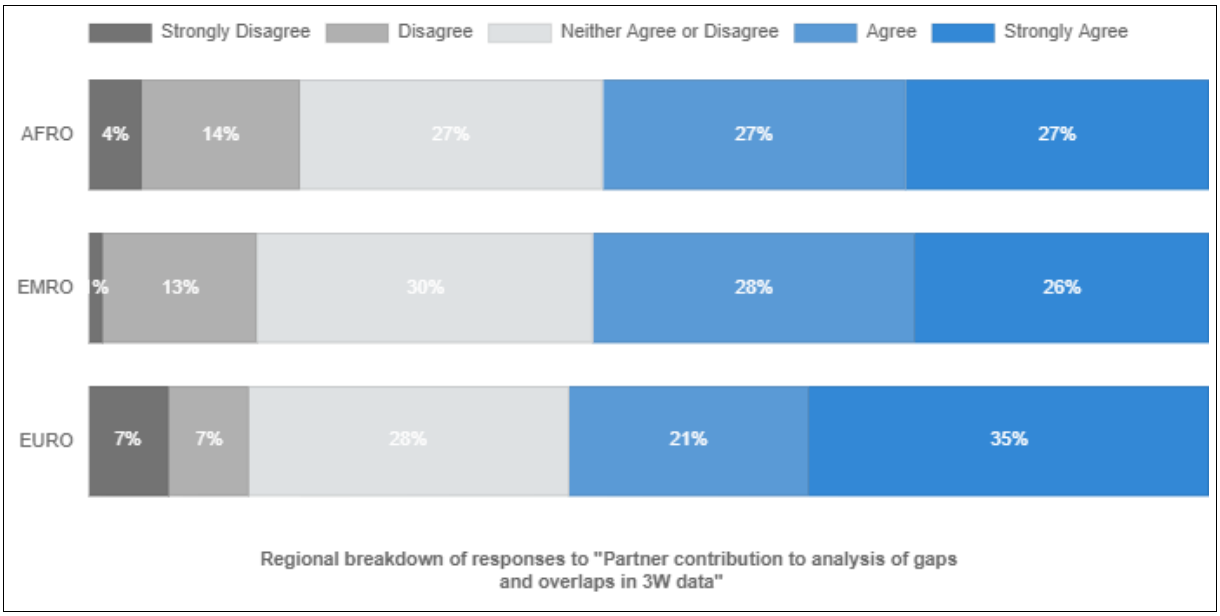
Regional breakdown of responses to "Cluster meeting ability to identify and discuss needs, gaps and response priorities"



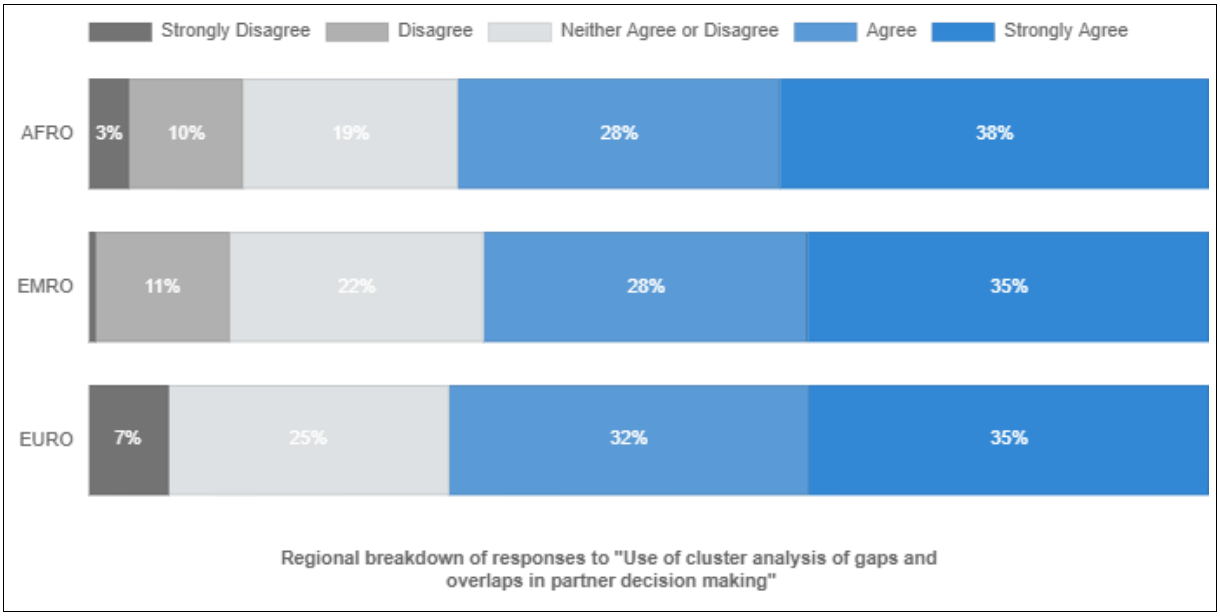
Regional breakdown of responses to "Cluster ability to take strategic decisions about the direction of the response"



Regional breakdown of responses to "Frequency of partner contribution to 3W mapping"



Regional breakdown of responses to "Partner contribution to analysis of gaps and overlaps in 3W data"



Regional breakdown of responses to "Use of cluster analysis of gaps and overlaps in partner decision making"

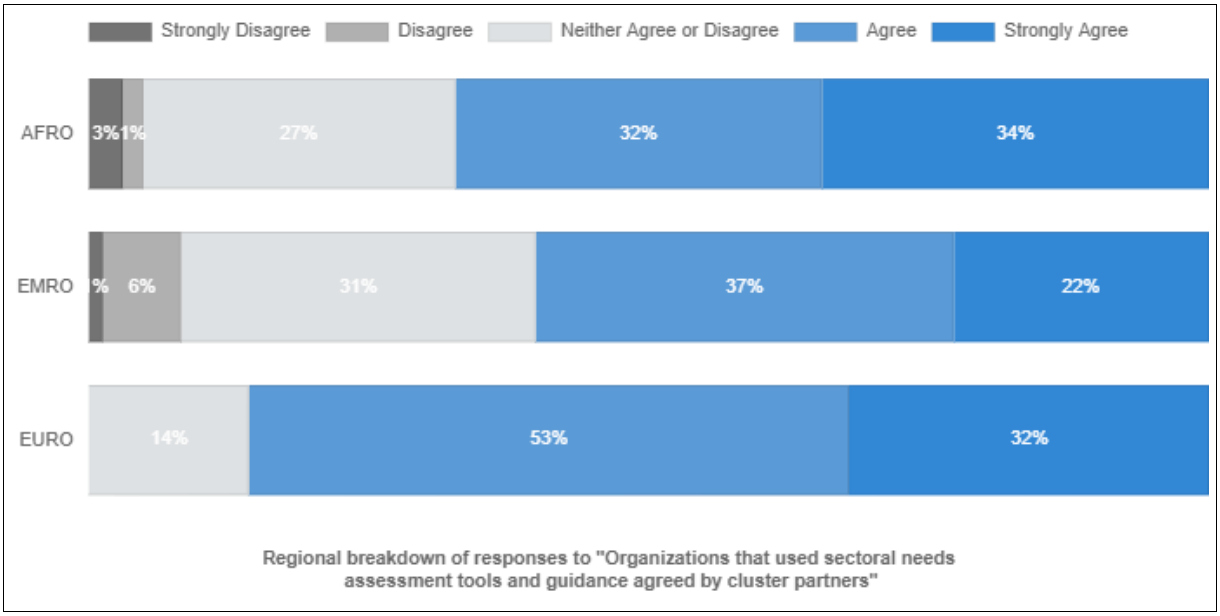
Informing Strategic Decision-Making of the HC / HCT

	Organizations that used sectoral needs assessment tools and guidance agreed by cluster partners	Organization involved in coordinated sectoral needs assessment and surveys	Organizations participation in joint situation analyses	Organizations that shared reports of its surveys and assessments with the cluster
AFRO	82%	81%	16%	80%
EMRO	75%	73%	9%	71%
EURO	84%	75%	9%	68%

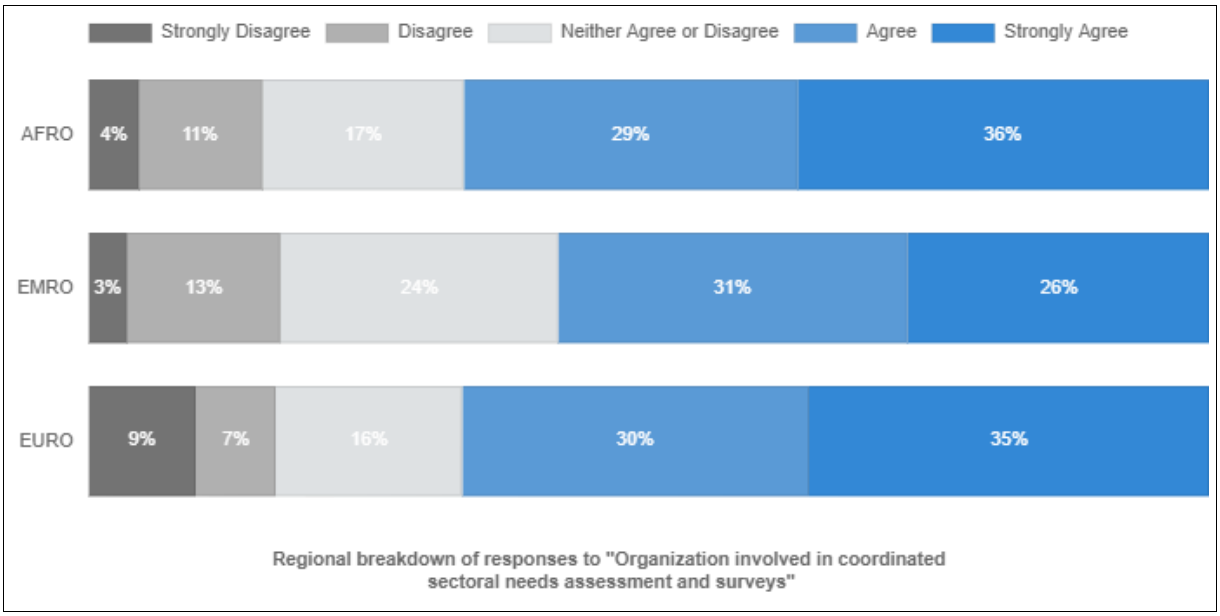
		Organizations that used sectoral needs assessment tools and guidance agreed by cluster partners	Organization involved in coordinated sectoral needs assessment and surveys	Organizations participation in joint situation analyses	Organizations that shared reports of its surveys and assessments with the cluster
AFRO	Burkina Faso	76%	72%	14%	73%
	Niger	69%	66%	11%	61%
	South Sudan	86%	85%	16%	89%
EMRO	Iraq	80%	76%	8%	72%
	Libya	72%	74%	8%	69%
	occupied Palestinian territory	72%	71%	10%	72%
EURO	Ukraine	84%	75%	9%	68%
	Global	**77.00%**	**74.14%**	**10.86%**	**72.00%**

At subnational level

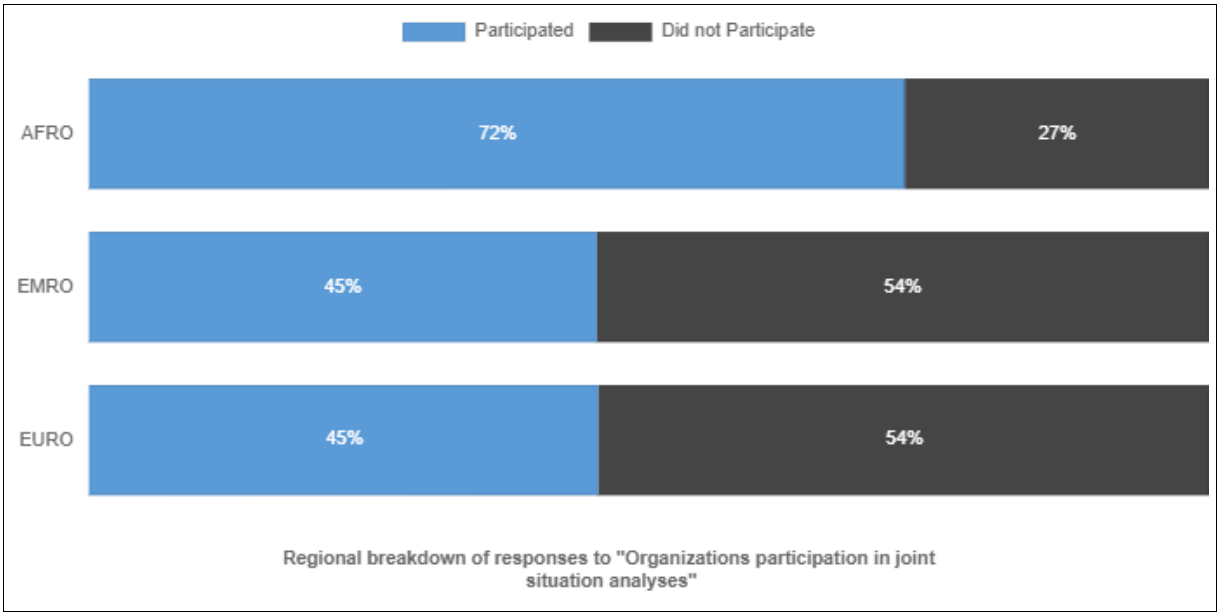
AFRO	Maradi (Niger)	90%	87%	20%	90%
	Tahoua (Niger)	82%	89%	16%	84%
	Diffa (Niger)	86%	84%	20%	86%
	Global	**86.00%**	**86.67%**	**18.67%**	**86.67%**



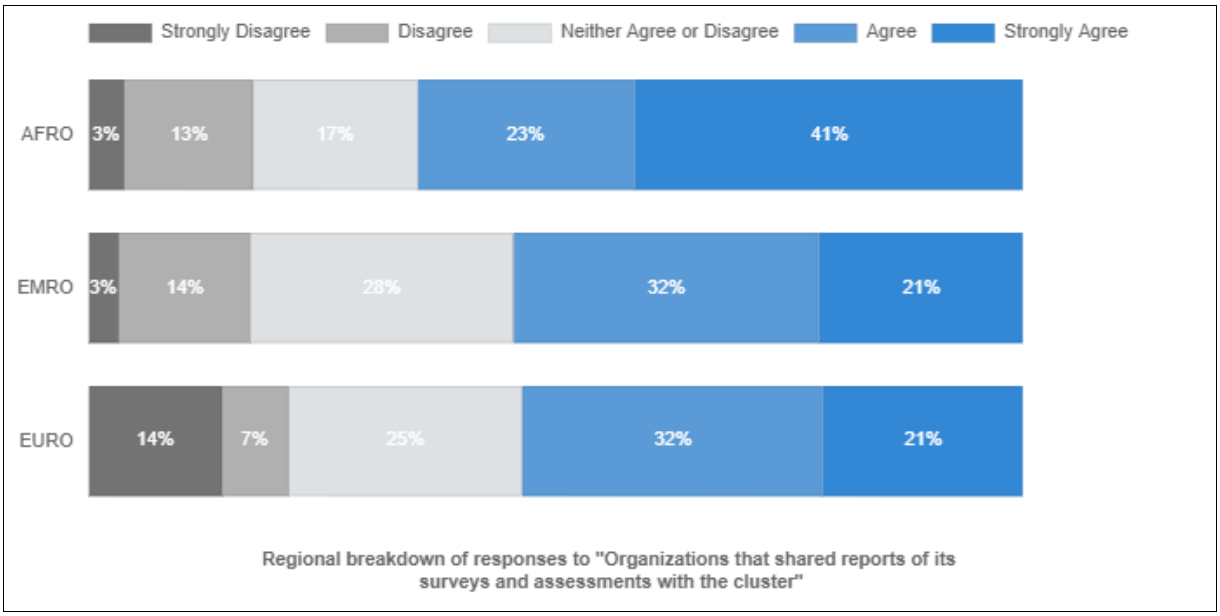
Regional breakdown of responses to "Organizations that used sectoral needs assessment tools and guidance agreed by cluster partners"



Regional breakdown of responses to "Organization involved in coordinated sectoral needs assessment and surveys"



Regional breakdown of responses to "Organizations participation in joint situation analyses"



Regional breakdown of responses to "Organizations that shared reports of its surveys and assessments with the cluster"

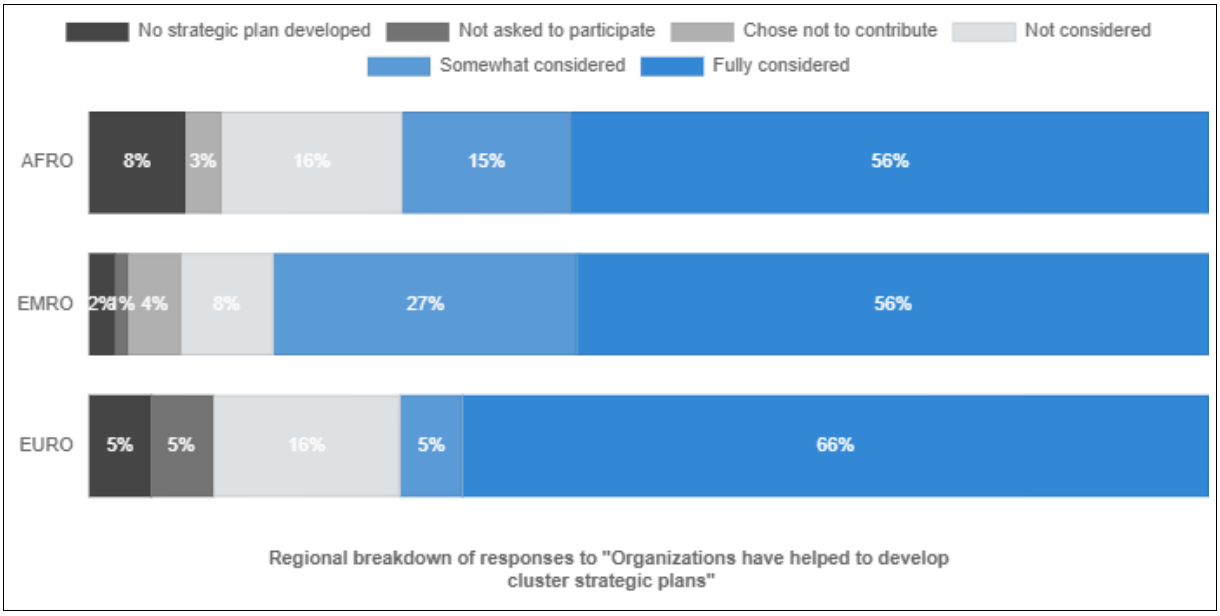
Planning and Strategy Development

	Organizations have helped to develop cluster strategic plans	Cluster partners agreed technical standards and guidance and have applied them	Cluster partners participated in prioritizing proposals under strategic plan with a transparent process	Proposals were prioritised against the strategic plan in a manner that was fair to all partners	The cluster coordinator reported on the cluster funding status against needs in appropriate time frames
AFRO	86%	16%	89%	92%	91%
EMRO	87%	20%	84%	81%	87%
EURO	87%	20%	88%	82%	96%

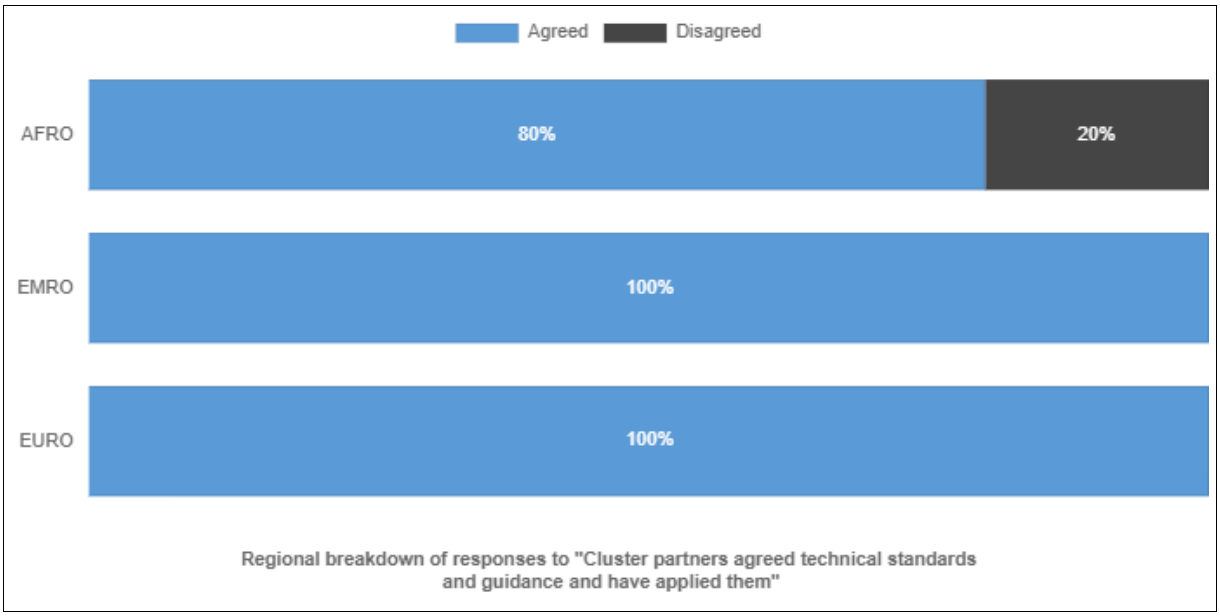
		Organizations have helped to develop cluster strategic plans	Cluster partners agreed technical standards and guidance and have applied them	Cluster partners participated in prioritizing proposals under strategic plan with a transparent process	Proposals were prioritised against the strategic plan in a manner that was fair to all partners	The cluster coordinator reported on the cluster funding status against needs in appropriate time frames
AFRO	Burkina Faso	90%	20%	85%	86%	88%
	Niger	67%	20%	75%	80%	67%
	South Sudan	87%	20%	85%	84%	88%
EMRO	Iraq	85%	20%	81%	78%	86%
	Libya	88%	20%	82%	78%	91%
	occupied Palestinian territory	89%	20%	89%	86%	85%
EURO	Ukraine	87%	20%	88%	82%	96%
	Global	**84.71%**	20%	**83.57%**	**82.00%**	**85.86%**

At subnational level

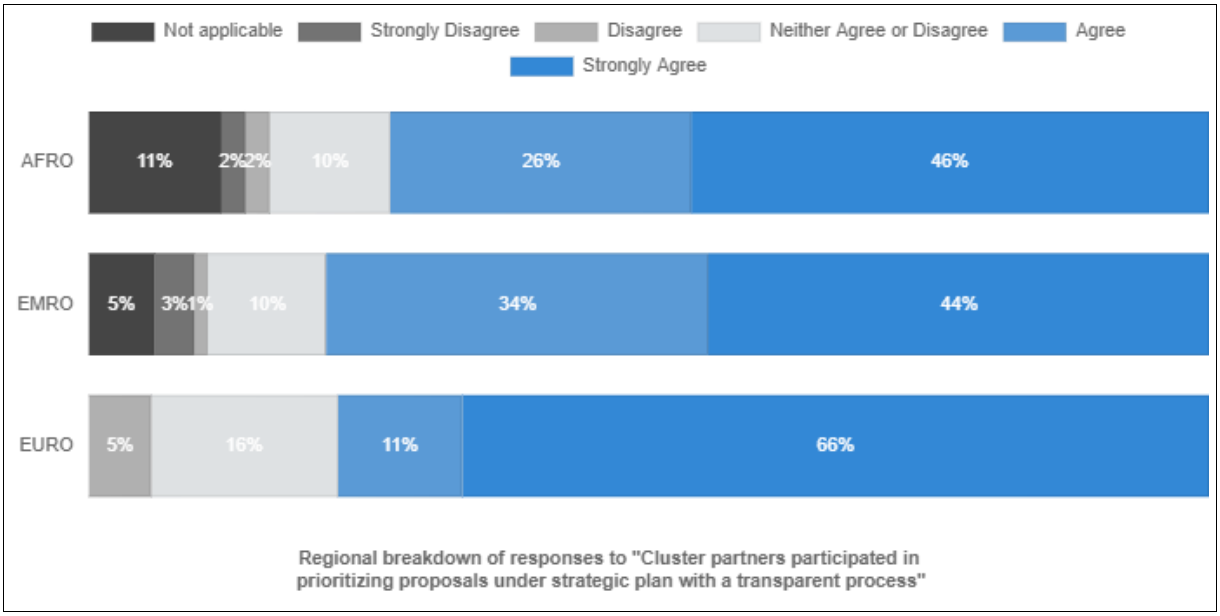
AFRO	Maradi (Niger)	90%	20%	90%	100%	100%
	Tahoua (Niger)	100%	13%	100%	100%	100%
	Diffa (Niger)	80%	20%	100%	100%	100%
	Global	**90.00%**	**17.67%**	**96.67%**	**100.00%**	**100.00%**



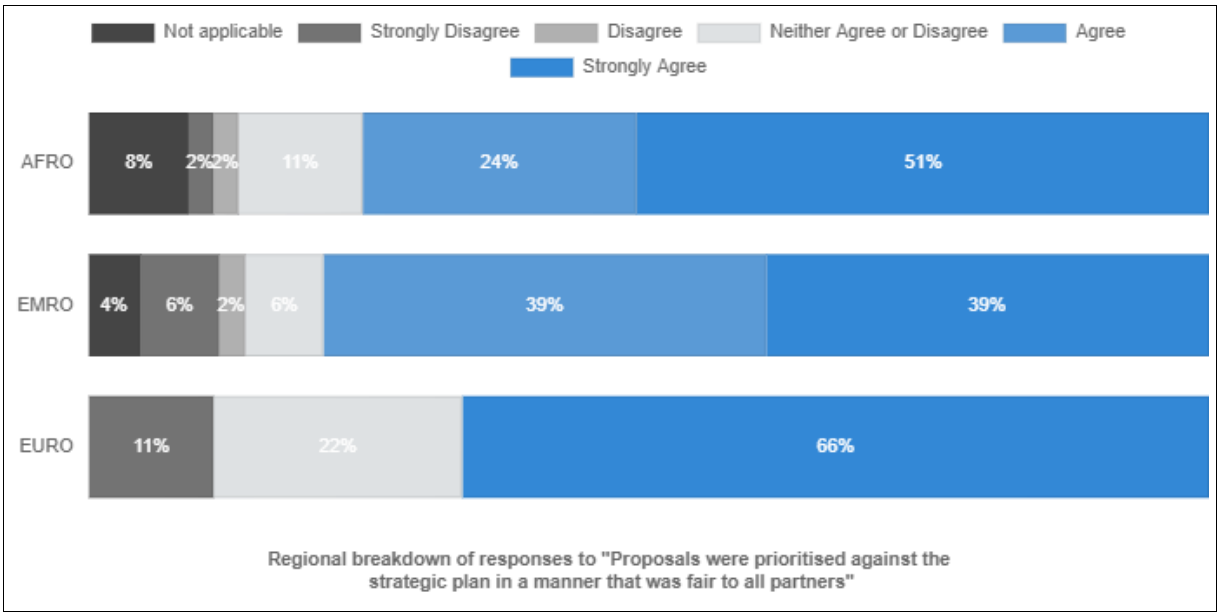
Regional breakdown of responses to "Organizations have helped to develop cluster strategic plans"



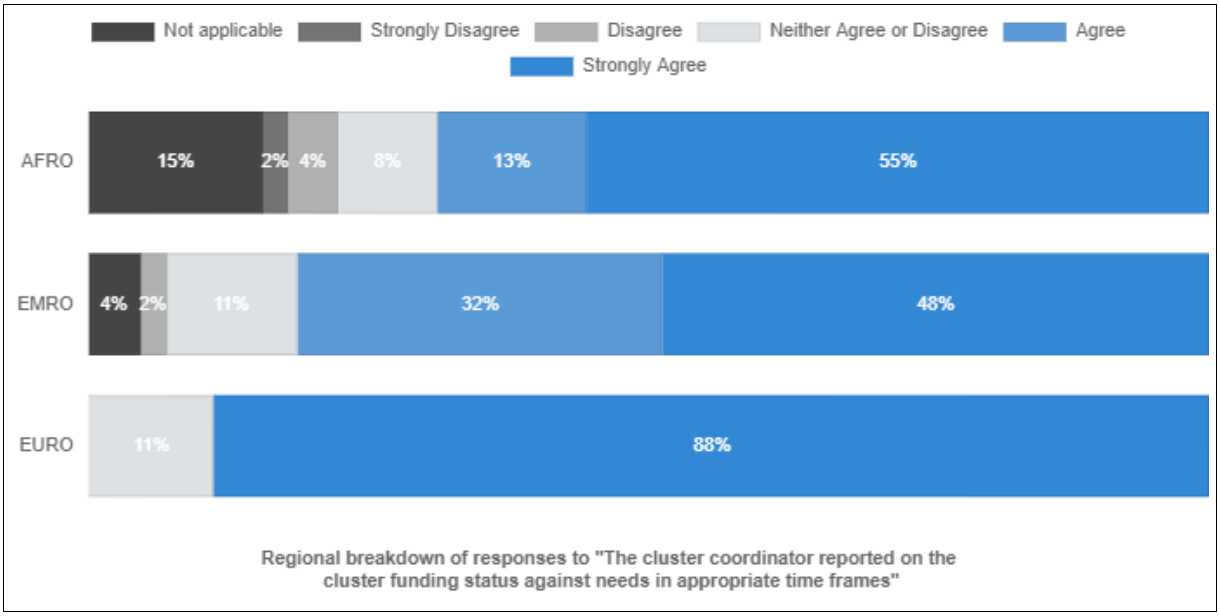
Regional breakdown of responses to "Cluster partners agreed technical standards and guidance and have applied them"



Regional breakdown of responses to "Cluster partners participated in prioritizing proposals under strategic plan with a transparent process"



Regional breakdown of responses to "Proposals were prioritised against the strategic plan in a manner that was fair to all partners"



Regional breakdown of responses to "The cluster coordinator reported on the cluster funding status against needs in appropriate time frames"

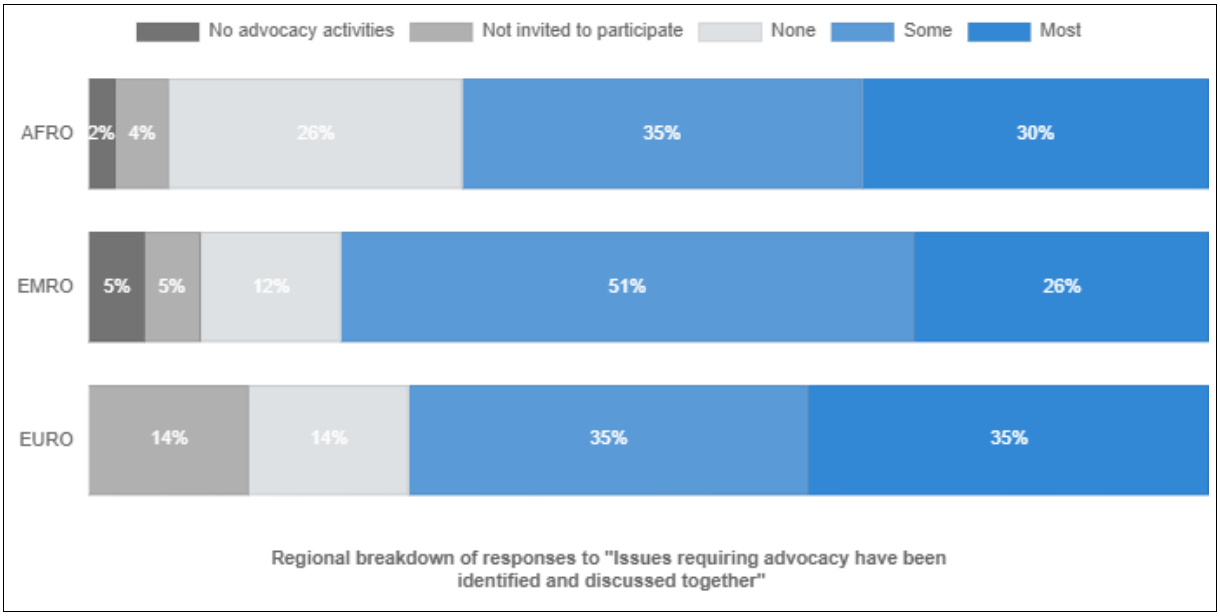
Advocacy

	Issues requiring advocacy have been identified and discussed together	Organizations have participated in cluster advocacy activities
AFRO	79%	77%
EMRO	77%	68%
EURO	79%	70%

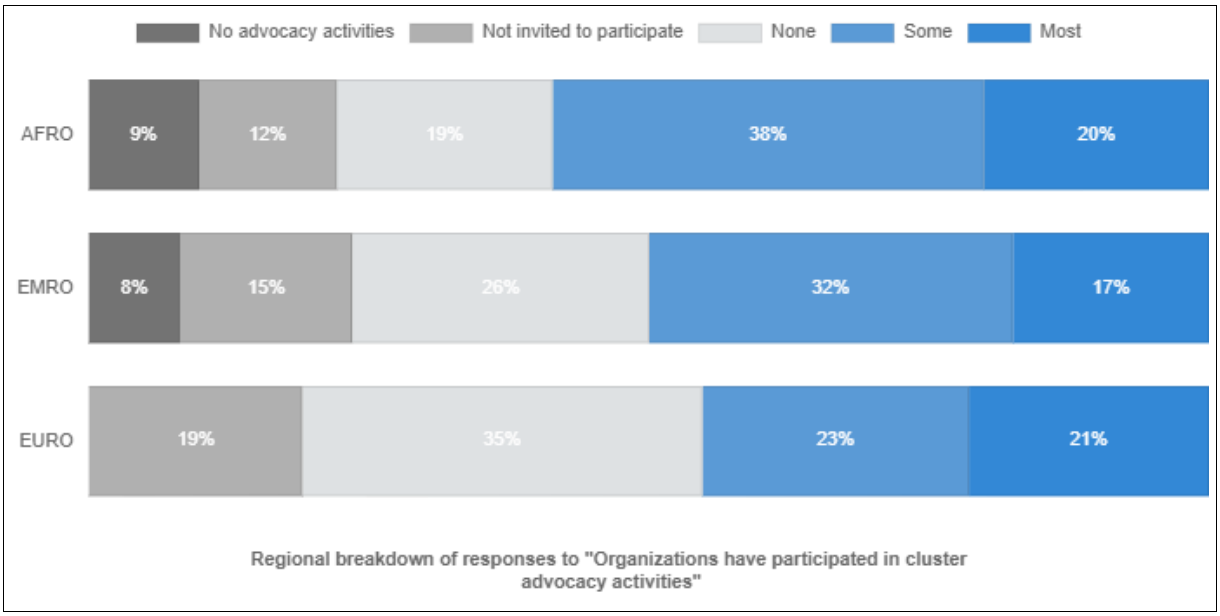
		Issues requiring advocacy have been identified and discussed together	Organizations have participated in cluster advocacy activities
AFRO	Burkina Faso	76%	64%
	Niger	71%	61%
	South Sudan	82%	76%
EMRO	Iraq	82%	71%
	Libya	73%	68%
	occupied Palestinian territory	77%	64%
EURO	Ukraine	79%	70%
	Global	**77.14%**	**67.71%**

At subnational level

AFRO	Maradi (Niger)	80%	93%
	Tahoua (Niger)	84%	84%
	Diffa (Niger)	80%	83%
	Global	**81.33%**	**86.67%**



Regional breakdown of responses to "Issues requiring advocacy have been identified and discussed together"



Regional breakdown of responses to "Organizations have participated in cluster advocacy activities"

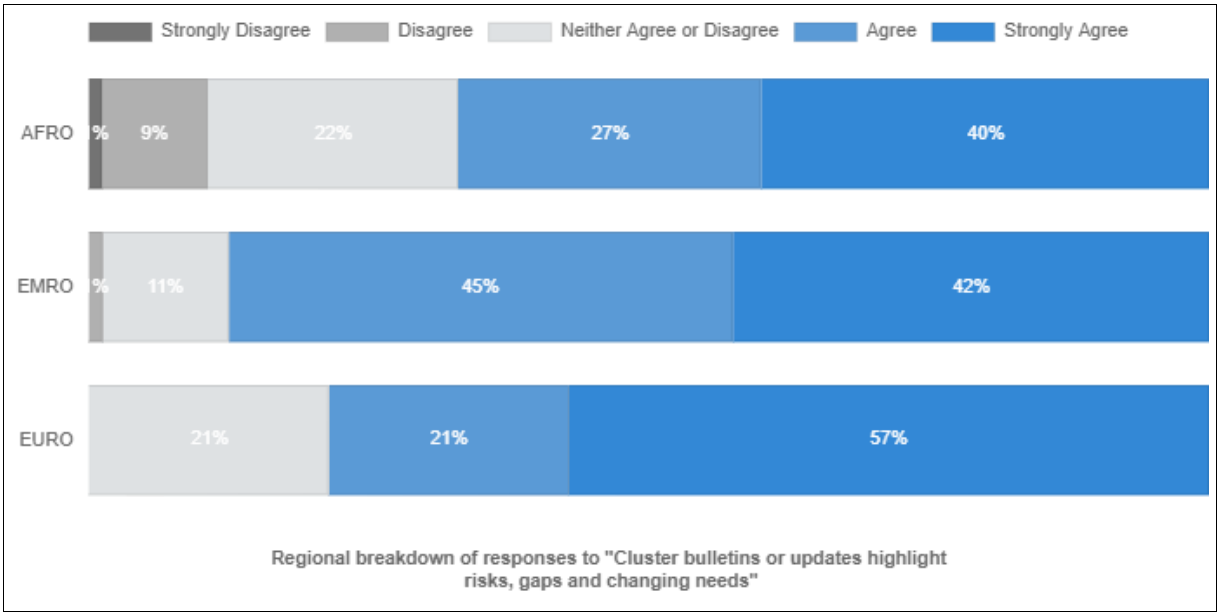
Monitoring and Reporting on Implementation of HC Strategy and Results

	Cluster bulletins or updates highlight risks, gaps and changing needs	Program monitoring and reporting formats are agreed by the cluster	Has the cluster taken into account the distinct needs, contributions and capacities of women, girls, men and boys in its response and monitoring
AFRO	77%	80%	82%
EMRO	85%	76%	79%
EURO	87%	81%	86%

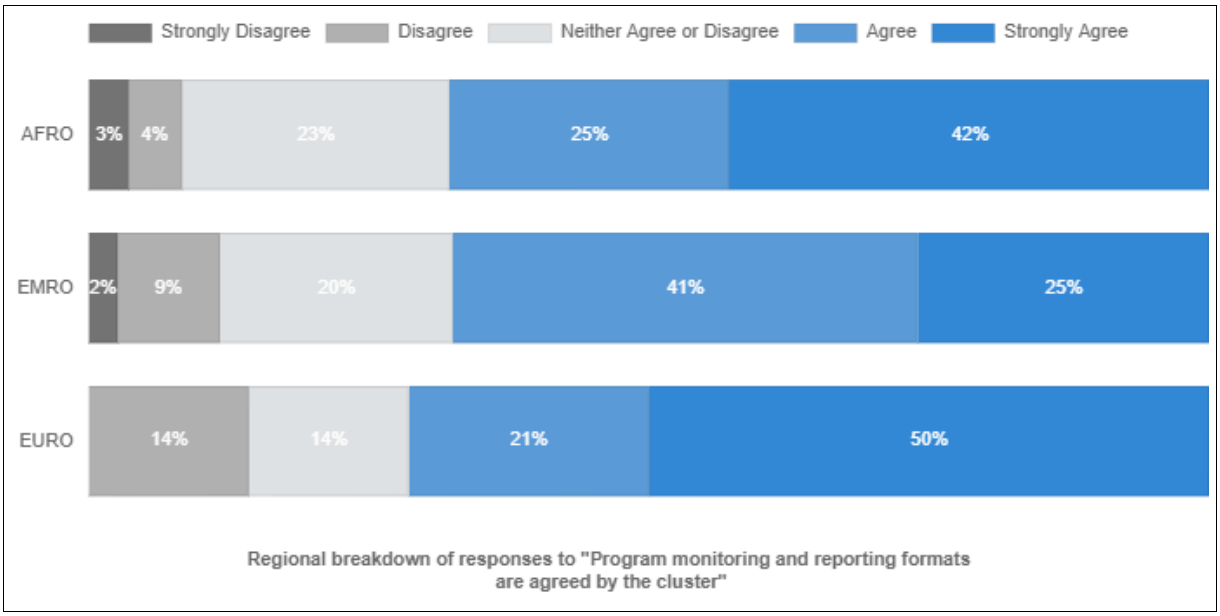
		Cluster bulletins or updates highlight risks, gaps and changing needs	Program monitoring and reporting formats are agreed by the cluster	Has the cluster taken into account the distinct needs, contributions and capacities of women, girls, men and boys in its response and monitoring
AFRO	Burkina Faso	77%	79%	76%
	Niger	71%	71%	75%
	South Sudan	91%	90%	90%
EMRO	Iraq	86%	80%	80%
	Libya	84%	76%	75%
	occupied Palestinian territory	87%	73%	81%
EURO	Ukraine	87%	81%	86%
	Global	**83.29%**	**78.57%**	**80.43%**

At subnational level

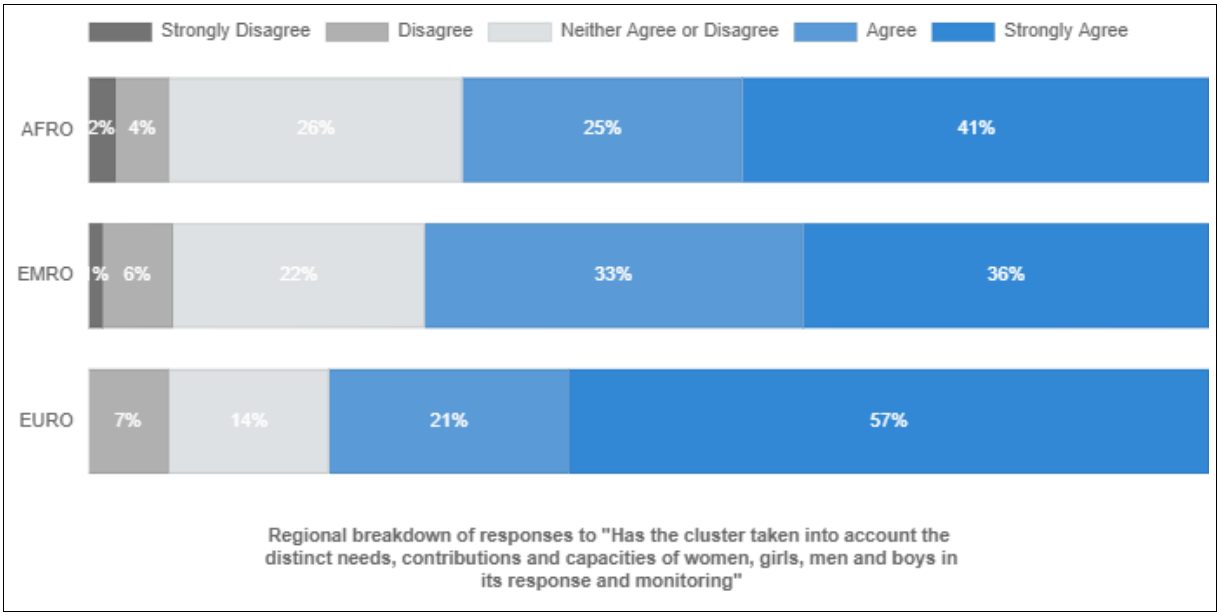
AFRO	Maradi (Niger)	80%	100%	100%
	Tahoua (Niger)	80%	76%	76%
	Diffa (Niger)	60%	64%	76%
	Global	**73.33%**	**80.00%**	**84.00%**



Regional breakdown of responses to "Cluster bulletins or updates highlight risks, gaps and changing needs"



Regional breakdown of responses to "Program monitoring and reporting formats are agreed by the cluster"



Regional breakdown of responses to "Has the cluster taken into account the distinct needs, contributions and capacities of women, girls, men and boys in its response and monitoring"

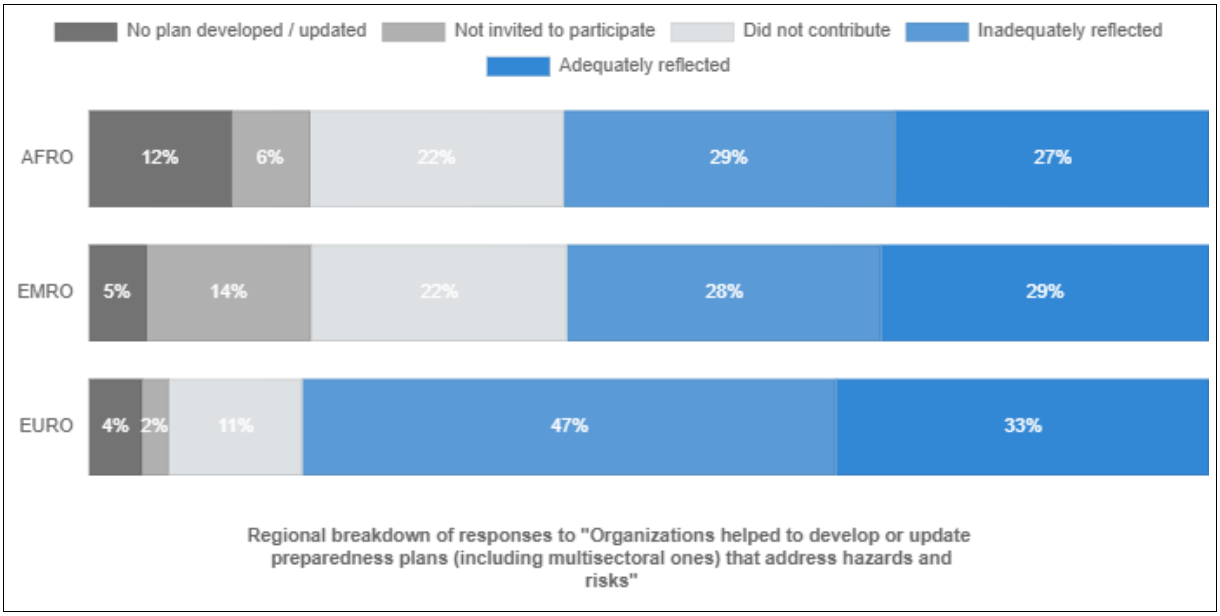
Preparedness for Recurrent Disasters

	Organizations helped to develop or update preparedness plans (including multisectoral ones) that address hazards and risks	Organizations committed staff or resources that can be mobilized when preparedness plans are activated
AFRO	75%	74%
EMRO	72%	68%
EURO	80%	66%

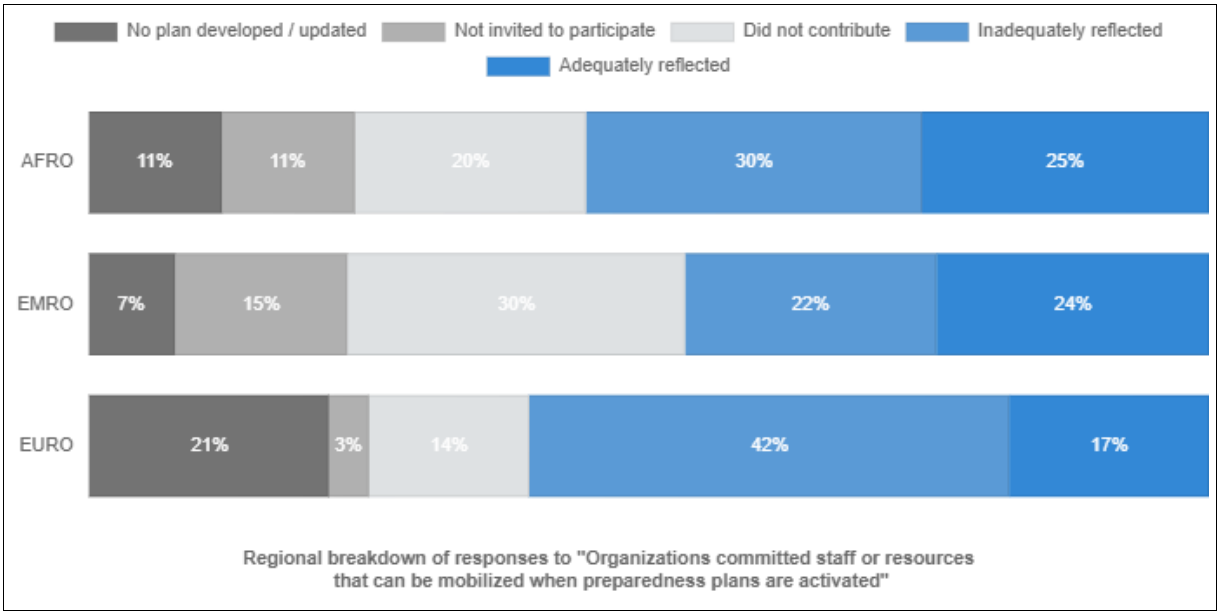
		Organizations helped to develop or update preparedness plans (including multisectoral ones) that address hazards and risks	Organizations committed staff or resources that can be mobilized when preparedness plans are activated
AFRO	Burkina Faso	65%	62%
	Niger	65%	65%
	South Sudan	81%	83%
EMRO	Iraq	74%	71%
	Libya	69%	66%
	occupied Palestinian territory	72%	67%
EURO	Ukraine	80%	66%
	Global	**72.29%**	**68.57%**

At subnational level

AFRO	Maradi (Niger)	87%	90%
	Tahoua (Niger)	76%	78%
	Diffa (Niger)	75%	68%
	Global	**79.33%**	**78.67%**



Regional breakdown of responses to "Organizations helped to develop or update preparedness plans (including multisectoral ones) that address hazards and risks"



Regional breakdown of responses to "Organizations committed staff or resources that can be mobilized when preparedness plans are activated"

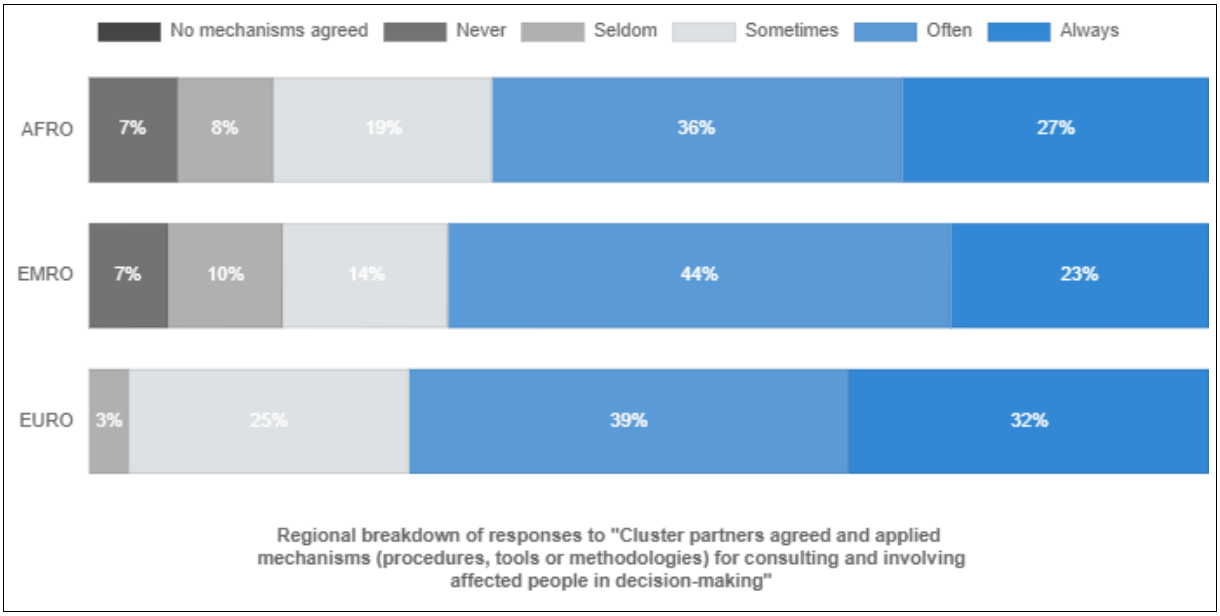
Accountability to Affected Populations

	Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) for consulting and involving affected people in decision-making	Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) to receive, investigate and act on complaints by affected people
AFRO	77%	74%
EMRO	73%	73%
EURO	80%	76%

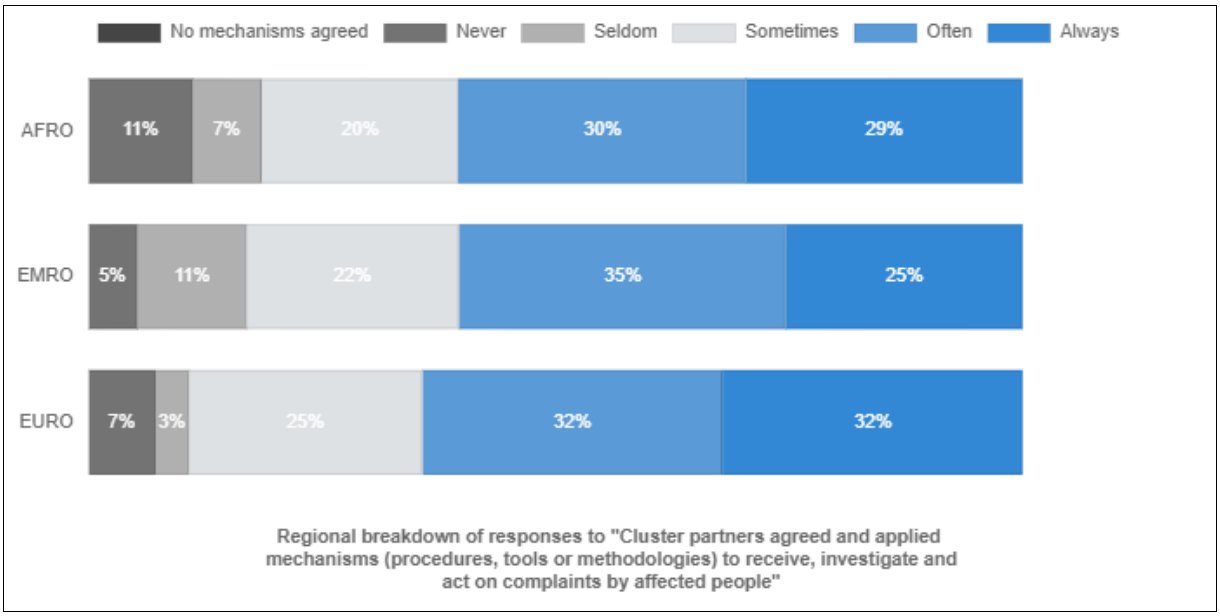
		Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) for consulting and involving affected people in decision-making	Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) to receive, investigate and act on complaints by affected people
AFRO	Burkina Faso	69%	67%
	Niger	63%	59%
	South Sudan	84%	86%
EMRO	Iraq	80%	79%
	Libya	66%	69%
	occupied Palestinian territory	73%	70%
EURO	Ukraine	80%	76%
	Global	**73.57%**	**72.29%**

At subnational level

AFRO	Maradi (Niger)	90%	80%
	Tahoua (Niger)	76%	72%
	Diffa (Niger)	82%	80%
	Global	**82.67%**	**77.33%**



Regional breakdown of responses to "Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) for consulting and involving affected people in decision-making"



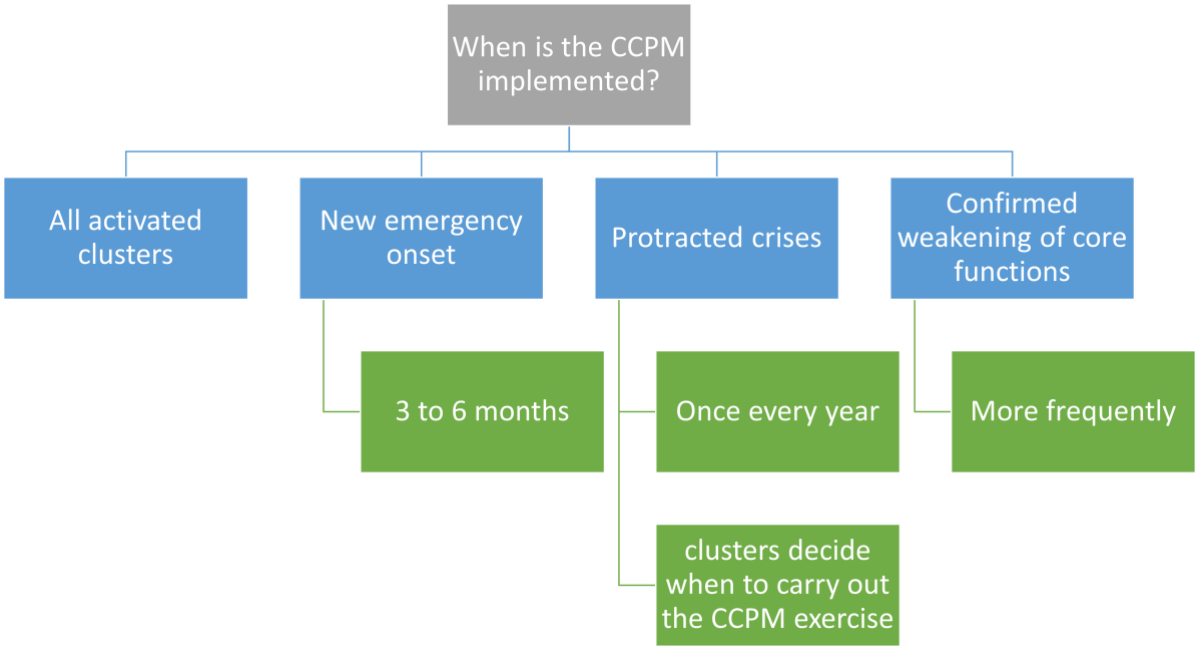
Regional breakdown of responses to "Cluster partners agreed and applied mechanisms (procedures, tools or methodologies) to receive, investigate and act on complaints by affected people"

5 CONCLUSIONS AND RECOMMENDATIONS FOR 2022

The Cluster Coordination Performance Monitoring (CCPM) is an IASC mandated self-assessment of cluster performance against the six core cluster functions plus accountability to affected populations assists in taking stock of which coordination functions work well, and which areas need improvement. CCPM can also help to raise awareness of support requirements and provide a direct opportunity for accountability to all partners.

- For 2021, the low number of clusters that implemented CCPM is a concern. It is advisable to reinforce the importance of including the mandatory exercise for all the active clusters, accordingly to the CCPM criteria (diagram below)

- The recent activation of an improved CCPM survey system is helping to undertake the exercise in a more systematic way. Is important to include the new tool in the various cluster training and refresher sessions and to have the survey in different languages to encourage greater update by HCCs and partners.
- The GHC will continue to emphasize the importance of doing a joint exercise in coordination with the Humanitarian County Team, but where this HCT does not promote this, the Health Cluster will continue to perform CCPM as an independent exercise.
- Cluster functions identified as areas for improvement will be addressed by the GHC team through re-affirmation, promotion of standards and guidance to HCCS and partners.



When is the CCPM implemented?