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# onsolidated Appeal GUIDELINES

2010



Lynn Maung/IRIN

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# KEY POINTS

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- ▶ Why are you making a consolidated appeal – **what is a humanitarian strategy**, what is its added value and its ultimate intention? The strategy aims to make the actions of the many organizations on the ground *greater than the sum of their parts*; to make the *best use of limited resources*; and to seize opportunities to *move towards a long-term resolution and recovery*. It maps and prioritizes needs; it matches capacity with needs to ensure full coverage; it attains effectiveness (filling gaps) and efficiency (eliminating duplication and use of resources on low priorities); it capitalizes on comparative advantages; it seizes opportunities for synergy, reducing aid dependence, avoiding the deepening or relapse of a crisis, and attacking inter-related problems; it anticipates future needs and opportunities, and positions the humanitarian country team to respond to or pre-empt future problems. This strategy is the essence of the appeal's *common humanitarian action plan* ('CHAP').
- ▶ **CAPs should be thorough but concise**. They can summarize and refer to more detailed information available elsewhere. Make your 2010 CAP less text-heavy – use tables, charts, graphics, and links to on-line resources to tell the story, present the evidence and outline the plan. Make your document visually appealing – see the [Best Practices](#) page (items 11-15) for examples of good graphics.
- ▶ **Present the needs clearly, with evidence for each**. Sector response plans should use tables, matrices or maps to show the needs and who is proposing to cover which needs where.
- ▶ **State clearly the boundaries of need and response for your CAP**. Most CAPs take place in situations of generalized vulnerability and impaired social services. Aid organizations can't cover them all, so the Humanitarian Coordinator (HC) and the humanitarian country team (HCT) should draw the boundaries strategically. These boundaries can be geographic, demographic, derived from clusters/sectors, temporal, or based on finer measurements of vulnerability – whatever combination serves best in your context to draw the line between what the HCT must achieve and what is secondary.
- ▶ **Every CAP must be prioritized**. This means that each project should receive a priority designation (applying at least a simple two-step system) through peer review in the clusters/sectors, following general priority criteria agreed by the HCT.
- ▶ **All organizations proposing projects in the CAP should upload their draft projects onto the [Online Projects System \(OPS\)](#)**. (Cluster/sector coordinators should volunteer to upload projects for their members with poor connectivity.) Clusters/sectors peer-review the projects by viewing them on OPS, select those to be included in the CAPs, and prioritize them. After review by the HC and agency HQs, the projects are published electronically on FTS. A compendium of projects can be downloaded in printable PDF format.
- ▶ Writing tip: **each paragraph should have a beginning, middle and end**. The beginning introduces the paragraph's subject. The middle presents all key facts and arguments. The end makes clear the point of the paragraph.

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## CONSOLIDATED APPEAL DOCUMENT CHECKLIST

Before submitting your document to OCHA Geneva, please use this checklist to ensure that all the necessary information has been included. This will avoid unnecessary delays in finalising the appeal document.

Note: these items obviously are not the sum total of what makes a CAP document substantively good. But the UN has a responsibility to publish only top-quality documents on behalf of the IASC and people affected by crisis. These details can make the difference between a top-quality document and one that raises doubts about the quality of the humanitarian response and coordination. Getting them right in your final field draft will also prevent us from having to call you on your cellphone at midnight the night before the printing deadline. (Some of these details aren't little, either, like the first bullet point.)

### Coherence of information

- ☐ The number and definition of affected people (and of beneficiaries, if they differ) is clearly stated in the one-page Executive Summary. This number is consistent throughout the document. Similarly, each cluster/sector response plan clearly states the number and definition of affected people and beneficiaries for its sector (e.g. food beneficiaries, refugees, or malnourished children), and those numbers are consistent throughout the document.
- ☐ The number of affected people is broken down by each of the categories included in the definition (for example IDPs, IDP host communities, the severely food-insecure), and also by gender, and by location if appropriate.
- ☐ All tables, maps, graphs, charts are recent or recently updated, and they are referred to and/or substantively discussed in the text. They all contain a title, source of information and "as of" date.
- ☐ The labelling of clusters/sectors is consistent throughout the document (e.g. food security is always food security, and not accidentally referred to as food aid).
- ☐ All cluster/sector leads or co-leads are listed in the response plans. There is a table or chart showing humanitarian coordination structures.

### Coherence of the CHAP and projects

- ☐ The evidence of needs is clearly presented, with sources footnoted.
- ☐ There is a clear link between strategic objectives and cluster/sector response plans.
- ☐ The projects focus on, and cover as much as possible, the needs and priorities identified in the CHAP.
- ☐ The projects have been selected through a vetting process applying clear selection criteria, and prioritized into at least two tiers.
- ☐ Each cluster/sector response plan presents tables that map needs and the projects that will cover them.

### Document, attachments and annexes

- ☐ Each photo includes a caption and credit (agency or person who took the photo, place, and year).
- ☐ A native speaker of the appeal language has proof-read, **spell-checked** and grammar-checked the document.

- ☐ Every acronym is spelled out at its first appearance in the text. Acronyms are used only for phrases that appear more than twice.
- ☐ All tables, charts and graphs are provided in editable form – either pasted into the document as Excel objects, or accompanying the main document in separate files.\* (Please do not paste tables, charts or graphs into the document as pictures – those are not editable, and they frequently need to be edited here.) If providing charts or graphs as separate files, the document must clearly indicate which one goes where in the document, and the files should be clearly labelled.

#### **OPS**

- ☐ The projects have been approved by the cluster/sector coordinator and reviewed by the Humanitarian Coordinator (HC).
- ☐ All draft projects are either approved or rejected (i.e. none left in 'draft' stage on OPS).
- ☐ Each project has been given a priority rating, following peer review in the cluster/sector.

Date:

Verified by: (OCHA field office CAP focal point name)

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\* Pasting Excel objects into a Word doc tends to make the Word doc very heavy, adding many more kilobytes than the original Excel file. So it's often best to send them in a separate Excel file.

## PART I: APPEAL DOCUMENT TEMPLATE (with explanations per section)

**A document template follows.** You can save a copy and use it as the basis for your appeal document (deleting all the sections above, and the annexes below). Leave the formatting unchanged as much as possible – this will make it much easier for OCHA-Geneva to publish your appeal on time.

**Note:** *A page is defined as one A4 size sheet of paper (width 21cm, height: 29.7cm) with margins set at Right: 2.5cm, Left: 2.5cm, Top: 2cm, Bottom: 2cm and font size set at Arial 10 pt. Line spacing: exactly 13pt.*

In this template, **the text in black** is headings that you should preserve. Just delete any instructional text in blue or red when you are done with each chapter.

***Links to best practice are available in each section. Take a look at what others have done before you.***

To ensure fast HQ processing time for your CAP document, you should write according to these guidelines (click to open hyperlink):

[Style-checking Guidelines](#)

[Formatting Guidelines](#)

[Writing and Editing Guide](#)

# COUNTRY NAME 2010

*[CAP Section will complete the cover, but the OCHA field office needs to provide a good cover photo.]*

## Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

### SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	COSV	HT	MDM	TGH
ACF	CRS	Humedica	MEDAIR	UMCOR
ACTED	CWS	IA	MENTOR	UNAIDS
ADRA	Danchurchaid	ILO	MERLIN	UNDP
Africare	DDG	IMC	NCA	UNDSS
AMI-France	Diakonie Emergency Aid	INTERMON	NPA	UNEP
ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERMOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	IRC	PACT	UNIFEM
CEMIR INTERNATIONAL	FSD	IRD	PAI	UNJLC
CESVI	GAA	IRIN	Plan	UNMAS
CFA	GOAL	IRV	PMU-I	UNOPS
CHF	GTZ	Islamic RW	PU	UNRWA
CHFI	GVC	JOIN	RC/Germany	VIS
CISV	Handicap International	JRS	RCO	WFP
CMA	HealthNet TPO	LWF	Samaritan's Purse	WHO
CONCERN	HELP	Malaria Consortium	Save the Children	World Concern
Concern Universal	HelpAge International	Malteser	SECADEV	World Relief
COOPI	HKI	Mercy Corps	Solidarités	WV
CORDAID	Horn Relief	MDA	SUDO	ZOA
			TEARFUND	



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Keep this table of contents. You can update the page numbers by right-clicking. The CAP Section will give it a final formatting, so do not spend too much time on it.

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>

Full project details, continually updated, can be viewed, downloaded and printed from [www.reliefweb.int/fts](http://www.reliefweb.int/fts)

Here the CAP Section will insert the standard OCHA map for your appeal country or region.

(However, elsewhere in the document, you should insert thematic maps where needed to illustrate a point. If they're too heavy (i.e. file size too big), send them as separate attachments, indicating clearly where they should be inserted. Please make sure your map is high enough resolution to be readable once printed! If in doubt, contact [rosettir@un.org](mailto:rosettir@un.org).)

## 1. EXECUTIVE SUMMARY

**(1 Page MAXIMUM, followed by financial summary tables produced by OCHA CAP Section)**

Remember, some readers (especially the important ones) may **only** read the executive summary, so make sure it is concise, perfectly written, and transmits **no more than three** clearly articulated messages. **Limit it to one page**; if it exceeds one page, it's not a summary. Avoid using acronyms in this section unless absolutely necessary; they interrupt the flow.

### Key Issues to Include:

Message 1: What is the situation? What is the origin, evolution and likely trajectory of the crisis? What are the main humanitarian consequences (needs and risks)?

Message 2: What is the overall goal behind the CHAP, and what accordingly are the priority humanitarian actions for the next 12 months?

Message 3: What is the total amount of money in \$<sup>1</sup> requested? How many people will benefit from the projects? What are the likely consequences if funds are insufficient?

To make clear the boundaries of humanitarian action in this plan, fill in the right column of this box to summarize the key parameters of this appeal, and leave it embedded here it in the executive summary:

STANDARD TABLES FOLLOWING EXECUTIVE SUMMARY: CAP Section will insert three standard tables in this position: summaries of funding requirements per cluster/sector, per organization, and per priority level. You should fill in the fourth standard table: basic facts and humanitarian indicators about the country (format below). This is key to convincing donors of the severity of the crisis. Please provide the most recent data for each, and specify the source of data (as in the examples below). Show the trend over time if possible, using the "previously" column. If you do not have previous information, CAP Section will fill in the "previously" column from the 2009 CAP. SUGGESTION FOR OCHA FIELD OFFICES: assign your IMO now to start compiling and reviewing these figures. You and your IMO will have to decide whether to present statistics for the entire population of the country, or for the crisis-affected segment only. If the nature of the crisis is that much of the country's population has been thrust into crisis or at least extreme risk and vulnerability, then it makes sense for these statistics to refer to the whole population. If the crisis' nature is that a segment of the population is clearly (or arguably) in deeper crisis or at more risk and more vulnerable than the population as a whole, then present statistics for that affected segment, in order to justify large-scale humanitarian action (especially in countries whose indicators for the population overall aren't especially severe).

Use the table as an opportunity to highlight the progress made with regard to critical indicators that illustrate the overall objectives of the CAP (e.g. reduction in maternal mortality, increase in vaccination coverage). This standard basic statistics box also has some free spaces for which you can choose non-standard statistics that make an important point about your crisis. For example, if this year's CAP document stresses the importance of IDP return and resettlement, you should add those statistics.

### Consolidated Appeal for XYZ: Key parameters

Duration:	12 months (January – December 2010)
Key milestones in 2010:	Harvest: June; planting season: October. Elections: April. Scheduled repatriation: May.
Target beneficiaries:	1.3 million drought-affected, 203,000 internally displaced, 56,000 refugees, 24,000 returnees
Total funding request:	Funding request per beneficiary:
\$90,123,456	\$51

<sup>1</sup> Editing note: at the document's first use of the dollar sign (\$), we add this standard footnote: All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2010 page.

## Some basic humanitarian and development facts about [Country]

		Most recent data	Previously
	Population	(Source: census if available; otherwise UNFPA's <a href="#">State of World's Population</a> )	
Economic status	Gross domestic product per capita	(World Bank: <a href="#">Key Development Data &amp; Statistics</a> )	
	Percentage of population living on less than \$1 per day	( <a href="#">UNDP HDR 2009</a> )	(UNDP HDR <a href="#">[previous reports]</a> )
Health	Adult mortality (disaggregated into male/female m/f)	/1,000 (WHO: <a href="#">Core indicators</a> or <a href="#">World Health Statistics 2009</a> )	
	Maternal mortality	/100,000 live births (UNICEF: <a href="#">Childinfo statistical tables</a> )	
	Under-5 mortality m/f	/1,000 (UNICEF: <a href="#">Childinfo statistical tables</a> )	
	Life expectancy m/f	Years from birth (WHO <a href="#">Core indicators</a> , <a href="#">World Health Statistics 2009</a> , or UNDP HDR <a href="#">upcoming October</a> )	
	Number of health workforce (MD+nurse+midwife) per 10,000 population	/10,000 (WHO: <a href="#">Core indicators</a> or <a href="#">World Health Statistics 2009</a> )	
	Measles vaccination rate	(WHO: <a href="#">Core indicators</a> or <a href="#">World Health Statistics 2009</a> )	
Food & Nutrition	Prevalence of under-nourishment in total population	(FAO Statistics: <a href="#">Prevalence of undernourishment</a> )	
	Under-5 global acute malnutrition (GAM) rate (or similar nutritional indicator)		
	Food security indicator	(The <a href="#">IFPRI Global Hunger Index</a> covers most countries. <a href="#">IPC</a> covers about 14. Other methods are done <i>ad hoc</i> . Consult your food security cluster/sector to choose the most appropriate indicator.)	
WASH	Proportion of population without sustainable access to an improved drinking water source	( <a href="#">UNDP HDR 2009</a> )	(UNDP HDR <a href="#">[previous editions]</a> )
	Consumption of potable water (litres/person/day)	[data not available as a standard cross-country indicator; data will have to be collected in each crisis]	
Population movements	Internally displaced people (number and percentage of population)		(Quote from this CAP, or other agreed source from the field)
	Refugees	In-country	(UNHCR field office or UNHCR <a href="#">Statistical Online Population Database</a> )
		Abroad	(UNHCR field office or UNHCR <a href="#">Statistical Online Population Database</a> )
Other vulnerability indices	ECHO Vulnerability and Crisis Index score		<a href="#">ECHO policies</a> – Strategic Methodologies (GNA 2008-2009)
	UNDP Human Development Index score		<a href="#">UNDP HDR 2009</a>
	IASC Early Warning - Early Action rating		[Not available on line – CAP Section will fill in]
Also:	State here other interesting or relevant statistics concerning the country, e.g. population growth, unemployment rates, percentage living with HIV/AIDS, outbreaks of fighting or diseases.		

The categories in the left column are derived from the "Core Human Security Areas" identified by the UN Commission on Human Security. For more on the concept and applications of human security, see [Human Security Now](#).

***Table I. Summary of Requirements (grouped by Cluster)***

***Table II. Summary of Requirements (grouped by Appealing Organization)***

***Table III. Summary of Requirements (grouped by priority level)***

**See best practices of executive summaries here:**

- [West Africa 2009](#)
- [Kenya 2009](#)

## 2. 2009 IN REVIEW

(5 pages including graphics)

The purpose of this section is to educate the reader on the main causal factors and trajectory of the crisis; to crystallize the lessons learned from the past year of concerted humanitarian action; and to reassure donors that their resources are producing concrete outputs which in turn have the necessary humanitarian impact.

### 2.1 Changes in the context

(2 pages)

#### INSTRUCTIONS

This sub-section should outline the root cause of the crisis and its evolution, including any regional or historical dimensions. Start with an overview of the trends in the previous year – the macro level or big picture.

#### Key Questions to Answer

- What are the main causal factors driving the humanitarian crisis, and what has been their trend over the last year?
- What are the most important factors causing or compounding the humanitarian impact of the crisis (e.g. displacement, abuse of human rights, loss of livelihoods, interruption of social services, climate change, environmental, HIV/AIDS, natural disaster, food insecurity)?
- What factors, if any, are contributing to a lack of protection or abuse of human rights?
- What is the demography of the country, and what are the most vulnerable groups? Present this information in a table or chart if possible, disaggregated by sex and age. Please disaggregate beyond gender if necessary, i.e. livelihood groups, regions, ethnic minorities, etc.
- What inequalities could put certain groups at additional risk (e.g. gender, racial, religious, age)?
- What is the national capacity (government and civil society) and willingness to respond to the crisis?

#### See best practices here:

- [Afghanistan 2009](#)
- [Iraq and the region 2009](#)

### 2.2 Humanitarian achievements and lessons learned

(3 pages)

#### INSTRUCTIONS

Present the data on outputs and impact from humanitarian action in 2009 to date, based on your 2009 CAP's strategic objectives and indicators. (Stakeholders expect specific reporting on what was done with humanitarian funding.) If you made a strategic monitoring matrix in your original 2009 CAP, you can add the implementation information and include the matrix here (or in annex if it is more than two pages). If you have no original monitoring matrix, a concise option is to present summaries of cluster/sector achievements vs. objectives, like this:

Cluster/sector Objectives	Status	Challenges
Cluster/sector A Objective 1		
Cluster/sector A Objective 2		
Cluster/sector A Objective 3		
Cluster/sector B Objective 1		
...etc		

Remember that donors are always interested in how well the funding they provided was spent, and what the result of this spending was. As such, always use this section as an opportunity to demonstrate **clear** achievements of humanitarian action to date. The more specific information you provide regarding the last CAP, the more favourably stakeholders will view this CAP.

This is not the best platform for an exhaustive, detailed enumeration of humanitarian actions, projects and results: space is limited, and the CAP is written only ¼ of the way through the current year. (The IASC is considering whether to establish a more detailed year-end retrospective CAP analysis, which would be developed early in the new year, for this purpose.) Use this space instead to demonstrate needs (as they were at the beginning of the year), effectiveness, and lessons learned – plus to show the fact that you are measuring what you are doing.

### Key Questions to Answer

1. What has been the cumulative result towards 2009's strategic objectives?
2. What proportion of the needs has national capacity (government and civil society) covered in 2009? What has been covered by other actions not counted in the CAP (e.g. ICRC<sup>2</sup>)?
3. Why has the Humanitarian Country Team (HCT) achieved or not achieved its goals/priorities?
4. Based on what was achieved or not achieved during the previous appeal period, what lessons have been taken into account in the CHAP for the coming year?

Remember to focus on the HCT's overall priorities and goals, not just those of one block of actors (e.g. the UN) or a single organization. Include the impact of activities outside the CAP. Use credible evidence with specific facts and numbers to back up your statements, like monitoring / assessment / evaluation reports, surveys, academic research, or [Financial Tracking Service](#) (FTS) data.

(Do not assume that lack of funding to CAP projects means beneficiaries were not assisted. The activities in an unfunded CAP project may have been implemented outside the appeal. Cluster/sector coordinators should be monitoring this, and the CAP should reflect it.)

Provide credible evidence of overall results and impact (e.g. changes in mortality/morbidity, protection, humanitarian space, etc.), not just processes, outputs or relief items supplied. If there have been no positive results, explain why. If there is insufficient information, state what's being done about that.

**Reporting in the CAP should have greater emphasis on the impact on supported populations than on bureaucratic achievements such as frequency of meetings held.**

### Themes to address

*Humanitarian funding:* has the funding response to the CAP been adequate, timely and flexible? What was funded outside the CAP, and why was it not counted in the CAP? (See FTS Table H.) Which donors have increased or decreased their funding compared to previous years, and why? Did donors respond to the prioritization scheme in 2009? (See FTS table on funding response per priority level.) Did clusters/sectors work with donors to direct funds to the most urgent projects? What have been the effects of under-funding in the various clusters/sectors? Are there innovative financing instruments, like pooled funds? How or to what extent has pooled funding improved the quality and efficiency of humanitarian action? How were allocation decisions made for CERF or other pooled funds? Summarize how CERF funds were used in clusters/sectors neglected by donors. Include at least one table/graph that illustrates the key point(s) that you want to make about funding. Don't hesitate to contact FTS for suggestions about how to present this information ([fts@reliefweb.int](mailto:fts@reliefweb.int); see also contact list at end of these guidelines).

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<sup>2</sup> The only Red Cross/Crescent National Society that can appeal for funding as a project partner for a UN Agency is the National Society of the country of operation. Participating National Societies (PNS) from outside the country of operation must work through the International Federation Appeal, or the ICRC. In principle, the IFRC may participate in (but not appeal through) Flash Appeals in the form of an Annex to the Appeal. In accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement, in particular independence, the IFRC and the ICRC manage their own, separate appeal funding mechanisms. The Red Cross or Red Crescent National Society of the country of operation may become a project partner of the UN, provided that it can adhere to the Fundamental Principles and policies of the International Movement of Red Cross and Red Crescent Movement.

*Humanitarian coordination:* what actions have been taken to strengthen this function, including the establishment of a broad-based HCT? What progress has been made in developing strong partnerships between UN and non-UN actors? Comment on: inclusiveness of clusters/sectors; role of clusters/sectors in identifying needs, setting priorities, and monitoring impact; modes of coordination among clusters/sectors. Analyse how the cluster/sector coordinators have progressed towards fulfilling their responsibilities – what are the remaining gaps and how/when will they be filled? Why are the non-CAP projects whose funding is shown on FTS Table H not counted in the CAP – are those organizations not participating in the cluster/sector?

*Impact of pilot schemes:* in any country piloting a “new” approach (for example use of the Needs Analysis Framework, pooled funding, Good Humanitarian Donorship, humanitarian community partnership team, peace-building commission), the CAP should comment on how/whether these approaches have improved the quality of humanitarian action in the country.

**See best practice of Year in Review here:**

- [Central African Republic 2009](#)
- [Somalia 2009](#)
- [Syria 2009](#)



### 3. NEEDS ANALYSIS

(Up to 4 pages including graphics)

This is the crucial section of your CAP, where you will need to convince donors to allocate millions of dollars to your crisis – and moreover to allocate it according to the priority needs that you identify here. It is not easy: this section must show solid evidence and solid reasoning.

To complete this section of the document, you will need data that has been reviewed and organized with the Needs Analysis Framework (NAF) or an alternative mechanism for sound needs analysis. Needs analysis should be evidence-based, inter-agency and multi-sectoral (drawing on needs assessments which are usually cluster/sector-specific). Information in this section should be based on surveys, contingency plans, monitoring reports, government data, academic research, or the like, and referenced accordingly. If information is unavailable (for example because of insecurity) or unreliable, explain why, and what is being done to improve information.

#### INSTRUCTIONS

This section should explain the major humanitarian consequences of the crisis and how they are inter-linked. This section must be based on credible needs assessments and sound analysis. Use the NAF, or similar analytical mechanism, to organize the data. This section should specify:

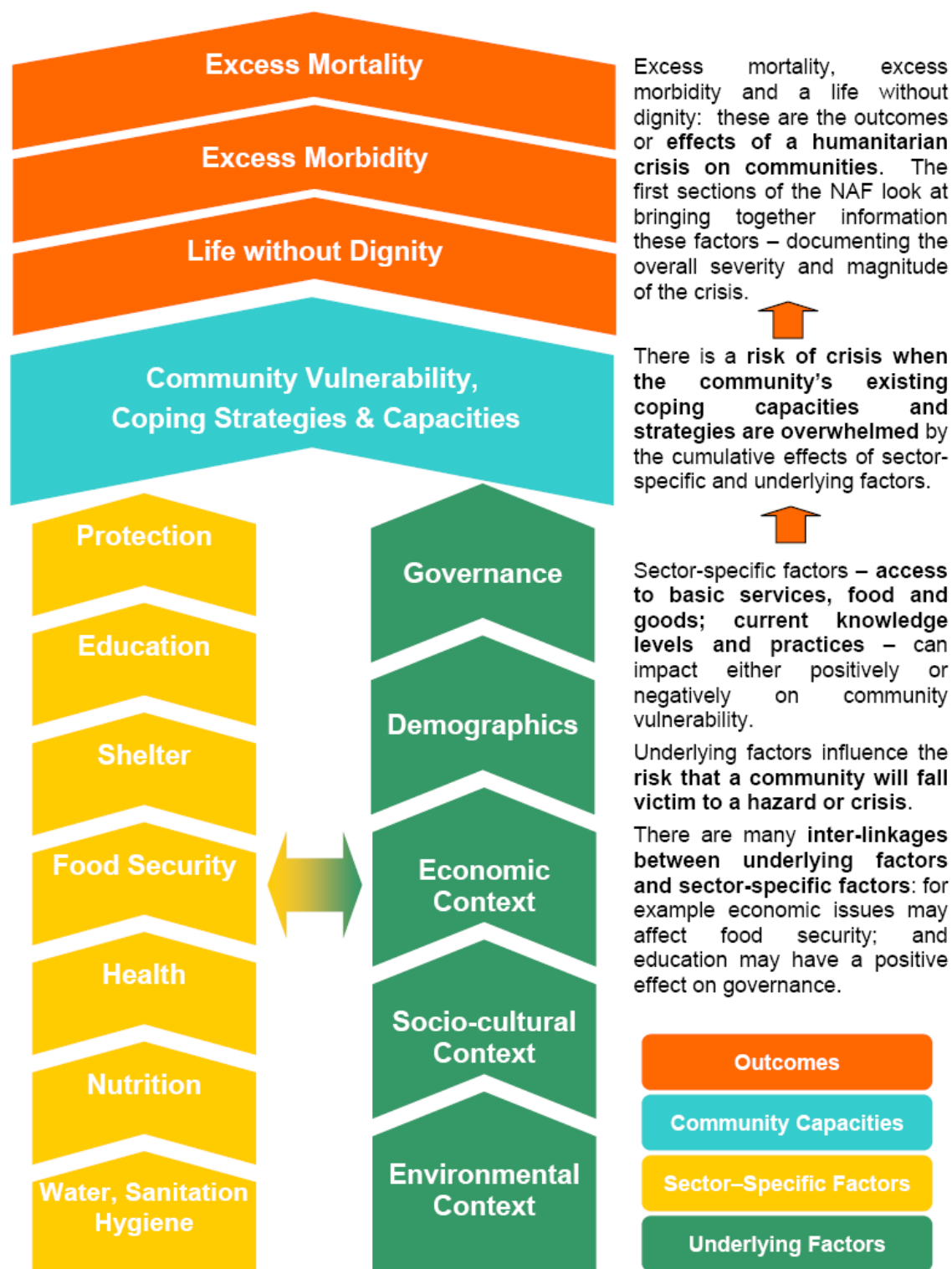
- Humanitarian need (overall, not just those needs that will be addressed through the projects listed in this appeal – though the CAP should cover as many of those as possible).
- Key data such as mortality and morbidity rates. Elaborate on the factors behind the basic humanitarian statistics (the ones presented in the box after the executive summary). To the extent possible, show how data differ among specific groups (e.g. women, children, the displaced, refugees, host populations) and/or geographic regions. Present data in a table or chart.
- A map—if possible—showing concentration of needs in the country, geographic priorities, or other relevant data.
- Using the hierarchy of causes and outcomes illustrated in the NAF (reproduced on next page), analyze the most urgent humanitarian needs and the inter-relations among their causes. (The HCT and individual responding agencies will have to understand the inter-relations to design their programmes right.)

#### Cross-cutting issues

CAPs (and the humanitarian action that they reflect) should deal with a range of cross-cutting issues. Do not leave them until the last minute and try to add them to the text as an after-thought. Instead, communicate now with the CSCs (copying the HC) and make sure they are incorporating them into their cluster/sector response plans, and encouraging their members to incorporate them in project design. The HCT may also decide that one or more cross-cutting issues is so critical in your particular crisis that addressing it rises to the level of a strategic objective for the CAP.

Each CAP should:

- ☒ Integrate gender analysis throughout the CHAP and include projects that respond to different needs of men and women, girls and boys.
- ☒ Disaggregate data by sex and age.
- ☒ Include protection and human rights in your analysis and response.
- ☒ Discuss the impact of HIV/AIDS on the crisis and ensure that the response is appropriate.
- ☒ Explain implications of access and security on your assessment of need and your response.



### Key Questions to Answer

1. What are the priority needs for humanitarian assistance in this crisis and why? (Remember: at this stage, focus on NEEDS, not the HCT's response to those needs. The response to needs will be covered in Section 4.)
2. How are the priority needs related to one another?
3. What factors are placing additional risk on people? What are the risks?

4. What are the levers (economic, social, institutional) that will enable the provision of an effective and prioritized support to the affected communities in their attempt to recover from the crisis as early as possible?
5. Recognising that needs and risks may differ across demographic groups (e.g. women, the elderly, IDPs, children), what are the specific needs and risks of such groups in this particular context?
6. Identify cultural and religious specificities.
7. What information gaps exist, and how does the HCT plan to fill them?
8. Donors reserve humanitarian funds for needs that can't be met in time by development or anti-poverty programmes. Argue clearly here why needs you identify here cannot be met in time by development aid.

The following elements should be taken into account in your analysis:

- governance (including political situation, crisis context, national response capacity, and aspects of the regional and international context);
- existing coordination mechanisms;
- the situation of security and rule of law (in particular law enforcement);
- demographics and economic context;
- socio-cultural context (including human development index and social stratification);
- socio-economic patterns (livelihoods, community infrastructure, coping mechanisms);
- physical environment;
- root causes of conflict;
- availability of natural resources used to meet humanitarian needs;
- environmental impacts;
- availability of natural resources expected to be in high demand to meet recovery needs.

See page 4 of the [NAF](#) for more detailed guidance on these.

**See best practices here:**

- [DRC 2009](#) (in French)
- [Afghanistan 2009](#)

**See also these needs analyses published as separate documents:**

- [Nepal 2008](#)
- [CDI 2006](#) (in French)
- [OPT 2005](#)

## 4. THE 2010 COMMON HUMANITARIAN ACTION PLAN

### 4.1 Scenarios

(1 page)

The purpose of scenarios is to ensure that the response plan looks beyond current snapshots and bases its strategy on the most likely trajectory. A worst-case scenario is also needed to inform contingency planning; a best-case scenario is included to signal to donors and other stakeholders that the humanitarian system doesn't assume the worst, and is ready to scale back humanitarian action and funding requests if there are signs that the situation is improving.

#### INSTRUCTIONS

Choose four or five key variables<sup>3</sup> that will determine humanitarian need (such as displacement, resettlement, planting or harvest, security, social services, or access). Outline the most likely, best-case, and worst-case scenarios, following this structure for each:

- Core elements or phenomena;
- Triggers or early warning that would signal that this scenario is starting to happen;
- The effects of this scenario on the key variables (who would be affected and how);
- Outline of how this would affect aid operations, or how response would be carried out in this environment.

See best practices here:

- [Afghanistan 2009](#)
- [Chad 2009](#)

*NB. Neither of these examples fully follows the ideal structure outlined above, but they are the closest among recent CAPs.*

### 4.2 Strategic objectives for humanitarian action in 2010

(1.5 pages including graphics)

WHAT IS A "STRATEGIC OBJECTIVE"? Taken together, the strategic objectives are a summary of how we will achieve goals, given operational and resource constraints. A strategic objective has to be specific enough to help you focus the response – decide what and what not to do. That specificity can be given in various ways, depending on what makes sense in the context: cluster/sector-based, status-based, geographic, demographic. A strategic objective is not a statement of obvious imperatives or mission, like "meet the needs of the most vulnerable people."

#### INSTRUCTIONS

State first the boundaries of this CHAP. Most CAPs take place in situations of generalized vulnerability, impairment of basic services, and developmental neglect. In these conditions, humanitarian need can be detected almost anywhere in the country, and there is usually not enough funding or capacity among the humanitarian organizations to address them all. The HC and HCT therefore have to set the boundaries of needs and response at the outset of the appeal process (after needs analysis). These boundaries can be geographic, demographic, deriving from clusters/sectors, temporal, or based on finer measurements of vulnerability – whatever combination serves best in your context to draw the line between what the HCT must achieve and what is secondary.

The boundaries and strategic objectives should reflect the fact that a primary purpose of the humanitarian strategy is to act on and 'direct' the course of events as much as possible towards sustainable resolution. This should take into account the possibility of seizing any opportunity (or

<sup>3</sup> Please note that sex and gender disaggregated data should be included in the scenarios. Check the IASC Gender Handbook in Humanitarian Action [here](#).

'pockets') for recovery, through institutional and livelihood support for the relevant communities. (See Part II, Section 6 of these guidelines for more on early recovery in CAPs.)

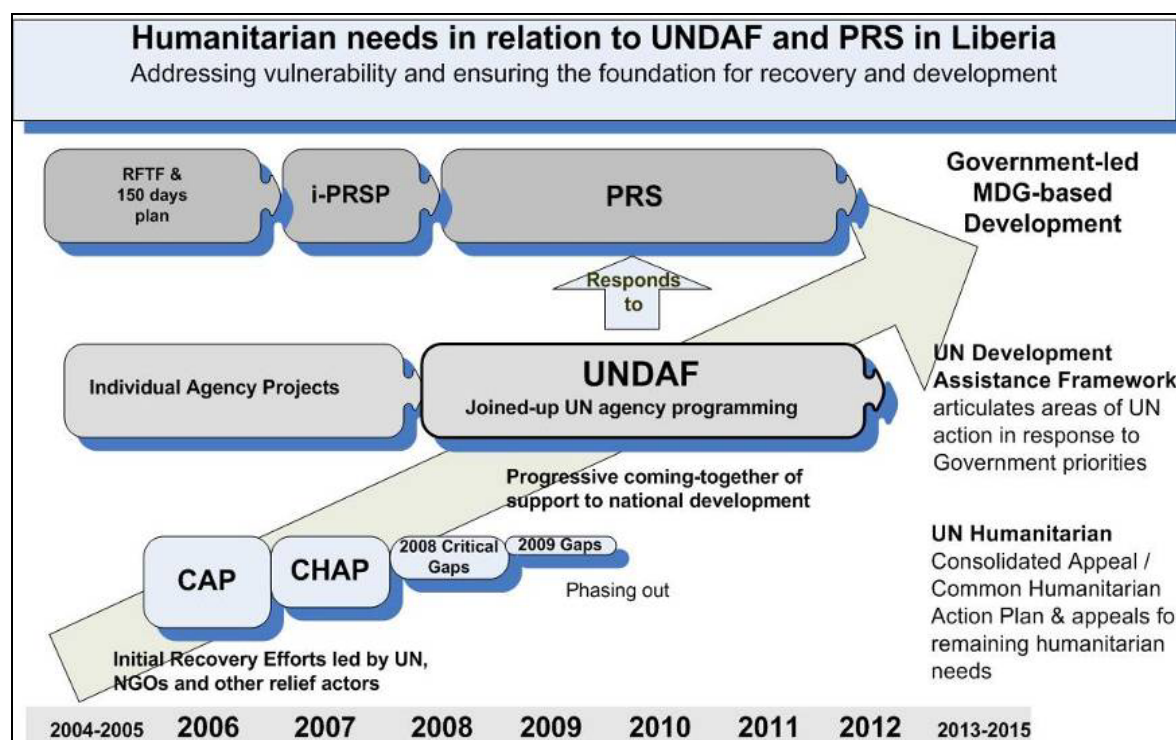
After setting the boundaries, state clearly and succinctly the overarching (inter-sectoral) strategic objectives for humanitarian action. The objectives should be expressed as SMART: specific, measurable, achievable, relevant, and time-bound within the appeal period (usually 12 months).

#### MAKE SURE YOUR STRATEGIC OBJECTIVES HAVE THESE QUALITIES:

- They state the (feasible) results that you must achieve (expressed as humanitarian impact, or actions necessary to enable humanitarian operations).
- They are specific enough to help you focus the response and differentiate between what relates to it and what doesn't.
- They are clear and compelling enough to persuade organizations to change their programming, and donors to change their funding, if necessary, to achieve them.

#### Key Questions to Answer

- What results do you expect by the end of the appeal period?
- How will the strategic objectives for response promote gender equality and address the needs of specific groups at particular risk (such as people affected by HIV/AIDS, etc.)?
- What are the key population groups, regions, and clusters/sectors of the overall response?
- What priority needs are being addressed by the affected country government and other actors?
- Are any priority needs being addressed through other strategic programming tools such as national recovery plans, CCA/UNDAF, World Bank Poverty Reduction Programmes, or bilateral aid programmes? (The following figure is a useful schematic, from Liberia's "Critical Humanitarian Needs 2008" document, on the inter-relation of the CAP and post-CAP humanitarian planning processes with recovery and development plans.)



#### See best practice here:

- [Central African Republic 2009](#)
- [Sri Lanka 2008](#)

### 4.3 Strategic monitoring plan

(0.5 page)

Monitoring is historically a weakness in CAPs. You can strengthen it by following this guidance. The monitoring plan in your CAP should consist of three parts: strategic monitoring plan, a logframe showing the continuum from strategic objectives through strategic indicators to sectoral objectives, and sectoral monitoring plans (the latter presented in Cluster/sector Response Plans, Section 4.5).

#### A. Strategic Indicators and data collection system

Strategic monitoring in CAPs is the use of key indicators with which you'll monitor the evolution of the crisis, the humanitarian needs, the appropriateness of the strategy, and the implementation and effects of the response. (See [here](#) for on-line data sources for common indicators.) These data are combined with a structure to analyze the information continuously, and make strategic decisions and re-direction as needed.

#### INSTRUCTIONS

The HCT should select four to six indicators that will measure achievement of the strategic objectives stated in the CHAP. These strategic indicators should be a mix of:

1. those that measure the process of humanitarian response (e.g. "proportion of displaced people who receive full and regular humanitarian assistance");
2. those that measure the impact of humanitarian response (e.g. "incidence of water-borne disease among displaced people"), and;
3. those that measure the upstream worsening or improvement of the crisis, (e.g. "number of newly displaced people").

Present current or recent baseline data for each strategic indicator. Consult your cluster/sector coordinators about their ability to provide data; select only indicators for which data collection will be feasible. If your 2009 indicators served well for clearly reporting progress in "year in review", feel free to use them again. You can also use the variables in the basic statistics box in the executive summary – these amount to generic strategic monitoring indicators.

#### Key Issues to Include:

- Explain what sources of information will be used to measure the strategic indicators. (Remember that each cluster/sector response plan will also propose its own cluster/sector-specific indicators for its objectives, so choose higher-level indicators for strategic monitoring, or cluster/sector indicators with strategic significance.)
- How will the HCT collect the necessary information, how often, who is responsible for analysing the information, and what decision-making structure will act on the information?
- How will the HCT monitor needs throughout the appeal period, including those of specific groups deemed particularly vulnerable?
- How will the HCT monitor its planning scenarios and triggers, and discuss the need for major shifts in strategy?<sup>4</sup>

See best practices in strategic indicators and data collection system here:

- [Zimbabwe 2009](#)
- [Somalia 2008](#)

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<sup>4</sup> The IASC *Guidance note on using the cluster approach to strengthen humanitarian response* elaborates much of this: <http://ocha.unog.ch/humanitarianreform/Portals/1/cluster%20approach%20page/Introduction/IASCGUIDANCENOTECLUSTERAPPROACH.pdf>.

## B. Logical Framework for the Humanitarian Response

This summarizes and charts the relationship between the strategy, strategic objectives (4.2), and cluster/sector response plans (4.5). (Implicitly, they link further to the projects selected by each cluster/sector, but it is awkward to enumerate projects in a logframe for reasons of space.)

### INSTRUCTIONS

Summarize your agreed strategic objectives, indicators, and response plan objectives as in the following table. (TECHNICAL TIP: it's often better to make the logframe in Excel, and send it to CAP Section that way as an accompanying file – Excel is easier to format than big Word tables.)

#### Example:

Strategic Objective	Key indicators	Corresponding Sector Response Plan Objectives	
1. Ensure basic survival needs of the 300,000 most vulnerable IDPs and host communities in the north.	U5 acute malnutrition; key disease incidence; litres/person/day potable water; ...	Food	Provide monthly packages equating to 2100 Kcal/day to 300,000 beneficiaries
		Health	Immunize 100,000 IDPs and host family children against measles
		Wat/San	Ensure 15 litres of water per person living in IDP camps
		etc...	
2. etc...			

NOTE: Logframes can become very lengthy and time-consuming. But the purpose is fairly simple: to show the unity of the assessed needs and strategic objectives with cluster/sector response plans (and, by implication, with projects and funding requests). Carefully consider how much detail to show.

(The third part of the monitoring plan, **Output tracking at cluster/sector level**, is presented in each cluster/sector response plan in Section 4.5, so there is no need to include it in this section. See guidance notes for Section 4.5. To summarise, cluster/sector coordinators should plan to gather periodic, real-time information from their cluster/sector member organizations about project-level outputs. The coordinators aggregate the data and present it to the HC and HCTs, who need it for strategic and operational decision-making, and for sharing with stakeholders like donors and the affected country government.)

#### See best practices for logframes here:

- [Zimbabwe 2009](#)
- [Central African Republic 2009](#)
- [Iraq 2009](#)

### OTHER BACKGROUND

CAP monitoring and evaluation (M&E) is under development. Most clusters/sectors in most CAP countries are already tracking outputs in real time. Some HCTs have started tracking strategic-level outcomes as well (see [Somalia CAP Mid-Year Review 2009](#)), and the IASC aims to support HCTs in all CAP countries to do so. However outcome monitoring is more nuanced and methodologically more complicated than compiling output information, and so will require more support. (The more commonly-used phrase for outcome monitoring is “impact evaluation,” but this has a specific professional definition more appropriate to development actions than humanitarian actions. But either phrase can be understood as *measuring results and learning lessons*.)

The *Evaluation and Effectiveness* document by OECD provides definitions of numerous relevant terms: <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.



## 4.4 Criteria for selection and prioritization of projects

(1 page)

**Selection** is the process of choosing the projects to be included in the CAP, according to the general selection criteria agreed by the HCT (with some additional sector-specific criteria as appropriate). This is done in each cluster/sector through a peer review process (using the On-line Projects System/OPS, on which all cluster/sector members can see each other's draft projects – see Part II, Section 1 for details). **Prioritization** follows the selection phase; it means identifying the projects within each cluster/sector that most urgently require funding, so that donors fund the most urgent projects first. This too is done by peer review and consensus in the cluster/sector, based on general prioritization criteria agreed by the HCT (possibly with sector-specific additions if necessary). Each project should be marked with its ranking on OPS. Projects can be prioritized according to various criteria including, for example, the following:

- early recovery (life-/livelihoods-sustaining) or direct relief;
- geographical group priorities;
- target group priorities;
- time sensitivity;
- conformance with the CERF life-saving criterion.

Note that CAP practice does not require prioritization among clusters/sectors, in keeping with the principle that humanitarian action has to be holistic – though the HCT is free to do this in addition if they want.

### A. SELECTION

#### INSTRUCTIONS

Explicitly state the selection criteria for projects included in the CAP. (These criteria will have been applied to all draft projects via peer review by cluster/sector members, and submitted to the HC for final approval for inclusion in the appeal.)

Here is where the issue of boundaries is applied most practically. Most CAPs take place in situations of generalized vulnerability, impairment of basic services, and developmental neglect. In these conditions, humanitarian need can be detected almost anywhere in the country, and there is usually not enough funding or capacity among the humanitarian organizations to address them all. The HC and HCT therefore have to set the boundaries of needs and response at the outset of the appeal process (after needs analysis). This boundary is applied generally through the setting of strategic objectives, more specifically in cluster/sector response plans, and most specifically in selection of projects. The project selection criteria therefore operationalize the boundaries.

Apart from the appeal-specific boundaries, as a general rule all projects in the appeal must be in line with the strategic objectives in the CHAP, and cluster/sector objectives in the relevant cluster/sector. They should moreover be feasible for the proposing organization (vis-à-vis its technical expertise and capacity on the ground), and reasonably budgeted.

Most importantly, the cluster/sector should orchestrate its members' activities and projects so as to cover the key needs in that sector; and no projects should be selected that do not address proven or reasonably inferred needs.

#### Sample criteria for project selection:

- The project must be consistent with the cluster/sector strategy, and must contribute towards the achievement of one or several of the strategic objectives agreed upon by the HCT for the humanitarian operation in 2010;
- The project must present a clear target in specified operational areas and should not duplicate activities implemented by other organizations;



- The implementing agency must have a recognized capacity to implement the project;
- The appealing organization must be part of existing coordination structures (cluster/sector working group member);
- The implementation of the project or part thereof must be feasible within the 12-month timeframe;
- The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond.
- Wherever possible, the project shall include national NGOs and other national partners.
- Projects should avoid repetition with last year's projects; where such repetition is unavoidable, the proposing organization should justify why the particular project is needed for another year.

## B. PRIORITIZATION

Donors expect projects listed in a CAP to be prioritized, because this enables them to ensure that the most important needs and projects are covered, given limited funds. Prioritization is an essential element of the CAP and is not optional. CAPs should be prioritized with at a minimum two tiers of priorities among the projects. The cluster/sector coordinator is responsible for ensuring completion of this piece of the CAP, working with the entire cluster/sector. The HC is responsible for ensuring that the HCT and the clusters/sectors agree upon a clear prioritization scheme.

Note that CAP practice does not require prioritization among clusters/sectors, in keeping with the principle that humanitarian action has to be holistic – though the HCT is free to do this in addition if they want.

Though most life-saving projects will be top-priority, not all top-priority projects have to be directly life-saving. They can instead enable other top-priority projects, or they can reduce aid dependence (early recovery) or avert irrecoverable harm in a time-critical way (e.g. pest prevention).

Most CAPs use a method of assigning a score to each project based on test questions. Here is a typical set of test questions:

1. Does the project **remedy, mitigate or avert** direct, imminent and serious physical harm or threats (whether violence, disease, or deprivation) to affected people within a short time span? (If yes, 2 points)
2. Is the project **essential to enabling other projects** to remedy, mitigate or avert direct, imminent and serious physical harm or threats to affected people within a short time span? (If yes, 2 points)
3. Does the project **build vulnerable people's resilience** to harm or threats? (If yes, 1 point)
4. Does the project **build institutional and/or community capacity** to remedy, mitigate, or avert direct and imminent physical harm or threats to affected people within a short time span? (If yes, 1 point)
5. Is the project **definitely feasible** (assuming funding) by the proposing organization and planned partners, currently and in the most likely scenario? (If yes, 2 points)
6. Are the needs that the project plans to address **confirmed by evidence** that is solid by reason of first-hand assessment on the ground, or triangulation (multiple independent sources)? (If yes, 2 points)

\*\*\* > or = 6 points: top priority; < 6 points: medium priority \*\*\*

**Your scheme should consider whatever the most important factors are in a specific crisis. Those could, for example, include:**

- Relief vs. recovery/transition;
- Geographical or target group priorities;
- Pre-selecting projects that meet the CERF life-saving criterion (in case your country receives a CERF under-funded allocation);
- Time-bound projects (because of agricultural season for example).

Each project's priority designation (marked in OPS) will appear in the document's List of Projects (Annex I) and on FTS. FTS has an automatic table to track funding according to priority group, which is a useful tool for advocacy. Priority ratings can and should be updated at any time throughout the year; updates can be uploaded onto OPS, and (once approved) published electronically via FTS.

**See best practices here:**

- [Iraq and the region 2009](#)
- [Central African Republic 2008](#)

## 4.5 Cluster/sector response plans

**(2 pages per cluster/sector, plus table or matrix of needs and planned coverage)**

Please first insert the following table to provide a quick overview of the objectives, beneficiaries and funding required for cluster/sector for the coming year.

Cluster/sector Name	
Cluster/sector Lead Agency(s)	Name (or acronyms) of organization(s) leading the cluster/sector
Implementing Agencies	Name (or acronyms) of organizations participating in the cluster/sector
Number of Projects	Total number of projects for this cluster/sector
Cluster/sector Objectives	Concisely enumerate the objectives that the cluster/sector is seeking to accomplish for the year
Beneficiaries	Enumerate the beneficiaries of the effort of the cluster/sector, and disaggregate by gender*
Funds Requested	Total funding requested for the year for cluster/sector needs – OPS will give this total
Funds requested per priority level	This info will be available via OPS, but it may require some re-processing on Excel. If the cluster/sector coordinator can't manage to produce it, OCHA CAP Section will fill it in. Example: <b>Immediate (\$4,438,724), High (\$11,979,253), Medium (\$4,350,490).</b>
Contact Information	E-mail address of the cluster/sector coordinator

\*A second table in the format below is useful for simultaneously disaggregating by gender, stratifying or categorizing, and distinguishing the affected population versus number of beneficiaries, all at a glance. Use this format in addition to the above table if these factors exist:

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs and returnees	102,000	86,000	188,000	102,000	102,000	204,000
Refugees east	148,000	117,000	265,000	140,000	148,000	288,000
Refugees south	600,000	600,000	1,200,000	500,000	400,000	900,000
Host communities	102,000	86,000	188,000	102,000	102,000	204,000
<b>Totals</b>	<b>952,000</b>	<b>889,000</b>	<b>1,841,000</b>	<b>844,000</b>	<b>752,000</b>	<b>1,596,000</b>

## INSTRUCTIONS

Below the above tables, each cluster/sector coordinator is to write a succinct overview of priority needs and cluster/sector response strategy, after consultation among cluster/sector members. Each cluster/sector strategy must operationalize one or more of the strategic objectives outlined in the

previous section. Each cluster/sector strategy and project portfolio should be inclusive of the main organizations working in that cluster/sector.

A response strategy is not a mission statement (like “deliver urgent assistance to the most vulnerable”). It operationalizes the humanitarian imperative in your particular situation: it states how you will deliver urgent assistance to the most vulnerable in the face of limited resources, imperfect access, and other real-world impediments. It also states how you will identify the ‘most vulnerable’ or however you call your target beneficiaries – what are the boundaries of needs, what are the thresholds of response.

**Note:** For financial tracking purposes, the IASC defined 12 standard sectors some years ago. However, HCTs often have working groups or clusters that differ from this standard roster (e.g. if nutrition is a separate working group, instead of being rolled into health). In that case, the response plans in the document should mirror the actual coordination arrangements on the ground, not be artificially reconfigured into IASC standard sectors. FTS is able to track in these non-standard sectors or clusters, **and** simultaneously in the IASC standard sectors. (FTS staff assign each project to a standard sector, in parallel to the non-standard clusters/sectors.)

In the appeal document, clusters/sectors should be presented in order of priority, in line with the strategic objectives for response.

Early recovery support opportunities – and related needs and projects - should be identified and mainstreamed within each CAP cluster/sector as appropriate, in line with the responsibility placed upon all clusters by the IASC Working Group. In November 2008, the WG “reaffirmed that all Clusters are accountable for mainstreaming early recovery into their work at both global and field levels, identifying and removing blocks to further implementation.” Early recovery areas of intervention that would fall outside the clusters’ scope of response or could not be effectively mainstreamed (e.g. governance, rule of law, non-agricultural livelihoods, land and property, reintegration, basic and community infrastructure, etc.) could be presented in a specific early recovery response plan, usually named after the main sectors addressed (such as governance and livelihoods cluster or livelihoods and reintegration cluster etc.), according to the context. In other words, there may be no need to present a separate ‘early recovery’ sector response plan – each cluster/sector should be pursuing early recovery within its scope – but the nature of some ER activities may fall outside the sectors’/clusters’ technical scope, and so could be presented in a distinct ‘sector’ response plan. Please refer to page 34 for more information on early recovery in CAPs.

### Needs Analysis

See the sector-specific guidance in the Needs Analysis Framework (click [here](#)), starting on page 7.

### Objectives

The cluster/sector should present between three and six SMART objectives – specific, measurable, attainable, relevant, and time-bound. These may be a mix of process objectives, like outputs, and results objectives, like outcomes. The difference between process and results indicators can be illustrated if one imagines a classic water point project:

- The project’s **inputs** would be funding / materials / staff;
- The **process** is contracts / drilling / procurement / pump installation / community training;
- The **outputs** are boreholes / pumps / functioning community maintenance teams;
- The **outcomes** might be increase in household potable water consumption and/or less time spent obtaining water;
- The **impact** hopefully is reduction in incidence of water-related diseases, and possibly enhanced livelihoods or productivity because of time saved in accessing potable water.

Regarding outputs, the objectives should add up the key tangible outputs of the cluster’s/sector’s projects taken together. For example: 350 new water points built; eight new therapeutic feeding centres put into operation; seeds and tools distributed to 55,000 households.

It's important to state at least some of your objectives in terms of humanitarian outcomes (to the extent that these can be measured). For example: household potable water consumption rises from current baseline of eight litres per person per day to 15 l/p/d; 4,000 severely malnourished children are treated successfully at TFCs; 55,000 households plant sufficient crops for one year of food security.

As a matter of programmatic quality of the planned humanitarian action, cluster/sector objectives should cover both the direct relief and life/livelihoods-sustaining dimensions, as appropriate

### Indicators

Between one and five key cluster/sector-wide **indicators** that measure progress towards the objectives. Ideally there should be a mix of process indicators, like outputs, and results indicators, like outcomes. (Outcomes are more interesting, but harder to measure, especially in less than a year; so process indicators are sometimes used as a proxy for outcomes.)

**See best practice here on clear sectoral strategies, objectives and indicators:**

- [oPt 2009](#)
- [Somalia 2009](#) (good example of optional arrangement of sector response plan into logframe format)

### Table of proposed coverage per site

Present map, table or matrix of who is planning to cover what needs in what locations. Example:

SITE / AREA	ORGANIZATIONS
Kisumu	World Vision (wat-san), Oxfam (hygiene promotion), ActionAid (provide Ecoloos, water tanks, transport, supply of chemicals)
Nyamira	World Vision (wat-san)
Nairobi	World Vision (wat-san)
Mombasa	World Vision (wat-san), ActionAid (provide Ecoloos, water tanks, transport, supply of chemicals)
Eldoret	CRS (wat-san), Oxfam (hygiene promotion)
Nakuru	IRC (wat-san), ActionAid (provide Ecoloos, water tanks, transport, supply of chemicals)
Noigam	CRS (wat-san)
Turbo	CRS (wat-san)
Burnt Forest	CRS (wat-san)
Mole	IRC (wat-san)

**See best practice here** ([more elaborate examples of mapping who covers what where in the appeal](#)):

- [Chad 2008](#)
- [Myanmar 2008](#)
- [Zimbabwe 2009](#)

### Sectoral monitoring plan

Monitoring generally means being aware of the state of the system and the crisis that it is trying to solve. It serves several purposes: information for real-time operational and strategic decision-making (such as acting to fill gaps), information for advocacy (demonstrating needs and effectiveness, for example to donors and affected country governments), and learning lessons. For the purposes of this sector response plan, the monitoring section should summarize how often the cluster/sector coordinator will track and compile information on outputs to date (with reference to the relevant sector-wide objectives regarding outputs), and how the cluster/sector will measure outcomes (with reference to the outcome-focused objectives). Normally, the output tracking is more or less continuous, and is merely a compilation of project-by-project output updates. By contrast, outcome measurement (often referred to as "impact evaluation," but that term has a specific professional definition that is too elaborate for most humanitarian purposes) normally happens at longer intervals – once or twice per year – and requires a well-developed design. You don't need to state this well-developed design in your CAP sector monitoring plan; for now it can be sufficient to state which outcome indicators you will focus on, and to indicate how and when the cluster/sector will design the outcome measurement

scheme. (It's necessary, as part of this, to consider the strategic monitoring plan – how the HCT will monitor the higher-level indicators of the crisis – and also to consult the other cluster/sectors, as their outcomes may be related to yours.)

**See Best Practice:**

- [Iraq 2009](#)
- [Somalia 2009](#)
- [Uganda 2009](#)

#### 4.6 Roles and responsibilities

Briefly describe the HCT structure, membership, modes of operation, and links to affected country government and other actors outside the HCT structure. Describe how the HC will ensure that donors coordinate among themselves, so that they collectively achieve a balanced and prioritized funding outcome. Fill in the table below.

Cluster/sector name	Relevant governmental institution	Cluster/sector lead	Cluster/sector members and other humanitarian stakeholders

## 5. CONCLUSION

In addition to re-stating key facts and advocacy points, take this opportunity to remind donors about the consequences of under-funding and the impact it will have on the lives of beneficiary populations. Furthermore, use this section as an opportunity to provide an outlook for the coming years in the form of a general way forward after 2010 (for example, plans for early recovery and recovery, or joint planning with the government).

## ANNEXES

STANDARD ANNEXES: Annex I will always be the full project list (grouped by cluster/sector), with hyperlinks to open full project details on OPS/FTS. CAP Section makes and inserts this when the project info is finalized. (See example below.) The penultimate annex will be "Donor response to the 2009 Appeal," which CAP Section will derive from FTS and insert. The last annex will be the List of Acronyms and Abbreviations.

The International Federation of Red Cross and Red Crescent Societies (IFRC) normally provides a two-page input on their strategy and appeal for the crisis, to be annexed to the appeal document. This is provided by their headquarters directly to the CAP Section; CAP Section will insert it.

Insert additional annexes as required, after Annex I.

## ANNEX I. LIST OF PROJECTS

**[THIS IS A SAMPLE OF THE FIRST PAGE OF A LIST OF PROJECTS, FYI. CAP SECTION WILL GENERATE AND INSERT THIS TABLE. YOU DON'T NEED TO DO ANYTHING FOR THIS ANNEX.]**

Click on any project code to open the full project sheet. (For a constantly-updated on-line version of this table, click here: [http://ocha.unog.ch/fts/reports/daily/ocha\\_R32\\_A853\\_0901140205.pdf](http://ocha.unog.ch/fts/reports/daily/ocha_R32_A853_0901140205.pdf).)

Project code	Project title	Appealing agency	Requirements (\$)	Priority
(click on code to open full project sheet)				
<b>COMMON SERVICES</b>				
<a href="#">AFG-09/CSS/23700/561</a>	United Nations Humanitarian Air Service (UNHAS) Afghanistan	WFP	7,457,900	Medium
<a href="#">AFG-09/CSS/23729/119</a>	Coordinating Effective and Rapid Response to Humanitarian Needs	OCHA	10,995,838	Immediate
<b>Subtotal for COMMON SERVICES</b>			<b>18,453,738</b>	
<b>EDUCATION</b>				
<a href="#">AFG-09/E/23705/5645</a>	Community-Based Education (CBE) Project	CARE International	2,257,855	Medium
<a href="#">AFG-09/E/23708/5645</a>	Capacity Building Initiative for Rolling-out Minimum Standards for Education in Emergencies	CARE International	291,700	Medium
<a href="#">AFG-09/E/23710/5834</a>	Increase of Educational Capacity, Peace Education	NRC	960,000	Medium
<a href="#">AFG-09/E/23777/5834</a>	Literacy, numeracy and skills training	NRC	1,380,000	Medium
<a href="#">AFG-09/E/23780/109</a>	Supporting children with disabilities toward inclusion in education and social life.	SC - UK	385,200	Medium
<a href="#">AFG-09/E/23791/109</a>	Supporting working and street children	SC - UK	450,000	Medium
<a href="#">AFG-09/E/23796/109</a>	Quality Primary Education Project	SC - UK	461,016	Medium
<a href="#">AFG-09/E/23798/6042</a>	Girls' Urgent Early Steps for Teaching Success (GUESTS): accelerated education to increase female teachers numbers	SC - US	1,232,000	Medium
<a href="#">AFG-09/E/23835/12672</a>	Assistance to street working children and their families	ASCHIANA	366,582	Medium
<a href="#">AFG-09/E/23837/12672</a>	Assistance to IDPs and returnee children and their families in camps in Kabul, Mazar, Kandahar, Herat by provision am emergency education package: basic education and health education, access to basic services like safe drinking water, food, non-food items' plus child rights, peace and gender awareness	ASCHIANA	254,232	Medium
<a href="#">AFG-09/E/23840/124</a>	Winter Emergency Preparedness for 2009	UNICEF	2,164,500	Immediate
<a href="#">AFG-09/E/23840/5485</a>	Winter Emergency Preparedness for 2009	SC - US	2,164,500	Immediate
<a href="#">AFG-09/E/23841/12654</a>	Temporary learning facilities project in 6 districts of Baghlan, Takhar and Jawzjan province	ADPO	97,905	Immediate
<b>Subtotal for EDUCATION</b>			<b>12,465,490</b>	
<b>EMERGENCY SHELTER</b>				
<a href="#">AFG-09/S-NF/23750/298</a>	Shelter Assistance Project (SAP)	IOM	1,941,000	Not specified
<a href="#">AFG-09/S-NF/23751/298</a>	Comprehensive Humanitarian Assistance Project (CHAP)	IOM	3,287,000	Not specified

**ANNEX II....****ANNEX [Y]. DONOR RESPONSE TO THE 2009 APPEAL**

[to be inserted by CAP Section]

*Table [V]. Summary of requirements and funding per cluster/sector*

*Table [W]. Summary of requirements and funding per organization*

*Table [X]. Total funding per donor (to projects listed in the Appeal)*

*Table [Y]. Non-Appeal funding per donor and per cluster/sector*

*Table [Z]. Total humanitarian funding per donor (Appeal plus other)*

**ANNEX [Z]. ACRONYMS AND ABBREVIATIONS****INSTRUCTIONS**

Use acronyms only if a phrase is spelled out more than twice in the document. If so, spell out the phrase in the first instance in the text (with the acronym in parentheses), and include acronym and full phrase in this annex. Be careful that your text is still meaningful to non-expert readers (i.e. avoid too many technical acronyms). Never put an acronym in an appeal draft without providing the full spelling – the CAP Section cannot track down all acronyms at the peak of appeal season, and therefore may have to delete the sentence. You can find the CAP's list of all archived acronyms — over 5,000 — [here](#). (You can also usually find an acronym's full spelling by Googling it.)

Put the acronyms in the left column, and name-in-full in the right hand column. Translate names if necessary. See example below.

AWKAF	Ministry of Religious Affairs
CAP	Consolidated Appeal or Consolidated Appeal Process
CCA	Common Country Assessment
CHAP	common humanitarian action plan
EMOP	Emergency Operation
ERC	Emergency Relief Coordinator
FA	flash appeal
FAO	Food and Agriculture Organization of the United Nations
FTS	Financial Tracking Service
KADP	Karamoja Agro-pastoral Development Programme
KAP	Knowledge Attitude Practice (Surveys)
KAUFO	Karamoja and Katakwi Urafiki Foundation
KICWA	Kitgum Concerned Women's Association
KIDDP	Karamoja Integrated Disarmament and Development Plan
KISP	Karamoja Initiative for Sustainable Peace
KM	kilometre
KOKA	Kobulubulu, Otuboi, Kalaki and Alwa Women's Organization (Kaberamaido)
KOSH	Karamoja Organization Self Help

When an acronym's full phrase is in a foreign language, a translation is preferable.

**[END OF DOCUMENT TEMPLATE]**



## PART II: BACKGROUND INFORMATION AND POLICY ON KEY SUBSTANTIVE ISSUES

Developing a CAP in the short time between the end of August holidays and the final field draft due date in the second half of October is a matter of (among other things) **process management** and **information management**. The sections below will clarify how the HC, cluster/sector coordinators, and cluster members can manage the process and information. It sets out some rules of the game agreed in the IASC in order to save debate at field level. It also describes some background to the key policies and practices that make a good CAP.

### 1. PROJECTS

#### A. The On-Line Projects System

The On-line Projects System (OPS), now in use for all CAPs, allows clusters/sectors to view and peer-review their projects much more easily, without shuffling dozens of Word files, and thus promotes quality and transparency in project selection and prioritization. It also gives agency HQs the opportunity to help draft projects at an earlier stage. It allows longer project sheets (up to about 3 pages), since most will be published only in electronic format. It allows cluster/sector coordinators and the HCs to monitor running totals per sector and for the CAP overall, as projects are drafted and approved. Finally, it simplifies the process for OCHA field offices by removing the need to handle hundreds of Word files; all the project info will be handled on line, including final review by the HC and HCT, transmission to OCHA-Geneva, and publication and dissemination. (The system generates a printable project compendium for downloading and printing on demand, for those who insist on a hard copy).

URL: <http://ocha.unog.ch/ops>

User's manual: [http://ocha.unog.ch/ops/downloads/CAP\\_Online\\_Project\\_System\\_manual.pdf](http://ocha.unog.ch/ops/downloads/CAP_Online_Project_System_manual.pdf)

#### SUMMARY OF HOW OPS WORKS:

- Organizations upload their draft projects for inclusion in the CAP by creating an account, logging in, and then filling in the project information on the web form. (The information is similar to what was requested on the old CAP project sheets. See next section.)
- Users may view each other's projects, but may edit only their own organization's.
- Projects are peer-reviewed in the cluster/sector. After peer review, the cluster/sector coordinator clicks a button on each project's page to signal that it is approved by the cluster/sector, whereupon the HC has an opportunity to review and approve them.
- Agency HQs review their projects on line, and edit them as needed. Projects are considered approved by agency HQs once the deadline has passed. When the appeal is launched, the full project sheets are published electronically on FTS, and downloaded as needed by donors.
- The system will generate PDF versions of projects (singly, or selected groups of projects, or all projects in an appeal) for download and printing by any user. The CAP Section will only print and ship full compendia of appeal projects (Volume 2 in the previous system) on demand. (Printing full compendia is not recommended – they become obsolete too soon to be worth it. Print instead the full project list in Annex I of the CAP document, if anyone wants a hard copy of projects.)
- Organizations can and should update their projects on line at any time during the year in consultation with OCHA.



The template below (which will now be on-line) contains some guidance for what to put in each field.

## B. Project information for CAP project sheets

(Explanation text in green and example text in blue. You can use this template to prepare your project info in advance, before going onto OPS to upload it)

(fields marked \* are required)

**Project Title:\***

*Be concise. Capture the essence of the project. If a project belongs to a sub-cluster or other special coordination group (e.g. child protection, nutrition, psycho-social and mental health, etc.), please make sure to include those words in the project title to ensure that requirements and funding can be more easily identified for advocacy and analytical purposes.*

**Appealing Agency:\***

*(Use the search box on OPS to find your organization's name in the database. The project can have more than one appealing agency on OPS – but each must have its own budget.)*

**Requested Budget \***

Budget item

US\$

Cost A (e.g. staff)	100,000
Cost B (e.g. inputs)	50,000
Cost C (e.g. administration)	50,000
<b>TOTAL</b> (OPS will calculate total automatically from the lines above.)	<b>200,000</b>

*NOTE: OPS offers only five (5) budget lines, to keep the information manageable. If your organization's standard format has more than 5, just combine some of the smaller ones*

**Cluster/Sector:\***

*OPS will give you a drop-down menu of the cluster/sector names in your country.*

**Project Location (province, region etc.):**

*Choose ONE location from the drop-down menu that OPS will offer, tailored to your 2010 CAP.*

**Objective:\***

*A summary in a sentence or two of what the project aims to achieve. This should relate directly to one of the cluster/sector objectives.*

**Beneficiaries:**

*Disaggregate women and children from TOTAL wherever possible. On OPS, don't put commas between digits.*

Total:

Children

Women

Other Group (specify)

Number

Description \*

1000 [always individuals, not households]	
500	
200	
20	community health promoters

<b>Implementing Partners:</b>	<i>List partners <b>ONLY</b> in the sense of those whom you will subcontract – <b>NOT</b> those with whom you will coordinate. (It's assumed you'll coordinate laterally with the rest of the cluster/sector.) e.g. Ministry of Health, Oxfam</i>	
<b>Project Duration (dd/mm/yyyy):*</b>	Start Date	End Date
	<input type="text" value="01/01/2010"/>	<input type="text" value="31/12/2010"/>
	<i>From when to when does the project run? Note that a project's duration can exceed one year. In that case, funds requested should be the portion needed for 2010 only.</i>	
<b>Needs, Activities and Output Description</b>		
<b>Needs:*</b>	<i>(maximum 4,000 characters, which is about 2/3 of a page – NOTE: this is much more space than was available in the old Word format.)</i>	
<b>Activities:*</b>	<i>(maximum 4,000 characters, which is about 2/3 of a page – NOTE: this is much more space than was available in the old Word format.)</i>	
<b>Outcomes:*</b>	<i>(maximum 4,000 characters, which is about 2/3 of a page – NOTE: this is much more space than was available in the old Word format.)</i>	
<b>Priority</b>		
<b>Priority:</b>	<i>Choose the priority rating, as agreed with your cluster/sector group following peer review, from the drop-down menu that OPS will offer (tailored to your 2010 CAP).</i>	
<b>Additional Project Information</b>		
<b>Project Contact Name:*</b>	<i>Joe Schmoe <b>Warning:</b> this information will eventually be published, to allow interested donors to contact the right person in your organization. So don't give confidential contact information. Use a generic contact instead of a name if you prefer (e.g. UNXYZ Donor Relations Officer). OPS already captures the name of the registered user who created the project, for internal follow-up if needed.</i>	
<b>Project Contact Email:*</b>	<i>Joe.Schmoe@unxyz.org <b>Warning:</b> this information will eventually be published, to allow interested donors to contact the right person in your organization. So don't give confidential contact information. Use a generic e-mail address if you prefer (e.g. donor-relations@unxyz.org).</i>	
<b>Project Contact Phone:*</b>	<i>Tel. +41 22 XXXXXXX <b>Warning:</b> this information will eventually be published, to allow interested donors to contact the right person in your organization. So don't give confidential contact information. Use your organization's general phone number if you prefer.</i>	
<b>URL for further info:</b>	<i>This is an optional field in which the proposing organization can put a link to a longer document – perhaps a proposal in a longer format, or a detailed needs assessment.</i>	
<b>Agency Project Code:</b>	<i>This is an optional field in which the agency can note the project code to which it will refer to this project (or 'programme,' or 'activity') in its internal system, for future reference.</i>	

## Screenshot of actual OPS project upload page:

The screenshot shows a web browser window displaying the 'Humanitarian Appeal Project Database' interface. The page title is 'Humanitarian Appeal Project Database'. The user is logged in as Robert Smith (smith50@un.org) in the Office for the Coordination of Humanitarian Affairs, OCHA CAP - Geneva Section. The page shows the 'Project Details' for a project titled 'TEST APPEAL FOR OPS'. The project status is 'Draft'. The project details section includes fields for Project Title, Temporary CAP Project Code, and Appealing agency. The Appealing agency is listed as 'Office for the Coordination of Humanitarian Affairs' with the abbreviation 'OCHA'. The requested budget is 'US\$ (like 500000 or -500000 without)'. The page also includes a 'Comments' section and buttons for 'Go Back', 'Save & Close', and 'Save & Stay'.

## C. Other project issues

1. REDUCE SPLINTERING AND PROLIFERATION OF PROJECTS. "Projects," as developed for and listed in CAPs, serve several purposes at once. They are a medium of exchange of operational information among implementing agencies, for planning and situation monitoring (a form of 3W). They are units of analysis for measuring achievements and outcomes. They are fundraising instruments, in the sense that they present a compelling case to entrust funds to the proposing organization to address a certain set of needs with certain activities, in a package that donors find convenient to fund. They are also richly detailed informational packets: donors often closely read project sheets even if they have no intention of funding them, because they find the detail to be highly informative (for example, what are the technical options for water supply in northern Uganda? How much does each water point cost? What is the cost per beneficiary?). Taken together, they form a crucial instrument of advocacy: by presenting the total humanitarian funding needs for a crisis, they **hold donors to account to fund according to need**.

Most of this can be accomplished while keeping projects broad (more like 'programmes') rather than narrow (like 'activities'). The temptation to splinter projects into narrow units is usually done in the belief that this is the only way to achieve certain kinds of information management, often geographical – details on who does what where. But in practice, this comes at a cost to information management: for example, the Sudan CAP ('Work Plan') 2009 has 997 projects (!), in large part because they are split along geographical lines. This makes the process of developing and managing project information very burdensome. It also runs against the systems of some agencies, who already aggregate their projects in their internal financial systems (often up to the extreme of one massive project per country). Lastly, it risks increasing transaction costs by encouraging earmarking by donors to unnecessarily narrow project profiles.

The IASC's advice now is to **aggregate** projects as much as possible, while retaining the richness of operational detail in each (what the project will accomplish in which locations). The OPS format allows enough space for this kind of detail in the text. As a rule of thumb, organizations can aim to have one project per organization per cluster/sector. (A CAP country that has different 'planning regions,' i.e. regions with very different humanitarian trajectories and hence distinct strategies and project types, might have one project per organization per cluster/sector per planning region.)

Try not to split projects along geographical lines merely for 3W information: that information can be better managed in other ways. Sometimes, HCTs anticipate questions about requirements and funding per geographical area; but in most cases, this question is only rarely raised (and the answer is not very meaningful). Therefore it is wasteful to design a whole information system in order to answer an occasional question.

Certain HCTs may of course find situation-specific reasons to encourage narrow delineations of projects: for example, donors may be particularly interested in one region or zone, and so it might be advantageous for fundraising purposes to isolate and highlight the projects dealing with that zone. But take the IASC's advice as a starting point.

Please **DO** formulate your projects in a way that you're prepared to report on. For example, if you splinter your nutrition work into 20 different projects (one per district, for example), you should be prepared to report on funding allocated to each of those 20 projects. If you can't do that, then aggregate the projects.

- **Activity:** a specific task that needs to be accomplished within a defined period of time. Multiple activities put together can form a project.
- **Project:** a package of activities under one management unit in one organization, with boundaries of geography and time, a defined set of objectives, and some internal coherence or unity. It is, or can be, a unit of analysis for the organization's internal management (financial, operational), a medium of exchange of operational information with other organizations, and an external relations device (a fundraising proposal). In common parlance, a project is larger than an activity and smaller than a programme.
- **Programme:** a coherent and linked set of projects and activities by one organization in (usually) one country.

2. **LOCATION REFERENCING.** OPS currently has one location field. This will be populated with the menu of location designations that your HCT has agreed on (for example, provinces, districts, planning regions, or even countries for regional appeals). This field is admittedly limited, in that it has only one layer (for example, if the field refers to provinces, there is no second layer of districts within provinces), and each project can choose only one location from the menu (no capability to reflect several locations simultaneously, except by including on the menu a catch-all location called 'multiple' or 'national'). However, in the project text, there is ample space to name multiple locations and give details about which activities each project will include in each location. In the future, OPS will synchronize with IASC 3W tools to allow more refined location-referencing, as needed. However, experience has shown that one location field is plenty for most purposes.

3. **USING OPS WHERE CONNECTIVITY IS POOR.** OPS pages now download about 10 times faster than a year ago, following software enhancement. So organizations that had trouble are encouraged to try again. However, connectivity will still be too poor for some organizations in the deep field to use OPS conveniently. In that case, OCHA offers two options. First, cluster/sector coordinators (and sometimes the OPS focal point in the OCHA field office) should volunteer to upload projects for the organization, if the organization can manage to send the project information by e-mail. Second, OCHA expects to introduce a direct OPS e-mail submission function, in which an organization can receive a project template in Excel format by e-mail (similar to what is shown in Section B above), and then e-mail the completed template to OPS, which will automatically upload it as a draft.

4. **HC APPROVAL.** Projects should not be published in the CAP unless approved by the HC. In practice, the HC will have a defined number of days to review the projects approved by cluster/sector coordinators; at the end of that period, HC approval is assumed. The headquarters of appealing organizations also have the right to review their projects before the projects are published on their behalf in the CAP; however they should not introduce new ones without the HC's approval, nor make major changes in the projects already approved by the HC.

(The rule of thumb for what constitutes a 'major change' is budget increase or decrease of 50% or more than \$1 million.

- Example: an agency HQ wants to amend a project budget from \$500,000 to \$600,000. This is a 20% increase, or \$100,000; therefore no HC approval needed to make the amendment.
- Second example: another agency wants to amend a big project's budget from \$50 million to \$60 million. This is also 20%, but \$10 million in dollar terms, so the agency HQ should obtain HC agreement. Note that OCHA's CAP Section does not have the capacity during CAP season to seek HC approval on behalf of agency HQs who want to amend the budgets already approved by the HC.)

5. **PROJECT DURATION.** The January-December timeline of most CAPs is to be understood as approximate, for purposes of common planning and consistent budgeting. It's not a problem to include projects that are a month or two out of synchronization (starting in February and ending the following January, for example). De facto, projects don't start until funding is received anyway, which can be some months into the year. Multi-year projects should only include requirements for 2010, in other words split their budgets into the (approximate) portion for 2010.

6. **HOW TO DEAL WITH PLANNED SUB-CONTRACTING OR PARTNERSHIP ARRANGEMENTS?** Should NGOs list their own proposals directly in CAPs, or should they be represented in "umbrella" proposals by UN agencies with NGOs as implementing partners? That's entirely up to the NGOs and relevant UN agency. There is a risk of delays and losses from pass-through costs if funds pass through an extra layer. On the other hand, in many situations the stakeholders agree that this is the best arrangement. But it's not up to the UN agency or cluster/sector coordinator to decide alone: all implementing organizations should feel entitled to list their projects directly. The cluster/sector should discuss this openly and transparently. Whatever the arrangement, the cluster/sector should avoid double-counting (i.e. listing a funding request as a direct proposal by the implementing organization, and then including the same actions and funding needs as part of a larger project with a planned partnership arrangement).

#### 7. "DOs AND DON'Ts" FOR PROJECT SUMMARIES.

Please DO write your summary well. Remember that the summary is an "advertisement" for the project, and that interested donors will contact the agency if they require additional information. Now that project sheets are available in searchable format on line (via FTS), donors are increasingly preparing to use them for funding decisions, ideally as the project narrative to be annexed to funding contracts. (OPS will soon build a feature that will allow organizations to convert their project sheets to the formats and definitions used by major donors such as OFDA, or by CERF, and to submit them electronically to the donor.)

DO provide a budget summary for each organization for a joint or multi-agency project. On OPS, if you indicate two or more proposing organizations, OPS requires a budget summary for each (and provides a budget table for each).

## 2. ROLE OF THE HC IN THE CAP

The HC is responsible for ensuring the execution of all in-country aspects of the consolidated appeal process, including, *inter alia*, the following:

- triggering an appeal if necessary;
- determining strategic priorities for the CAP planning year, linked to long-term strategy to resolve the humanitarian crisis;
- setting the boundaries of humanitarian action;
- analysing and mapping needs;
- ensuring that early recovery is effectively mainstreamed across all clusters/sectors;
- ensuring that each part of the HCT delivers their parts of the CAP on time;
- promoting inclusiveness, particularly with regard to NGOs;
- mitigating competition among agencies;
- confirming the clusters/sectors' selection and prioritization of projects;
- monitoring and reporting on the collective humanitarian action;
- mobilizing resources and stimulating coordination among donors; and
- overseeing the management of pooled funds where they exist.

Detailed guidance on the role of the HC in the CAP, with measurements of success, is under development by the IASC.

## 3. THE CLUSTER SYSTEM AND CAPS

### A. Clusters and sectors: what difference?

- The cluster approach does not mandate new coordination structures or groupings. It mandates an enhanced approach to sectoral organization. It should be applied to existing structures as much as possible. Clusters thus strengthen sector working groups (whose role is already clearly defined in the CAP – see below).
- Clusters enhance sectors by mandating a structure of accountability and mutual obligation; a provider of last resort; and clear, common goals (as opposed to merely negotiating areas of overlap).
- Some clusters cover areas (e.g. camp management) that fall between the lines of 'traditional' sectors. Others (like water-sanitation) cover sectors where capacity and the role of the sector lead were insufficient.
- The IASC also approved two "sectors within the cluster approach": Food, and Agriculture. They function the same as clusters, with the only difference being that the lead agency is seen to be already fulfilling the role of 'provider of last resort'.
- Some sectors and/or specific vulnerable groups go un-mentioned in the cluster approach: refugees, mine action, safety & security of staff & operations, coordination & support services. HCTs are free to create working groups for these sectors if needed.

#### Should we say clusters, sectors, or sector working groups?

Some HCTs prefer to speak of "Clusters/Sectors" and "cluster leads," while others prefer to stick to the more traditional terminology of "sectors", "sectoral groups" and "sector leads" (or in some cases, "working groups", "thematic groups" or "task forces"). It should be left to HCTs to decide on appropriate terminology for their country, depending on the working language and agency preferences. There should be no differentiation between clusters and sectors. (There is one exception to this: the IASC prefers that country teams not refer to 'clusters' where the cluster approach has not been formally activated, because the implied activation invokes some commitments on the part of cluster lead agencies.) To ensure coherence, standard terminology should be used within

each CAP and similar standards should be applied to all the key sectors or areas of humanitarian activity.

- “Cluster lead” or “cluster lead agency”: refers to the agency or organization that has been designated by the HC as cluster lead agency for a particular sector at the country level, following consultations with the Humanitarian Country Team. (IFRC is called “cluster convenor” rather than cluster lead, for legal reasons.)
- “Cluster coordinator”: refers to the person who has been designated as cluster coordinator by the cluster lead agency at the country level. This person is responsible for the day-to-day coordination and facilitation of the work of the cluster.

**Do we have to replace sector working groups with new cluster working groups?**

At the country level, sectors and sectoral groups have always existed and they will continue to exist. In the past, however, it was usually the case that only a limited number of sectors had clearly designated lead agencies accountable to the HC. The cluster approach aims to rectify this by ensuring that within the international humanitarian response, there is a clear system of leadership and accountability for all the key sectors or areas of humanitarian activity. Also, many sector working groups did not systematically include all organizations working in that sector, whereas they are required to under the cluster approach. The cluster approach is intended, therefore, to raise the performance and strengthen rather than to replace the system of sectoral coordination under the overall leadership of the HC.

**Does a cluster lead have to be a UN agency?**

No—it should be whatever agency has the technical and organizational capacity to lead the sector working group, as identified by the HC and HCT. NGOs lead or co-lead clusters in several countries. There is a group of “Global Cluster Leads” who provide normative guidance and stand-by capacity, but even these include IOM and IFRC.

**B. Should cluster leads receive funds on behalf of the whole cluster?**

Clusters are NOT meant to be funding channels. While it may initially seem a good idea for the cluster/sector lead to appeal for and receive funds on behalf of the cluster, the reality is that most cluster/sector lead organizations don’t have the administrative machinery to channel funds effectively and efficiently. (This doesn’t rule out existing arrangements of implementing partners and umbrella projects, if the involved organizations and donors agree that the arrangement makes sense in a certain context.) However, cluster/sector coordinators should advocate for funding for their cluster, and direct donors to fund the most urgent projects (identified consensually by the whole cluster).

**C. Clusters and financial tracking**

Historically, FTS has grouped appeal projects in the traditional or standard IASC sectors<sup>5</sup>, so as to have consistent groupings that allow comparison across appeals and years. However, in each country the line-up of clusters or sectors tends to diverge from the standard, so FTS has installed the ability to group both ways and show totals by either grouping. In your CAP document, the CAP Section will paste tables according to your preferred country-specific labels and grouping.

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<sup>5</sup> Agriculture, coordination & support services, economic recovery and infrastructure, education, food, health (including nutrition), mine action, multi-sector/multi-cluster (mostly multi-sectoral refugee protection and assistance), protection / human rights / rule of law, safety & security of staff and operations, shelter and non-food items, and water & sanitation.

## D. Role of cluster/sector coordinators (CSCs) in the CAP

### *How can CSCs ensure an optimal cluster/sector response plan and well-allocated funding?*

*Note: this section is consistent with the IASC “Generic Terms of Reference for CSCs at the Country Level,”<sup>6</sup> and operationalizes them for the CAP.*

*Generally, cluster/sector lead agencies have a dual responsibility to represent both their own agencies and the clusters they lead in the HCT (or equivalent), as well as in other relevant fora.*

*CSCs are responsible for the day-to-day running of clusters/sectors in the field. CSCs should act as neutral representatives of the cluster as a whole rather than as a representative of their particular agency. One way to ensure this separation of roles is to appoint a dedicated CSC with no agency responsibilities, though this is a matter for agencies to decide on a case-by-case basis.*

*While “cluster/sector coordinators” are defined as individuals not agencies (see p. 29), some of the following roles are best understood as fulfilled by an organization or at least a team, rather than just one individual.*

*Inclusiveness:* CSCs should ensure that all humanitarian actors are given the opportunity to participate in CAP development, by jointly setting the direction, strategies and activities of the cluster/sector group. Moreover, the CAP should count suitable projects from all humanitarian organizations to the greatest extent possible – CAPs must no longer be seen as ‘UN appeals.’ They can reflect a strategic consensus on humanitarian priorities and division of labour only if they have inputs from non-UN actors; and they can serve the purpose of advocating for adequate funding only if they count the funding needs of all key implementers, including NGOs.<sup>7</sup>

*Government consultation:* CSCs are responsible for consulting their government counterparts to determine the areas of need that the government will cover, and therefore the remaining areas that the international organizations should cover. CSCs should also promote government buy-in for the appeal and a sense of consultation (which is usually helpful even though appeals do not have to be approved by affected country governments).

*Information management:* CSCs optimize both the substance and technology of cluster/sector information management, calling on technical support (from OCHA, the Global Cluster Lead or other source) when needed, dividing the labour of data collection, and ensuring meaningful analysis.

*Needs Analysis:* CSCs direct the consultative process of orchestrating cluster/sector needs assessments so as to fill all key information gaps, then compiling needs assessments and achieving a needs analysis, leading to cluster/sector strategy development. The quality of this task is fundamental to the quality of the CAP. Please [click here](#) for the IASC Needs Analysis Framework document.

*Early recovery:* early recovery is an integral component of the humanitarian response, as it contributes to saving lives by helping affected communities and people restore their livelihoods, hastening the end of aid dependence and building the foundations for sustainable recovery. The assessment of early recovery needs, the setting of strategic objectives and the formulation of projects supporting early recovery are, therefore, important elements of the CAP. CSCs have the responsibility to promote, advocate for and ensure that early recovery is mainstreamed into their respective common response plans.

<sup>6</sup> <http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/Generic%20Terms%20of%20Reference%20for%20Sector.doc>

<sup>7</sup> ICRC and IFRC decline to allow their funding needs to be counted in CAPs, for reasons of perceived independence. MSF is the only NGO that similarly does not allow CAPs to count their funding needs as a matter of policy. All three are usually willing to participate in coordinated planning and information-sharing, and their activities should be considered when sectors plan who will cover which needs.



*Cluster/sector response plan:* CSCs develop inclusive response strategies, objectives, and detailed action plans for the cluster/sector, to form part of the CAP and the basis for measuring impact and remaining needs. (Cluster/sector response plans are then continuously monitored and updated.)

*Complementarity:* As an essential part of the cluster/sector response plan, CSCs ensure the complementarity of different humanitarian actors' projects, including activities not counted in the CAP's funding request. In practice, this means making a map or table of priority needs in various sites or among various segments of the population, and then matching capacities, organizations, and CAP projects onto those needs, taking advantage of comparative strengths. As another dimension of complementarity, CSCs ensure links and synergies with other clusters/sectors.

*Project selection:* A persistent criticism of CAPs, especially by donors, is that they contain too many projects only tangentially related to humanitarian priorities, or with weak evidence of the relevant needs. The CSC is responsible to the HC for ensuring that each project is based on assessed needs, addresses a strategic priority, is feasible for the proposing organization, and is reasonably budgeted. Each CAP, and therefore each project selected for the CAP, should truly deserve 100% funding. The cluster/sector working groups perform the major part of filtering: the CSC convenes a peer-review process of all projects drafted in the cluster/sector, and ensures that projects are selected to cover all needs within the boundaries of the appeal, and moreover to take best advantage of comparative strengths. The CSC then presents the selected projects to the HC and HCT (via OPS) for final approval.

*Prioritization:* First, CSCs convey the cluster/sector group's views on criteria for prioritization to the HC and other stakeholders, as part of CAP development. Usually, the CAP workshop will agree on general criteria for prioritization of projects within clusters/sectors. Those general criteria usually then need to be operationalized to apply to the specific proposed projects in each cluster/sector. The CSC therefore convenes the cluster/sector working group to agree on how to apply the criteria in that cluster/sector, and then to review each project selected for the CAP and designate a priority level for each. (This level is shown on the OPS project summary sheet, and on FTS once published.)

*Funding and advocacy:* It is rarely a good idea for a CSC to serve as a funding channel for the whole cluster/sector – the administrative mechanics make it impractical. But the CSC (in unison with the cluster/sector group overall) should advocate funding for their cluster/sector, and give interested donors transparent and objective advice on which projects in the cluster/sector most urgently need funding. CSCs should master the information in the FTS tables for their appeal ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)), use it abundantly, and encourage cluster/sector members to feed updated information to FTS ([fts@reliefweb.int](mailto:fts@reliefweb.int)), including funding for projects not counted in the CAP. CSCs should monitor funding in their cluster/sector outside the CAP (FTS table H), and try to get those organizations and projects into the CAP. CSCs should also advocate with appropriate authorities on access and security issues affecting implementation of CAP projects.

*Cross-cutting issues:* Ensure integration of agreed priority cross-cutting issues in cluster/sector needs assessment, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender, HIV/AIDS and human rights); contribute to the development of appropriate strategies to address these issues; ensure gender-sensitive programming and promote gender equality.

*Monitoring:* CSCs develop a cluster/sector-focused monitoring plan, which will be embedded in the CAP and will contribute to the CAP's overall strategic-level monitoring. The cluster/sector plan should specify indicators (a combination of process and outcome indicators) that measure progress towards the sector's/cluster's objectives and the evolution of humanitarian needs in the cluster/sector. CSCs should then organize the collection of necessary data, its compilation and analysis, and transmission to the country team. As a general approach, cluster/sector member organizations should share information with the cluster/sector and CSC in real time at the output level of analysis (for example, number of boreholes drilled vs. planned number). To evaluate the more nuanced outcome level of analysis (for example, increased household consumption of potable water attributable to new water

points), the CSC should develop an evaluation plan (which, to be cost-effective, will usually examine a selected, representative set of recently-completed projects, to maximize the lessons learned).

Monitoring should be ongoing, for real-time operational decision-making as well as *post hoc* accountability and lessons learned. The CAP's mid-year review and the "year in review" of each successive CAP are occasions to publish the results to date towards agreed cluster/sector objectives.

*Update and revision of cluster/sector strategy and projects:* CSCs draw lessons from past activities and current monitoring, and lead cluster/sector discussions to revise strategies accordingly. They also prompt cluster/sector members to continually update their proposed CAP projects on OPS and funding info on FTS, to keep them up to date with reality. (CSCs must click "approve" on OPS for any project revisions or new projects.)

### **SAMPLE PROCESS AND CONSULTATION FOR DEVELOPING CLUSTER/SECTOR RESPONSE PLAN FOR CAP:**

- *Update the contact / membership list; ensure all appropriate UN and non-UN partners are included.*
- *Meeting (with telecon for those who can't join) to agree cluster/sector priorities, draft SMART objectives & indicators. (Get small task team of 2-3 to draft in advance to present to cluster/sector group.) Map needs & who is covering which where. If there are evident gaps that could feasibly be filled, encourage members to prepare project proposals to cover them. (Make it clear that putting these projects in the CAP does NOT mean that they cannot also send the proposals to their favourite donors – ECHO or whatever. In fact they should, even if they think the project is already likely to be funded. The CAP is an inventory of everyone's priority actions.) Present criteria for selection & prioritization. Present OPS project format and user guide. Set process to review projects. (They can be reviewed on line, or printed from OPS for review on paper.)*
- *CSC starts writing the response plan chapter.*
- *Organizations upload draft projects to OPS, where all peers can see them. The CSC should also update the 'map' (or table) that matches needs with draft projects, to show what gaps are not yet covered by proposals.*
- *The CSC e-mails the draft cluster/sector response plan to full cluster/sector team for comment; incorporates comments, noting controversial or contradictory comments for discussion in meeting.*
- *Second meeting of full team, to peer-review all proposals, select those meeting the criteria for selection in the CAP, and rating the priority among the selected projects, per the general CAP prioritization criteria, plus any additional cluster/sector-specific filtering on which the group agrees. Discuss and agree any outstanding issues in response plan chapter.*
- *The CSC clicks "approve" on OPS for the selected projects, and checks that each has the agreed priority rating.*
- *The CSC e-mails sector response plan to OCHA field office, by deadline.*

**Note:** *If the cluster/sector group doesn't accept your project for the CAP, of course you can still seek funds for it and implement it; no one will try to stop you. The CAP represents the group consensus on what's important and what projects are needed to achieve it. And if you can't convince humanitarian professional peers that what you propose is important, maybe you should rethink whether you really want to direct your efforts there.*

## E. Field cluster coordination costs should go in the CAP

It's now recognized that the field cluster lead role requires dedicated staff, and that in turn requires resources. Some cluster lead agencies manage to fund this from flexible resources. But the essence of the cluster lead role is predictability, and this mode of resourcing is not predictable enough for that. Over the years, quite a few projects have appeared in CAPs seeking funds (usually relatively small amounts) for the cluster lead role, and these have generated a certain amount of support. (There are probably many more cases where cluster lead costs have been rolled more or less invisibly into a lead agency's larger direct-implementation projects in the same cluster.) The IASC has now decided to systematize this, and to put costs of field cluster coordination into the CAP wherever the lead agency needs to raise funds for it.

The IASC is still developing detailed guidance on this: standard TOR, standard practice regarding whether to present freestanding cluster lead projects or whether to roll (or 'disguise') them in larger direct-implementation projects. Some interim guidance will be available in time for developing the 2010 CAPs. For the moment, field cluster leads should prepare by calculating the resources needed, touching base with each other and with their headquarters to learn success stories, and considering what measurable outputs they could promise in a CAP project proposal for cluster leadership. (The section above on the role of the cluster lead in the CAP, and the IASC "Generic Terms of Reference for CSCs at the Country Level,"<sup>8</sup> can serve as a starting point.) As this systematization is still unfolding, HCTs have some liberty to define the best way forward in their own situation; however the approach to appealing for the cost of coordination should be **consistent** throughout each CAP.

### Best practice:

- ◆ Click [here](#) for a list of cluster lead project proposals in CAPs from 2007 to 2009, with funding results.

## 4. NGOs AND CAPs

Although the CAP has been seen in many quarters as a UN fundraising tool, it belongs equally to NGOs. CAPs that under-represent NGO funding needs cause a **major problem**: they distort the analysis of funding for that crisis (because if projects are not listed in the CAP, we do not know what their unfunded requirements are), and so annul a key advocacy point. Consequently there has been an intensified focus on counting NGO projects in CAPs (aided by the inclusive cluster/sector approach), and the progress is measurable: the number of NGOs and NGO projects in CAPs has increased steeply over the past few years. This trend should continue.

**Statistics say that inclusion of projects in CAPs is good for NGO funding.** In 2008, NGO projects in CAPs were funded to the tune of \$675 million – 65% of the funds requested for those projects, not far off the average of UN agencies. Where CAPs exist, an average of 87% of the international humanitarian funding for that crisis goes to projects listed in the CAP.

**All major humanitarian projects of all major NGOs in a crisis should be listed in the CAP.** A good way to find which NGOs are significant and not yet included in the CAP is checking at FTS table H for your country – this list gives all reported funding outside of the appeal.

Listing projects in the CAP does not *guarantee* funding for them, but it is painless, easy, and has no downside: it offers lots of free publicity and visibility (CAP documents are sent to every donor capital).

### Some facts:

- An NGO **can** put a project in the appeal, and still send the proposal directly to its usual donors; in fact they should—that's what UN agencies do. The CAP is not a funding pool or channel; it's

<sup>8</sup> <http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/Generic%20Terms%20of%20Reference%20for%20Sector.doc>

an inventory or catalogue of projects (among other things). All appealing agencies, UN and NGO, should follow up directly with their donors.

- An NGO should get its project counted in the CAP even if it is already likely to be funded, because it helps the humanitarian system and therefore the affected people, by making it more likely that donors can be held accountable for supporting all priority humanitarian actions according to need. If half of humanitarian actions are not counted in the joint appeal, then it is impossible to assess whether needs are covered cluster/sector by cluster/sector, and whether donors are doing their job.
- An NGO may say that it has put project proposals in past CAPs, but they were never funded. Why should it bother? It may have failed to get funding because it was not among the NGO's main, core humanitarian projects—the ones most likely to be funded. NGOs have sometimes put less attractive projects into the CAP, under the misapprehension that putting its more core projects in would preclude them from submitting those projects to its usual donors, or on the grounds that there is no need to use the CAP to publicize projects that donors are likely to find attractive anyway. In this way, NGO pessimism about fundraising via CAPs becomes a self-fulfilling prophecy. We hope NGOs will list their main projects, so that their major funding needs (and donors' response thereto) are counted in the overall funding picture for this crisis.
- Should NGOs list their own proposals directly in CAPs, or should they be represented in the CAP in "umbrella" proposals by UN agencies with NGOs as implementing partners? That's entirely up to the NGOs and relevant UN agency. NGOs often point out that is that funding through "umbrella" projects can be usually delayed before it reaches the NGO, and there are losses from pass-through costs. On the other hand, in some situations the stakeholders agree that this is the best arrangement. But it's not up to the UN agency or cluster/sector lead to decide alone: NGOs should feel entitled to list their projects directly.
- A CAP has a common time frame in order to unify the efforts of many organizations into one accountable humanitarian plan and price tag. If an NGO's project time frame varies slightly from that of the CAP by a couple of months, that shouldn't be a reason to keep it out of the CAP.
- **NGOs can review the CAP draft substantively.** NGOs in the field should, just like UN agencies, receive the first and second field drafts of the CAP and comment on it. When the final field draft is sent to HQ level, e-mail contact details for these NGOs should also be provided, so that the NGOs' HQs can review the document when it is circulated to the IASC CAP Sub-Working Group.
- **Project selection is now more transparent with OPS.** Any registered user can view everyone else's projects in the draft stage, as soon as they are uploaded onto OPS, and can see the selected and rejected ones throughout CAP development.

## 5. COHERENCE OF THE CHAP AND PROJECTS

This is related to the selection issue. The HCT (and ultimately the HC) has the responsibility to make sure that every project in its CAP really deserves to be there, and therefore the CAP really **deserves to be 100% funded**. Otherwise, donors cannot be held accountable for funding according to humanitarian need. Vetting the project proposals starts in the cluster/sector working groups. The HC should rely on OCHA to double-check all the projects.

1. Is the description of needs evidence-based, with sources footnoted?

2. Is there a clear link between needs analysis, strategic priorities, cluster/sector response plans, and specific projects?
3. Is the project within the overall boundaries of need and response set by the HC and HCT for the CAP?
4. Do the projects directly respond to needs and priorities identified in the CHAP?
5. Have the projects been selected through a peer-review vetting process and according to IASC humanitarian criteria? Has OCHA reviewed each project to confirm this?

## 6. EARLY RECOVERY IN CAPS

Early recovery perhaps deserves special mention as a ‘cross-cutting issue.’ Early recovery, which takes place alongside humanitarian action (or indeed is a part of humanitarian action), takes advantage of opportunities to reduce aid dependence and vulnerability. It is often a priority, because in the medium term it frees up humanitarian resources for acute needs. It is thus one of the key strategic elements of humanitarian action, in that it aims to move the crisis to an eventual close. Despite this, early recovery programming is often under-emphasized in CAPs; and donors, for their part, often find it difficult to fund within the confines of their regulations for use of humanitarian funds, even though failing to do so may necessitate greater or more prolonged funding for direct relief.

The CAP’s boundaries (see Part I, Section 4.2) should encompass well-prioritized early recovery actions that will address time-critical needs and contribute to saving lives and livelihoods. By aiming to hasten the end of aid dependence and support self-sustained recovery, such actions will also contribute to the progressive opening of alternative (e.g. non-humanitarian) funding opportunities (including those related to peace-building, rehabilitation and reconstruction, Multi-Donor Trust Funds, etc.).

On the basis of reliable and relevant needs analysis by the HCT (including through early inter-sector post-conflict/disaster needs assessment frameworks), it will be important to ensure that the strategic objectives of the CHAP include a common inter-cluster/sector early recovery strategy. This ER strategy component should indicate how, in the specific context of each CAP, early recovery:

- ◆ addresses time-critical, evidence-based needs;
- ◆ has a strong rationale for beginning sooner rather than later and can have a substantial and rapid impact on the affected populations;
- ◆ can be built on and strengthen positive coping mechanisms as well as seize recovery opportunities with targeted actions that can be effectively implemented within the CAP timeframe.

## 7. USEFUL LINKS

[GENERAL CAP WEBSITE \(www.humanitarianappeal.net\)](http://www.humanitarianappeal.net) containing policy docs, guidelines, best practice excerpts, training materials, full CAP document archive, etc.

[GLOSSARY](#)

[BEST PRACTICES](#)

[WHICH PROJECTS GO INTO WHICH IASC STANDARD SECTORS](#)

[USEFUL WEBSITES FOR STRATEGIC MONITORING DATA & STATISTICS](#)

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