

Consolidated Appeal



2012

Guidelines



KEY POINTS

- ▶ **What is a consolidated appeal?** Despite its name, it is only secondarily about fundraising. It is the humanitarian system's concerted action plan for large-scale crises that require response by more than one agency. This action plan contains a needs analysis; a strategy (with clear measurable objectives, indicators, and monitoring plan); cluster¹ response plans including detailed operational planning and budgets (i.e. projects). It thus also serves as the basis for monitoring and accountability – whether the humanitarian system has done what it said it would do, and whether this has had the necessary effect.
- ▶ **What is a humanitarian strategy, its added value and its purpose?** The IASC Principals want CAPs to be “more strategic,” so these guidelines will define what “strategic” means for CAPs. A strategy presents an overall humanitarian goal or vision, then states how that will be achieved, considering resources and constraints. It 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 makes decisions about the dilemmas that confront any large-scale humanitarian response. It maps and prioritizes needs; it matches capacity with needs to ensure full coverage; it aims for 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 CAP.
- ▶ **Present the needs clearly and analytically**, not just listing sector-specific needs – the CAP should reflect on inter-actions among needs, and their root causes. It cites the evidence for any claimed needs, as well as risks and implications if these are not met, and thus defines the most urgent, priority needs for humanitarian response.
- ▶ **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 all the needs, 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, temporal, or based on finer measurements of vulnerability – whatever combination serves best in your context to draw the line between what objectives the HCT must achieve and what is secondary. This also allows you to state the number of target beneficiaries.
- ▶ **Crystallize the strategy and key parameters of your CAP in an internal “concept note” by early October.** The concept note then governs the cluster response plans and project selection. It can also be shared outside the HCT, for example with Global Cluster Leads, for additional review and inputs.
- ▶ **Every CAP must be prioritized.** This means that each project should receive a priority designation (applying at a minimum a simple two-level system, standard across clusters) through peer review in the clusters, following general priority criteria agreed by the HCT.

¹ In this document, for brevity, the term “cluster” is used to cover all sectoral humanitarian working groups. These have the same role in the CAP whether or not the cluster system has been formally invoked in a country or whether that country uses the term “cluster.”

Clusters should award the highest priority score very restrictively: if more than about 50% of an appeal's requirements are prioritised in the highest category, then the prioritization is not a very useful guide for donors.

- ▶ **In 2012, the IASC Gender Marker is mandatory in all CAPs;** accordingly, the strategy, cluster response plans and project sheets should identify and respond to the distinct needs of women, girls, boys and men in each sector.
- ▶ **In developing cluster response plans, mapping of needs, cluster objectives, and division of labour are developed first; projects are developed last.** “Projects” are a reflection of each cluster member’s part in the cluster plan. Amassing project proposals first, and then deriving objectives and cluster strategy from projects, is not a valid method for developing cluster response plans.
- ▶ **All organizations proposing projects in the CAP should upload their draft projects onto the [Online Projects System \(OPS\)](#).** (Cluster coordinators should volunteer to upload projects for their members who have poor connectivity.) The uploaded projects should specify every location in which they will operate, using a new enhanced geographical feature on OPS. Cluster members peer-review the projects by viewing them on OPS, comparing them to the cluster’s agreed division of labour for covering the map needs. They select those that correspond to the agreed division of labour, are feasible for the proposing organization, and are reasonably budgeted, to be included in the CAPs. They prioritize them, and apply the gender marker code (for all countries that have adopted the code.) After final 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 via the OPS page or via the print-on-demand function on the country’s FTS page.
- ▶ **CAP projects can be revised anytime** (and should be revised as the situation evolves and the division of labour shifts). The OPS makes it easy to do so and to re-publish the revised versions electronically. The projects published in the November CAP document are understood as a snapshot which is likely to change. If a cluster makes no revisions to any of its projects between CAP publication and the CAP mid-year review, they are probably failing to update their projects to keep up with reality.
- ▶ **Not all humanitarian actors are counted in the CAP, so the cluster response plans, division of labour, and projects must not duplicate their planned actions.** For example, the affected country government probably covers certain needs. In most cases the affected country government is an active cluster member (frequently co-leading), but IASC policy precludes counting their funding requirements directly in CAPs. Nonetheless, their activities should always be reflected in cluster response plans. Cluster response plans should present all the assessed needs, specify what non-CAP actors are covering, and orchestrate the cluster members’ projects so as to cover the rest.
- ▶ Best practices can be found [here](#).

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PART I: GUIDANCE ON THE SUBSTANTIVE CONTENT OF COMMON HUMANITARIAN PLANNING AND MONITORING

1. The CAP in the common cycle of humanitarian action

OCHA and the IASC are expected to produce a consolidated appeal document once a year for major crises, because stakeholders need an organized snapshot and analysis. But the appeal is ineffective if the HCT treats it as a one-off document-writing exercise – and the humanitarian response is likely to be ineffective too. The consolidated appeal process touches on the whole programme cycle of humanitarian action: needs assessment and analysis, joint planning and strategizing, resource mobilization and allocation, monitoring, and evaluation (depicted in the figure below). The annual document publication is a milestone to focus the analyses and decisions that these elements entail, and it presents a frame of reference for monitoring the collective success of humanitarian action.

These guidelines therefore focus on the substance that constitutes common humanitarian strategic and operational planning (and related elements of humanitarian coordination) and must be crystallized in an appeal document – rather than being just a writing guide for the appeal document itself.



2. Needs analysis

Analyzing needs is the essential starting point of coordinated humanitarian action, and a crucial section of your CAP document, where you will need to convince donors to allocate millions of dollars to your crisis – and moreover to allocate it to the organizations addressing the priority needs that you identify here. This section of the CAP document must show solid evidence and solid reasoning.

Needs analysis is the step in which the HCT synthesizes the needs assessment data, which are usually cluster-specific, into a strategic view of the interactions of needs and of their root causes. These CAP Guidelines do not prescribe needs assessment methods, aside from pointing out that the HCT should make a plan for an organized campaign of needs assessments to fill key information gaps in the months leading up to the CAP development season.² Rather, these guidelines suggest how the data from needs assessments should be analyzed for CAP purposes, to produce in-depth understanding of their dynamics which allows the HCT to devise a humanitarian strategy, and a “mapping” of how many people have what kinds of needs in which locations, which allows for detailed operational planning.

TIMING:

In the 2011 CAP mid-year reviews (MYRs), each HCT should have established a plan for needs assessments to be done in the period between the MYR and the 2012 CAP development season, to fill crucial information gaps in order to base the 2012 CAP on comprehensive information. Those assessments should be completed by the third week of August. OCHA then drafts, and the HCT finalizes, the needs analysis for the CAP, as early as possible in the process – about mid-September – to provide the basis for agreeing on strategy and strategic objectives.

PURPOSE:

The needs analysis must be more holistic than just a list of cluster-specific needs. (Those are presented in each cluster response plan.) It reflects on the root causes of needs and the inter-actions among the root causes and the needs. This in turn allows a strategic approach to humanitarian action. The needs analysis should:

- Specify and analyse the main manifestations of the humanitarian crisis, starting with the top-level ones such as rates of mortality, morbidity and malnutrition. Elaborate on the factors behind the basic humanitarian statistics (the “top-level outcomes” presented in the Humanitarian Dashboard³).
- Show how the manifestations differ among specific groups (e.g. women, girls, boys and men, the internally displaced, refugees, host populations) and/or geographic regions.
- Identify the priority humanitarian needs, and enumerate the numbers and types of people who have the various kinds of humanitarian needs. (This enumeration should be 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 necessary, and the cluster response plans will detail this).
- Summarize the evidence of needs, and integrate cross-cutting issues.

² The IASC Needs Assessment Task Force has developed an [Operational Guidance for Coordinated Needs Assessments in Humanitarian Crises](#) to enhance the quality of humanitarian response. These are mainly geared to the first phases of a crisis, but can be useful for planning a well-timed campaign of needs assessment in a protracted crisis.

³ The Dashboard is a tool to consolidate and present needs assessment and other core humanitarian information in an easily accessible format, to facilitate analysis and evidence-based decision-making. It includes sectoral pages outlining needs, coverage and gaps at the sectoral level, as evidenced by indicators. It also includes two overview pages, presenting a cross-sectoral depiction of the humanitarian situation, and the strategic objectives of the HCT. For more, see Annexes 1 and 2.

METHODOLOGY:

Use the hierarchy of causes and outcomes illustrated in the [Needs Analysis Framework \(NAF\)](#) (reproduced at the end of this section) to analyze the humanitarian needs, rank their urgency, and identify the interactions among their causes across clusters. (The HCT and individual responding agencies will have to understand the inter-relations to design their programmes right.)⁴

PROCESS MANAGEMENT:

Step 1:

- ▶ Cluster leads should compile, review and organize their cluster's needs assessment data plus baseline data using their cluster's section of the [NAF](#). (Assessment information can be complemented by secondary data found in sources like surveys, contingency plans, monitoring reports, government data, or academic research, referenced accordingly.) Cluster leads should identify a set of key indicators and thresholds used to determine the priority needs in their sector.

- ▶ Clusters should provide a list of all the needs assessments on which this CAP will be based, which the OCHA country office will compile for the concept note (see Part I, Section 9 below) and eventually the CAP document. If there are important information gaps (for example because of insecurity) or unreliability, explain why, and what is being done to improve information.

→ **Output 1:** Needs analysis by each cluster, including a needs assessment reference list.

Step 2:

- ▶ OCHA (where possible with a consultative team of the cluster coordinators) reviews the cluster inputs, analyzes the inter-relations of needs and causes across sectors, and drafts an overall needs analysis. In addition to narrative text, the needs analysis should use the Dashboard format⁵ (see Annex 1) to arrange key information in a standard way and summarize the needs analysis. This draft needs analysis should be one of the bases of the CAP workshop and be circulated beforehand. At the CAP workshop, the HCT should reach agreement on what the priority needs are and the inter-relations of needs across clusters, then decide on the strategic objectives for humanitarian response.

→ **Output 2:** The overall needs analysis document will become part of the CAP concept note after the workshop.

THE NEEDS ANALYSIS SHOULD ANSWER THESE QUESTIONS CLEARLY:

1. What phenomena are driving humanitarian needs – in other words, what are the root causes of the humanitarian crisis? (Usually this is a combination of vulnerability and some disruption or trigger.)
2. What are the needs, and which are the highest priority? (Refer to the NAF's "chevron" diagram, reproduced on next page.)
3. What coping capacities are affected women, girls, boys and men using currently (perhaps individual, household or community level), and to what extent are these mitigating their needs?
4. How are the priority needs inter-acting with one another?

⁴ DR Congo and West Africa CAPs have used a variant method: a set of key indicators with related thresholds to triage and map needs and vulnerabilities, thereby establishing inter-sectoral strategic priorities. This seems to be particularly effective and necessary when the crisis is one of extreme chronic vulnerability and poverty where the humanitarian caseload must be distinguished from the generally poor and vulnerable population, without a clear trigger like conflict or sudden disaster.

⁵ The "Humanitarian Dashboard" is an IASC-agreed format that arranges information into a concise overview: analysis of priority needs and gaps, estimates of number of people affected, targeted and reached, and key indicators to be monitored. The Dashboard can later be updated and re-published periodically with CAP monitoring information, facilitating the CAP MYR review and formulation of future CAPs.

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5. How many people are suffering humanitarian needs; who and where are they; and what is their demographic profile (i.e. disaggregate by sex and age and any other important characteristics)? If this is a protracted crisis with a current CAP, how many affected people (disaggregated by sex and age) are being reached currently? (Later, in the cluster response plans, each cluster will present its estimated number of people – disaggregated by sex and age – affected by needs in that sector, and how many of those the cluster will target.)

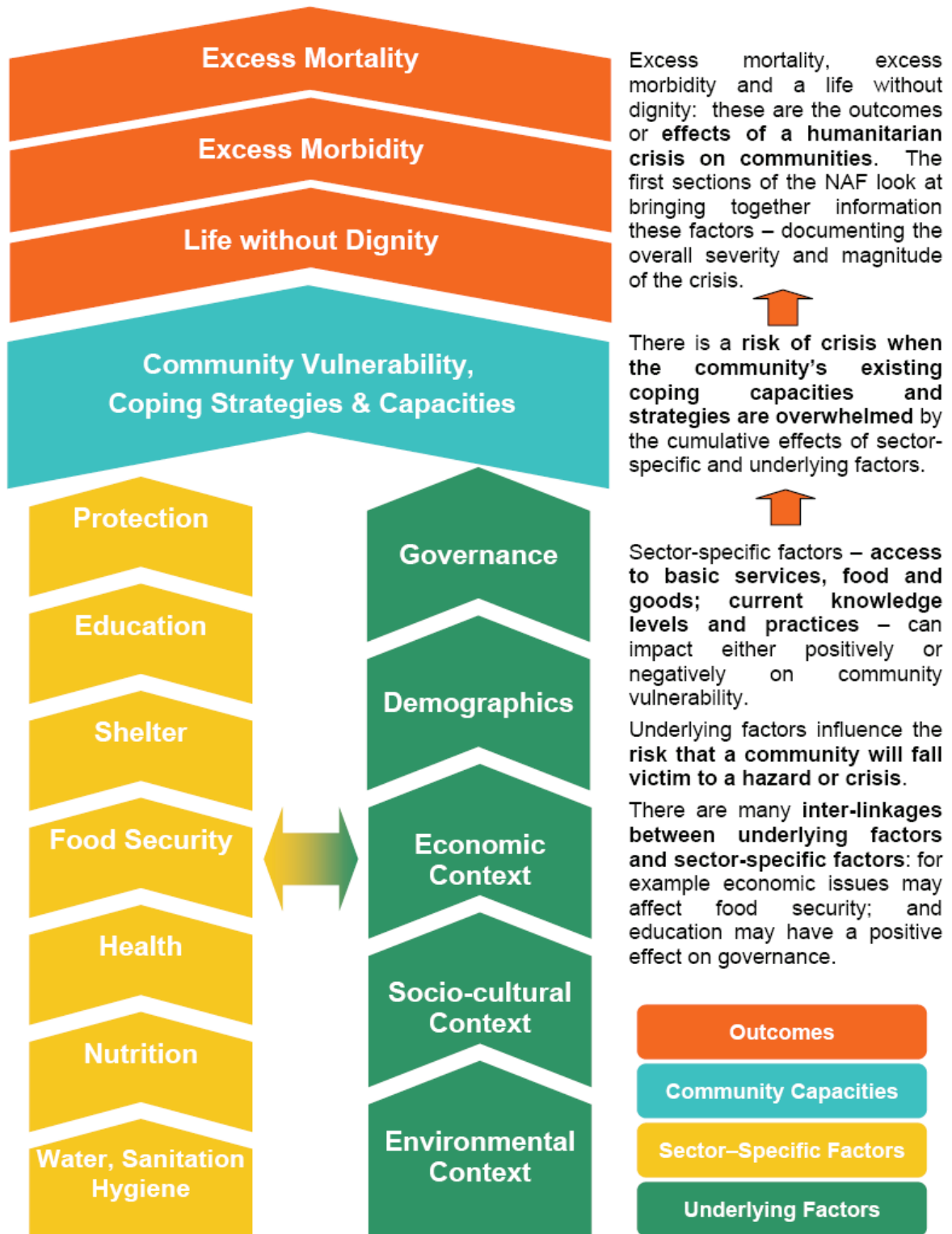
To enrich your needs analysis, consider these questions:

6. 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 sex and age if necessary, for example livelihood groups, regions, or ethnic minorities.
7. Recognising that needs and risks may differ across demographic groups (e.g. women and men, the elderly, IDPs, girls and boys), what are the specific needs and risks of such groups in this particular context?
8. What information gaps exist (despite the organized needs assessments leading up to CAP development), and how does the HCT plan to fill them?
9. Donors reserve humanitarian funds for needs that can't be met in time by development or anti-poverty programmes. Argue clearly why the needs you identify cannot be met in time by development aid.

Remember, this is not simply a long list of needs cluster by cluster. You must synthesize cluster-specific information.

The [CAP best practice page](#) contains three examples of needs analysis: Philippines 2011 (for general overview and cross-sectoral analysis of needs); West Africa 2011 (for classification of the severity of needs); and Djibouti 2011 (for overall presentation of needs analysis). See also [Yemen 2011 Mid-Year Review](#), Section 2.4.

The NAF model of factors of humanitarian needs



3. Devising a humanitarian strategy

TIMING: Strategy development follows needs analysis, and therefore in the humanitarian programme cycle it should come early in CAP development season (approximately the first half of September).

PROCESS MANAGEMENT: Strategy development should be consultative and consensual; but on the other hand, writing a strategy by committee is more likely to produce a diluted laundry list than a coherent, incisive strategy. (See below for common pitfalls in strategy statements.) Some leadership is probably needed, so the HC should designate an experienced senior humanitarian (or a small task team of same) to draft a strategy for discussion with the broader HCT.

WHAT IS A HUMANITARIAN STRATEGY? CAPs should bring a strategic dimension to coordinated humanitarian action. The IASC Principals want “more strategic CAPs.” The HC should ensure that a humanitarian strategy is in place. OCHA should support this. But what is a “humanitarian strategy”?

A humanitarian strategy states a long-term goal,⁶ and then states how the HCT will achieve that goal (or part of it in 2012) in that environment with available or expected resources, capacities and access. It should state clear decisions on the dilemmas pertaining to humanitarian action in that crisis, and it should specify what it is relying on non-humanitarian actors or mechanisms (like UNDAF) to achieve as part of a durable resolution of the humanitarian crisis.

Why is this important? Because humanitarian response never has ideal conditions – it always lacks some resources, some capacity, some access. Therefore there are dilemmas to be resolved, and priorities to be identified. Someone has to make a plan that brings the pieces together in a way that is more than the sum of their parts. Also, we say ‘humanitarian response,’ but we don’t want to always be responding – we want to get ahead of the curve sometimes and lead the situation out of crisis. Some countries have had CAPs for ten years in a row. A situation that long-lasting needs a plan that is not merely reflexive, but which gets on top of the crisis.

None of the following is a strategy:

- a list of the activities and aims that each organization or cluster is doing individually.
- a mission statement, like “save lives by delivering life-saving assistance to the most vulnerable...”
- a statement of the methods or tools in our toolbox: like “immediate relief for those in need, protection for those who are threatened, early recovery to restore self-sufficiency.” Tools or methods by themselves are not a strategy.

To illustrate the point with a simple example, imagine the owner of a football team asking the manager to state her/his strategy for the next match. “Win the game and advance to the next round” – that’s a mission statement, not a strategy. “Attack and defend successfully” – that’s a platitude. “Pass the ball cleanly and score lots of goals” – these are self-evident tactics, not a strategy. The strategy needs to state how you will achieve the aim or the mission with expected resources. “Play an entirely defensive game to achieve a scoreless draw, and then win on penalties” – that’s more like a strategy. “Manchester United to start the Champions League final with a 4-4-2 formation in order to stuff eight players in front of the goalkeeper, close down Barcelona’s passing game and strike only on the counter-attack, and switch to 3-4-3 if they concede a goal and need to chase the game” – that’s more of a strategy. “Attack on the left side, because their left defender has a bad knee” – that could be part of a strategy. A game strategy must state how we plan to win the game, given our capacities and those of the other team.

⁶ Example from Haiti Earthquake Revised Humanitarian Appeal (February 2010): “The overarching humanitarian objective is to provide an environment for safe and healthy living for all affected people until reconstruction restores normality.”

3. Devising a humanitarian strategy

Obviously, there are limits to the extent that you can strategize, because humanitarian actors usually don't have much control over the environment that is causing humanitarian needs, especially where conflicts exist. But this makes it all the more important to be strategic, not just responsive.

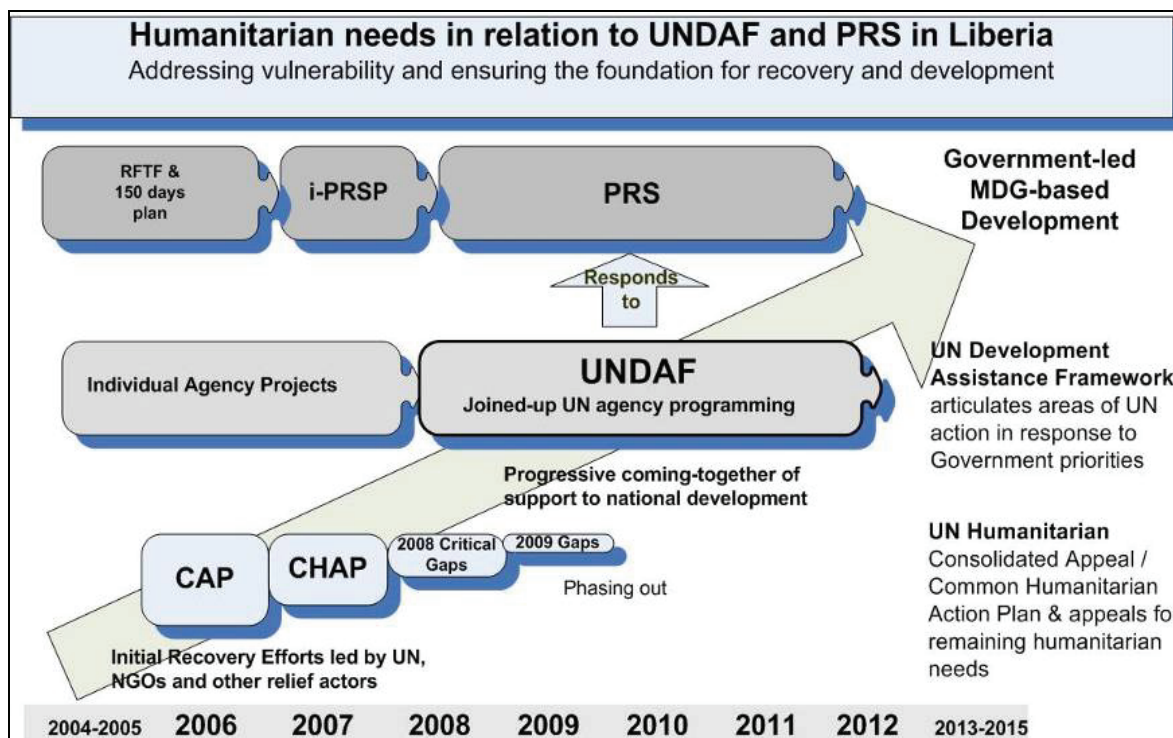
One important aspect of a strategy is that it is as much about what you will not do as what you will do. A strategy that says we will do everything is not a strategy, because resources and capacity are finite, and access is imperfect. Strategy has a lot to do with identifying the priorities. CAPs are developed by consensus, which can make it difficult to state what you will not do, or what is lesser priority. But HCs and HCTs have to try.

For protracted crises, you can state a multi-year strategy in a CAP that has 12-month projects and objectives. This is consistent with basic organizational planning – combining a long-term vision with a shorter-term work plan and objectives towards that vision.

Write your strategy as a brief text that answers these key questions:

- What are the overall visionary goals of humanitarian action in this crisis? (It may make sense to state both one-year goals and multi-year goals. For example: “Goal for 2012 – 90% of affected people will have an environment for safe and healthy living. Three-year goal: 40% of affected people will have acquired sufficient resilience to ensure for themselves safe and healthy living with minimal humanitarian aid.”)
- Which needs are being addressed by the affected country government and other actors, and how are these leaving gaps which the organizations in this appeal will fill? (Cluster response plans should further detail this for each sector.)
- What therefore are the boundaries of this CAP, in terms of the caseload, types of need, and types of intervention that humanitarians will make under this plan? 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 humanitarian organizations do not have enough funding or capacity to address them all. After needs analysis, the HC and HCT therefore have to set the boundaries of needs and response as a crucial part of the appeal's strategy. These boundaries can be geographic, demographic, deriving from clusters, 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, or what must be left to development actors. This is where you state, implicitly or explicitly, what the humanitarian system in country will not do.
- How will the HCT and clusters ensure coverage of the highest-priority needs, address the interactions and root causes of needs, and build affected people's resilience so as to create a path out of crisis even if some root causes persist?
- What are the dilemmas regarding how to best use humanitarian resources in this situation, and what is the HCT's decision on each dilemma?
- How will the HCT mitigate key challenges like access, security, or capacity gaps?
- What actions relevant to humanitarian strategy are planned in other programming tools such as national recovery plans, CCA/UNDAF, World Bank poverty reduction programmes, or bilateral aid programmes? Be specific – for example, “This zone will receive agricultural support from humanitarian actors through the planting season that ends in July 2012; thereafter, UNDAF Project XYZ will take up the support activities.” The following figure is a useful schematic, from Liberia's “Critical Humanitarian Needs 2008” document, on the inter-relation of the CAP humanitarian planning processes with recovery and development plans.

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Good practice in devising and stating a humanitarian strategy:

There are not yet many very good examples of humanitarian strategy statements (which is why these guidelines resort to sports analogies and negative examples). The following excerpt from the Liberia 2011 mid-year review does show positive elements, in appraising the situation in its entire scope and likely trajectory, and making decisions to take active steps to re-shape an untenable situation.

“Overall strategy and priorities

Since the start of the crisis, some 80% of the refugees have been in host communities, scattered along the four counties bordering Côte d’Ivoire. These communities by now have exhausted the scant resources they were able to share with the refugees. From the start, the Government of Liberia (GoL) has made every effort to ensure that refugees, wherever they are, receive humanitarian assistance with the support of the UN and international NGOs. With the aim of providing effective protection and delivery of basic services to refugees, the Government, in consultation with the UN, has now issued a new policy *Strategic direction and rationale of the refugee programme in Liberia*. The cornerstone of this policy is to encourage refugees to move into camps, an approach that has been prompted by the logistical difficulties and financial costs of delivering assistance to the large stretch of border communities often inaccessible due to poor road conditions, and by the fact that the refugees have expressed their unwillingness to return in the immediate or near future. The target is to create camp capacity for 80,000 individuals by the end of 2011 and relocate refugees as capacity increases. The GoL has appealed to the UN and the humanitarian community to mobilise resources and direct their activities for the rapid installation of the health services, educational facilities, potable water and adequate shelters in designated camps.

The Government has also made clear that humanitarian aid will continue in the communities hosting refugees while gradual relocation is ongoing. There is also a need to support the communities in recovering from the impact of the refugee crisis on their capacity for self-sustenance, but also to plan with relevant developmental agencies and bodies for a longer-term approach to help them move up from the poverty line. In line with these guidelines, the UN and the humanitarian community have

4. Articulating strategic objectives and choosing relevant indicators

agreed on a new strategy as outlined in this revised EHAP [CAP]. This strategy has three main pillars, based on the location and the specificity of the affected population:

- Refugees in camps
- Host communities (refugees and Liberians)
- Third-country nationals and returning Liberian migrants

This strategy is dynamic by nature and will be subject to continuous monitoring, adjustments and fine-tuning. This EHAP is therefore expected to be revised as needed.”

[Strategy statement continues in detail, specifying caseloads, priorities, etc.. [Click here](#) for full document.]

4. Articulating strategic objectives and choosing relevant indicators

TIMING: Articulating strategic objectives, choosing relevant indicators, and assigning responsibilities for monitoring the indicators should come after strategy development. In the CAP calendar, this usually corresponds to the second half of September. These items should be crystallized (in draft form) in the concept note.

PROCESS MANAGEMENT: Like strategy development, articulating strategic objectives and indicators is difficult to do by committee. The HC should assign an experienced humanitarian to make a first draft for broader consultation.

A. STRATEGIC OBJECTIVES

What is a “strategic objective”? The strategic objectives are measurable parts of how we will achieve the strategic goals of our collective humanitarian effort, 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-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.”

Strategic objectives are best expressed as the desired end state of the affected population, stated in specific and measurable terms. (This is often called “impact” or “outcomes.”) Example: “Mortality and morbidity rates among the displaced population decline to sub-emergency levels by the end of 2012.” Or: “Global acute malnutrition among under-five children in the affected population declines to under 10% by mid-2012.” These are specific and measurable.

The 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 for recovery, through institutional and livelihood support for the relevant communities. (See Part II, Section 8 of these guidelines for more on early recovery in CAPs.)

The objectives should be expressed as SMART: specific, measurable, achievable, relevant, and time-bound within the appeal period (usually 12 months). They are usually inter-cluster by nature, though

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they can be cluster-specific if the problem they address rises to the level of a strategic priority. (Also, indicators for strategic objectives are often cluster-specific; it often requires a small bundle of cluster-specific indicators to measure an inter-cluster objective.)

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.
- They reflect the gender-specific needs of women, girls, boys and men, as identified by a gender analysis.
- They are "SMART" – specific, measurable, achievable, relevant, and time-bound.

B. STRATEGIC INDICATORS

Strategic monitoring in CAPs requires you to choose and monitor key indicators that illustrate the evolution of the crisis, the humanitarian needs, the appropriateness of the strategy, the implementation and effects of the response, and the attainment of the strategic objectives. When you have specified indicators, data collection plan, and structure to analyze the information continuously and make strategic decisions and re-direction as needed, you will have defined the strategic monitoring plan for your CAP and for the crisis that it addresses.

The information that you gather and analyze for your strategic indicators should answer the basic question – have we done with we said we would do, and is it having the necessary effect?

Some strategic objectives contain their own indicators and targets (like the example above, “Global acute malnutrition among under-five children in the affected population declines to under 10% by mid-2012”). Others are more general and need accompanying indicators to make them measurable. For example: “Objective: all 150,000 displaced people have an environment for safe and healthy living from March 2012 through the end of the year. Indicators and targets: crude mortality rate less than 1/10,000/day; communicable disease incidence < 50/10,000/day; potable water consumption in IDP camp greater than 20 litres per person per day; [etc.]”.

The IASC recently agreed on a set of cluster-specific standard indicators (about a dozen per cluster), plus five “top-level outcome indicators.” (The full list is in the [Operational Guidance for Coordinated Assessments in Humanitarian Crises](#), and also on [OneResponse](#).) The five top-level outcome indicators naturally suggest themselves as strategic indicators for most CAPs, so the HCT should normally select and monitor all five:

- ◆ TL1 – Crude mortality rate
- ◆ TL2 – Under-5 mortality rate
- ◆ TL3 – Under-5 global acute malnutrition
- ◆ TL4 – Under-5 severe acute malnutrition
- ◆ TL5 – % of population in worst quintile of functioning, including those with severe or extreme difficulties in functioning.

Clusters, in their cluster monitoring plans (see below), should choose the most appropriate items for their situation from the menu of cluster-specific indicators. But some of them are also appropriate as strategic indicators alongside the five top-level outcome indicators, because they are widely-recognized gauges or barometers of the overall condition of an affected population. For example:

- ◆ N1 – % of children 6 - 59 months acutely malnourished a) pre-crisis, b) currently

4. Articulating strategic objectives and choosing relevant indicators

- ◆ *H7 – Coverage of measles vaccination (children aged 6 months - 15 years)*
- ◆ *H9 – Number of cases or incidence rates for selected diseases relevant to the local context*
- ◆ *H10 – Number of reported cases of sexual violence*
- ◆ *W2 – Average population per toilet / latrine with functioning hand-washing facility*
- ◆ *W4 – % of population with access to 15 litres of water per person per day*
- ◆ *F1 – % HHs according to food consumption score (<21, 21-34, 35+)*
- ◆ *S1 – % of affected population who do not have either shelter or settlement to SPHERE minimum standards*
- ◆ *S2 – % of affected population who do not have non-food items to SPHERE minimum standards*
- ◆ *E1 – % of school-age children and youth not currently attending school/learning*
- ◆ *P29 – % of surveyed sites with active denial or obstruction of adequate food*
- ◆ *P9 – % of surveyed sites reporting that disappearances / abductions are taking place*

You should take advantage of this menu to add to your array of strategic indicators if the HCT is having difficulty formulating similarly meaningful strategic indicators for your particular context.

Key questions in the selection or formulation of indicators:

- What do we want the end condition of the affected population to be, and what indicators and targets best measure that?
- What can be feasibly monitored and analyzed given resources and capacity constraints?
- How often will the HCT monitor the strategic indicators? (At a minimum, CAP MYR plus end-of-year review. In choosing the indicators, consider whether it is feasible to monitor the ones you choose as often as the HCT deems necessary. If not, choose others that are more feasible for frequent monitoring.)
- Will the information be useful for decision-making and learning?

INSTRUCTIONS

OCHA should draft, and the HCT should approve, about four to six indicators that will measure achievement of the strategic objectives and the corresponding targets. These strategic indicators will normally be a mix of:

1. those that measure the process or outputs of humanitarian response (e.g. “proportion of displaced women, girls, boys and men who receive full and regular humanitarian assistance according to SPHERE standards”);
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 women, girls, boys and men”).

You do not have to artificially expand the list of strategic indicators to include representatives of every cluster; choose a manageable and measurable list of those that best represent the macro-level humanitarian situation and desired impact of humanitarian actions. Consult your cluster coordinators about the feasibility and cost of collecting data on an indicator before selecting it. It's best to have current or recent baseline data for each strategic indicator, though exceptionally you might choose an indicator that lacks baseline data.

If your 2011 indicators served well for clearly reporting progress in the mid-year review and are still relevant, feel free to use them again (with updated targets).

Some HCTs choose to set mid-year targets for their strategic indicators, as well as year-end targets. This is not required, but may be valuable in certain circumstances where short-term, quick-impact action is particularly needed and where its results have to be demonstrated.

Key issues to include:

- Explain your planned data collection system – what sources of information will OCHA and the HCT use to measure the strategic indicators, how often will the HCT collect the necessary information, who is responsible for analysing the information, and what decision-making structure will act on the information?
- How will the HCT monitor the possible emergence of additional needs or caseloads throughout the appeal period?
- How will the HCT monitor its planning scenarios and triggers, and discuss the possible need for a major shift in strategy?

USEFUL DEFINITIONS FOR PLANNING AND MONITORING

The planning hierarchy may be visualized as a results chain: the combination of inputs and activities produces outputs, which should achieve the outcomes and impact.

Inputs → activities → outputs → outcomes → Impact

- ◆ **Inputs** are the financial, human, material, technological and information resources used for a humanitarian action.
Example: trucks, wages, funds, staff, materials.
- ◆ **Outputs** are the products, goods or services that are the direct results of a humanitarian action.
Example: NFI kits in the hands of affected households; functioning water points; latrines; distributed food rations; therapeutic feeding treatments.
- ◆ **An outcome** is the short-term or medium-term effect of a humanitarian action on the affected population. Outcomes often are the results of multiple outputs; each outcome in your planning may therefore correspond to more than one output.
Example: increase in household consumption of potable water.
- ◆ **An impact** is the positive and negative, primary and secondary long-term effects produced by a humanitarian action, directly or indirectly, intended or unintended.
Example: reduction in child mortality.

An objective states part of your humanitarian strategy in terms of the expected outputs, outcomes and impact, supported by a convincing description of how you will attain them in the face of limited resources, imperfect access and other impediments. Every objective should be SMART: specific, measurable (when matched with relevant indicators), achievable, relevant and time-bound.

An indicator is a characteristic of a population or environment that is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of a humanitarian emergency. Indicators can measure any point in the planning hierarchy (input, output and outcomes). Indicators must be practically measurable.

A target can refer to outputs or indicators, for example “300 water points,” or “GAM < 10%.” Note that targets for outputs contain or imply their own indicators: if your target is 300 water points, there’s no need to artificially express that as “Indicator: number of water points; target: 300.”

(For definitions of further relevant terms, see OECD’s *Glossary of Key Terms in Evaluation and Results-Based Management*: <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.)

Good practice in articulation of strategic objectives and relevant indicators:

(from: *Haiti Earthquake Humanitarian Appeal Mid-Year Review, July 2010. This does not follow the guidance perfectly, but it does articulate specific objectives that embody decisions on dilemmas, and creatively formulate indicators that measure the objectives.*)

“3.2 Revised Strategic Objectives for 2010

In revising the strategic objectives for humanitarian response for the rest of 2010, the humanitarian community has reflected the necessity of continuing with immediate relief alongside initiation of long-term response based on the government’s ‘Safer Shelter Strategy’:

1. Relocate at-risk populations from imminently dangerous locations before hurricane season.
2. Fill information gaps regarding number and location of affected people, coping capacities, and remaining humanitarian needs.
3. Attain full provision of needed basic services and necessities around all displaced people’s sites according to applicable humanitarian standards by July 1 and maintain through 2010 or as needed. (This provision of services will be re-oriented to more appropriate community-based services around the settlements, with an understanding of urban dynamics, and in a way that prepares for implementation of the full resettlement strategy.)
4. Provide all needed humanitarian support to the moves from spontaneous settlements to better transitional or permanent locations (Safer Shelter Strategy), and encourage those in host communities (including non-destroyed areas) to remain (by means of improving social services and livelihoods in those communities).
5. Protect vulnerable IDPs, women, children, separated families and others who are at heightened risk of various forms of exploitation, neglect or abuse. Foster effective and equal participation of men, women, boys and girls in all phases of planning and implementation of humanitarian strategy. *[Note to Guidelines readers: this one is not so SMART.]*
6. Complete all possible contingency planning and preparation before hurricane season so as to ensure the safety of earthquake-affected people whose current shelter and coping strategies will not withstand a hurricane. Identify places where displaced people are vulnerable to extreme weather and implement at least minimum mitigation and preparedness measures.
7. More emphasis on communal or community-based early recovery initiatives such as income-generating and livelihoods programmes, in addition to temporary direct service provision where needed, in order to enhance sustainability of resettlement efforts and reduce dependence on humanitarian aid, monitoring and supplementing government social safety net programmes where needed. *[Note to Guidelines readers: “More emphasis” is not so SMART either.]*

Strategic indicators

1. Relocation of all people in ‘red’ sites or parts of sites to green sites by July 1.
2. Full and continuously updated mapping of needs, coverage and gaps, by July 1.
3. Residents of each site have access to basic essential services up to humanitarian standards (including emergency shelter and NFIs, emergency education, food and nutrition, health services, physical security, potable water, and sanitation, plus livelihoods support where needed and feasible) as of July 1.
4. (a) Percentage of capacity of designated settlement sites filled with resettled displaced people enjoying full basic services by end 2010. (b) Number of displaced people

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- returning from host communities to temporary sites or areas of origin made unsuitable by the earthquake.
5. Number of reported incidents among displaced or otherwise affected people of GBV, exploitation, neglect and abuse; proportion of such cases assisted by humanitarian actors (or by government or civil society actors with humanitarian support).
 6. Identification and preparation of hurricane shelter and positioning of stocks, sufficient to protect and assist all people made homeless or otherwise extremely vulnerable by the earthquake that are at risk of hurricanes and other natural hazards.
 7. Number of people requiring humanitarian relief (broken down by type of relief) at end 2010, compared to May 2010 baseline.”

See the [CAP best practice page](#) for more examples of strategic indicators and data collection practices.

5. Cluster objectives and indicators

Strategic planning, objectives and indicators are to be mirrored at the cluster-specific level. (These are presented in each cluster response plan later in the CAP document; the forthcoming CAP document template will include step-by-step guidance.) Based on the strategic objectives and on cluster assessments and analysis, the cluster members should agree on three to six objectives and the corresponding targets to be achieved in 2012.

Cluster objectives should be bounded by the boundaries and caseload (number and type of beneficiaries) agreed by the HCT as part of the strategy. The set of objectives should usually be a combination of output targets (like 300 water points) and outcome targets (e.g. households consume 20 litres per person per day of potable water). If the outcome targets are not so specific, then they should be accompanied by specific, measurable indicators, which can be drawn from the IASC standard indicators per cluster.⁷

The monitoring plan should explain the monitoring methods, specifying who will collect information on outputs, when and in what format. Each cluster should agree on the monitoring methodology in order to plan accordingly, assign responsibilities for collection and analysis of data, and budget the costs.

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. If possible, each cluster should agree and state this design in its CAP cluster response plan; if not possible so soon, they should certainly state it at the mid-year review. (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 clusters, as their outcomes may be related to yours, in which case outcome measurement should be joined.)

If an indicator is too complicated to collect information on, replace it with one that is simpler.

⁷ The standard indicators are given in the [Operational Guidance for Coordinated Assessments in Humanitarian Crises](#). However, in case of updates, better to consult the on-line version on OneResponse (though this version does not include the top-level outcome indicators): <http://onerresponse.info/resources/NeedsAssessment/Pages/Indicators%20and%20Guidance.aspx>.

6. Using a logframe to link cluster objectives, strategic indicators, and strategic objectives

To summarise, cluster coordinators should plan to gather periodic, real-time information from their cluster member organizations about project-level outputs. The coordinators aggregate the data, compare it to the collective cluster targets for outputs, 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.) Each cluster should also outline a plan for cluster or inter-cluster outcome measurement.

6. Using a logframe to link cluster objectives, strategic indicators, and strategic objectives

Although logical frameworks (“logframes”) are tedious, they are effective in summarizing and charting the relationship among the strategy, strategic objectives, strategic indicators, and cluster response plans with their objectives and indicators. (Implicitly, they link further to the projects selected by each cluster, but it is awkward to enumerate projects in a logframe for reasons of space.) Although logframes can become very lengthy and time-consuming, especially if one tries to show the full spectrum from overarching goal to detailed activities, in the example below the purpose and format are fairly simple: to show the unity of the assessed needs and strategic objectives with cluster response plans (and, by implication, with projects and funding requests). Carefully consider how much detail to show. Bear in mind that each cluster response plan will have its own sectoral logframe, which goes into further detail like activities which are not needed in the strategic logframe.

The following sample table summarizes agreed strategic objectives, indicators, and response plan objectives.

Strategic Objective	Key indicators	Corresponding cluster response plan objectives	
1. Ensure basic survival needs of the 300,000 most vulnerable IDPs and host families in the north so as to reduce mortality and morbidity to sub-emergency levels.	U5 acute malnutrition; key disease incidence; litres/person/day potable water; ...	Food	Provide monthly packages equating to 2100 Kcal/day to 300,000 beneficiaries (disaggregated by sex and age here)
		Health	Immunize 100,000 IDPs and host family boys and girls against measles (disaggregated by sex and age here)
		Wat/San	Ensure 15 litres of water per person living in IDP camps
		<i>etc...</i>	
2. <i>etc...</i>			

(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.)

See overleaf for full best practice logframe example (Somalia CAP 2011).

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2011 Somalia Strategic Priorities Monitoring Matrix				
2011 Strategic Priority	Cluster Objective	#	2011 Indicator	Responsible Cluster
<p>Provide life-saving humanitarian services to 380,000 people living in humanitarian emergency, the most vulnerable of the 1.46 million IDPs, and those affected by new crisis</p> <p>Increase livelihoods and livelihood assets to protect populations from future shocks and prevent those in AFLC from deteriorating into HE, capitalizing on the 2009 Deyr and 2010 Gu rains where possible</p> <p>Provide vulnerable populations with a minimum package of life sustaining basic services</p>	<p>Prevent further deterioration of acute malnutrition in children under five in targeted, emergency-affected populations in Somalia</p> <p>Coordinate support to strategic services for the efficient delivery of common humanitarian assistance</p> <p>Contribute to stabilising food access and nutrition of 100% of 380,000 people in HE and 241,839 IDPs or 17% of the 1.46 million total IDPs through the provision of emergency livelihoods support</p> <p>Protect newly displaced and other vulnerable groups from life-threatening elements</p> <p>Acutely malnourished children and pregnant and lactating women are treated by having access to and utilising quality services for the management of acute malnutrition</p> <p>Maintain and improve livelihoods assets and strategies of 100% of 380,000 people in HE and 715,000 people in AFLC</p> <p>Integrate life-saving practices in formal and non-formal education</p> <p>Provision of primary and basic secondary health services with focus on sexual, reproductive and child health</p> <p>Access to quality life-saving health care services and emergency assistance including high impact, critical life-saving services for women and children in both rural and urban areas</p> <p>Improve the living condition of the displaced population in stabilized settlements</p> <p>Ensure that the most vulnerable displaced and disaster-affected women, girls, boys and men have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion through</p>	1.	GAM and SAM rates do not deteriorate from 2010 median rates	FAO/FSNAU
		2.	Number of GFD beneficiaries	Food Assistance
		3.	Cargo storage time in common facility is reduced	Logistics
		4.	Number of men and women in HE and IDPs accessing immediate cash and food needs	Agriculture and Livelihoods
		5.	Number of men and women in HE and IDPs accessing emergency livestock interventions	
		6.	Number of men and women in HE and IDPs accessing emergency agricultural and fishing inputs	
		7.	Percent of target beneficiaries of emergency response receiving NFIs	
		8.	% coverage of acutely malnourished children and pregnant and lactating (P/L)	Nutrition
		9.	Number of people in HE and AFLC	FAO/FSNAU
		10.	Number of men and women with access to improved productive assets	Agriculture and Livelihoods
		11.	Number of learners, teachers and CEC members (male and female) benefiting from the cross-cutting emergency and life-saving information	Education
		12.	% of population in humanitarian crisis with access to primary and/or basic secondary health care services	Health
		13.	Number of children under five and women of child-bearing age vaccinated	Health
		14.	Number of beneficiary households receiving temporary/transitional shelter	NFIs and Shelter
		15.	Number of people, disaggregated by sex, with access to safe water	WASH
		16.	Number of people disaggregated by sex, with increased access to appropriate sanitation facilities	WASH

6. Using a logframe to link cluster objectives, strategic indicators, and strategic objectives

2011 Somalia Strategic Priorities Monitoring Matrix				Responsible Cluster
2011 Strategic Priority	Cluster Objective	#	2011 Indicator	
Strengthen the protective environment for civilian populations through advocacy, including dialogue with local authorities, community mobilization, and access to services.	risk-sensitive interventions			
	Provide services and strengthen community resilience in order to respond to protection threats, with a particular focus on women, girls, boys and men affected by the conflict and other vulnerable communities	17.	Number of survivors of human rights violations equally accessing services and community-based projects (data disaggregated by sex and age)	Protection
		18.	Number (disaggregated by sex) of households provided with livelihood support and community protection initiatives	Protection
	Reduced exposure of communities to the effects of natural hazards	19.	Number of men and women from disaster prone communities involved in risk reduction activities	Agriculture and Livelihoods
	Integrate life-saving practices in formal and non-formal education	20.	Number of girls and boys children and female and male community members benefiting from school based child protection interventions	Education

7. Monitoring

Monitoring means being aware of the state of the system and of 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), accountability, and learning lessons.

CAP monitoring aims to answer the basic question on a collective, crisis-wide level: are we doing what we said we would do, and is it having the necessary effect on people in need?

Because CAPs are plans with targets at both the strategic and detailed operational levels, they are also the monitoring framework for collective humanitarian action in major crises.

Results can be measured at each level of the planning hierarchy, i.e. at the levels of output, cluster objective, and strategic objective. Measuring the extent to which the CAP is successful in reaching the strategic objectives is not an easy task, but measurement of your strategic indicators is built on monitoring at lower levels of the planning hierarchy.

When you complete your CAP according to these guidelines, you will have created a crisis-wide humanitarian monitoring framework in two parts: monitoring plan for strategic objectives and indicators, and cluster monitoring plans (presented in each cluster response plan). Arranging these in a logframe allows you to verify the link between cluster objectives and indicators, and strategic objectives and indicators.

Monitoring should be continuous and real-time, for operational and strategic decision-making. (This especially applies to output-level monitoring, which can be done in real time, whereas most outcome measurements take longer.) The HCT should agree how often cluster coordinators should share information on outputs to date. (For example, in Sudan's Darfur region, it has tended to be every two weeks.) Note that compiling information on outputs to date is basic and low-tech – it can be done with telephone calls and an Excel sheet if necessary. (However, OCHA is examining technical options for automating this on OPS.) There is no standard publication platform for such real-time monitoring information, aside from the CAP mid-year review and the “year in review” section of each new CAP. (The “Humanitarian Dashboard” may become the platform for publishing more frequent CAP monitoring updates: the overview pages would summarize the overall picture including the numbers of people in need and reached per cluster, and the cluster pages – not shown in the template in Annex 1 – would log and track the main indicators for each cluster. The Dashboard can thus be a sort of “CAP at a glance.”)

CAP monitoring: major progress in recent years

Most clusters 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 2011](#)), 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 than humanitarian action. But either phrase can be understood as *measuring results and learning lessons*.)

8. Criteria for selection and prioritization of projects

Who does what in CAP monitoring

Organizations share real-time updates with their cluster coordinator on progress to date towards output targets. Cluster coordinators compile this, with comparison to cluster objectives or targets, and share with HCT. (The HCT prescribes the periodicity of these compiled updates.) Cluster coordinators oversee the periodic measurement of cluster objectives or indicators (those that are not at output level, whose targets serve as their own indicators). OCHA and the HCT oversee the periodic measurement of strategic indicators; they are likely to assign this measurement to the clusters best placed to measure each given indicator.

EXAMPLE OF SPECIFICATION OF WHO DOES WHAT IN CAP MONITORING

(from Somalia CAP 2011)

CAP Monitoring Framework

Level	Responsible	Actions and Tools
Project	The appellant agency will monitor the implementation of projects	Each CAP project includes a monitoring strategy. Agencies will undertake regular field visits, data collection, third party monitoring, etc.
Cluster	The Cluster Chair [= <i>Lead</i>] is responsible for monitoring the progress toward the cluster objectives	3W matrixes, Cluster Quarterly Reports, CAP End-Year and Mid-Year Reviews, etc.
Strategic	The IASC and the HC will monitor progress on the CAP strategic priorities	The Strategic Priorities Monitoring Matrix

Evaluation

Evaluation is defined as different from monitoring in that it is a more in-depth examination of the causes of outcomes, often including judgements on the quality of programming and implementation. It tends to be less real-time than monitoring, because of the methodological demands of proving causality. Nonetheless there is clearly a need for evaluation of the collective humanitarian action that CAPs represent – not to make judgements about individual organizations' performances, but to learn lessons about strategy and programming.

There are no fixed guidelines yet for CAP evaluation. But HCTs should feel free to take the basic step of planning, designing and commissioning one or more evaluations, to be done probably around the end of the annual CAP planning and programming cycle, to answer the basic questions of whether the strategy was valid and to what extent implementation achieved the strategic objectives. If an HCT does not do this as part of CAP planning, clusters should feel free to do so, either individually or in conjunction with closely related clusters, so as to answer these questions for their parts of the strategy.

8. Criteria for selection and prioritization of projects

TIMING: Criteria for both selection and prioritization of projects flow from the needs analysis and strategic objectives, and so should follow those steps immediately, and be crystallized in the concept note (before the period of uploading projects on OPS). In the CAP calendar, this usually corresponds to approximately the second half of September.

PROCESS MANAGEMENT: Using this year's criteria as a starting point, analyze within the HCT (often at the CAP workshop) whether they need to be amended for the 2012 CAP. (If the HCT cannot agree on criteria that set meaningful boundaries on project selection and prioritization, the HC may have to designate a more focused team to draft any necessary enhancements for the HCT's

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consideration.) If there are no criteria from the 2011 CAP that are usable as a starting point, see best practice examples below.

Selection is the process of choosing the projects to be presented in the CAP, according to the general selection criteria agreed by the HCT (with some additional cluster-specific criteria as appropriate). This is done in each cluster through a peer review process (using the On-line Projects System/OPS, on which all cluster members can see each other's draft projects – see Part III for details). **Prioritization** follows the selection phase; it means identifying the projects within each cluster 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, based on general prioritization criteria agreed by the HCT (possibly with cluster-specific additions if necessary). Each uploading organization posts the cluster's priority ranking for its project on OPS (then the cluster leads verify it during their review stage).

A. SELECTION

The crucial principle of project selection is that the projects should be drafted to reflect a prior agreement within the cluster about who will cover which needs where. Cluster coordinators are responsible for engineering this agreement and getting cluster members to draft their projects accordingly. Project selection does not start by soliciting proposals – projects in a cluster should be orchestrated so as to cover needs effectively and efficiently. (This is part of what is meant by a strategic CAP.) Projects are reflections of each organization's part in this plan, and "selection" verifies this.

As a general minimum, the selection criteria that an HCT adopts for a CAP must conform to the [IASC CAP Guidelines](#):

- "(1) While overall estimates of emergency requirements, by sector and sub-sectors, can be used as background information, the emergency components selected for inclusion in the appeal for which funding is actually requested must meet the following criteria:
1. demonstrated relationship to survival requirements of identified group/s of severely affected people including refugees and IDPs;
 2. demonstrated delivery and implementation capacity by the concerned agency to procure and deliver inputs:
 - i. within the time frame of the appeal;
 - ii. according to specific nature of the input, e.g. seeds depending upon agricultural cycle.
- (2) Inclusion of rehabilitation activities and inputs must meet the following criteria:
1. demonstrated functional/supportive relationship to relief interventions such as:
 - i. e.g. repair or construction of infrastructure such as roads, bridges and ports, demining, aircraft hire and similar;
 - ii. restoration of essential facilities (e.g., provision of potable water, basic health care infrastructure, cattle vaccination, shelter);
 - iii. costs of administration, monitoring etc. that are directly related to (1) i. above
 2. demonstrated agency capacity to procure, deliver and distribute required inputs and ensure implementation within the appeal time frame.
 3. demonstrated in-country capacity to develop for and maintain the infrastructure required to undertake rehabilitation activities and meet delivery and distribution targets within the appeal time frame."

8. Criteria for selection and prioritization of projects

You will need an explicit statement of the selection criteria for projects before the project drafting and review process. (These criteria will be applied to all draft projects via peer review by cluster members, and submitted to the HC for final approval for inclusion in the appeal.) State the criteria also in the concept note (and later in the final CAP document).

Selection criteria are 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 response plans, and most specifically in selection of projects. The project selection criteria therefore operationalize the boundaries. They should also take into account donor regulations for use of humanitarian funds: if the selection criteria allow activities that fall outside most donors' regulations for humanitarian funding, the HCT should make a plan for what other funding envelopes will be accessed for such projects.

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

Most importantly, the cluster should orchestrate its members' activities and projects so as to cover the key needs in that sector; and all selected projects should address proven or reasonably inferred needs.

Sample criteria for project selection:

- *The needs that the project plans to address must be confirmed by evidence that is solid by reason of first-hand assessment on the ground, or triangulation (multiple independent sources);*
- *The project must contribute to the cluster objectives, and must contribute towards the achievement of one or several of the strategic objectives agreed upon by the HCT for the humanitarian operation in 2012;*
- *The project must present a clear target in specified operational areas and should not duplicate activities implemented by other organizations;*
- *The project must identify and respond to the distinct needs of women, girls, boys and men or justify its focus on one group (i.e. targeted action)*
- *The implementing agency must have a recognized capacity to implement the project;*
- *The appealing organization must be part of existing coordination structures (cluster working group member);*
- *The implementation of the project or part thereof must be feasible within the 12-month timeframe (considering access as well as organizational capacity);*
- *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 this 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 (considering limited funds), or covered first (considering time-sensitive factors). Prioritization is an essential element of the CAP and is not optional. If one were to use a medical analogy, any emergency room doctor immediately triages a

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new patient's conditions and prioritizes the treatment orders – cardiac symptoms before bruises, for example. Humanitarians have the same obligation: all humanitarian needs should be treated, but some are more urgent than others. Also – if HCTs do not prioritize, donors will *de facto* do it for them in their funding decisions.

CAPs should be prioritized with, at a minimum, two tiers of priority among the projects. The cluster coordinator is responsible for ensuring completion of this piece of the CAP, working with the entire cluster in a peer-review process. The HC is responsible for ensuring that the HCT and the clusters agree upon a clear prioritization scheme and a meaningful outcome of the prioritization exercise, both at the cluster and overall CAP levels. (A prioritization scheme is not useful if most of the appeal requirements are classified as high-priority. Generally, no more than 50% of an appeal's requirements should be prioritised in the highest category.) The HC and the cluster leads are also responsible for reviewing the prioritization results after the cluster review and for taking action if the prioritization is not rigorous enough.

Projects can be prioritized according to various criteria or categorizations, such as:

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

Gender and other relevant cross-cutting issues could also be used as a prioritization criterion. (See Part C of this section below.)

Note that CAP practice does not require prioritization among clusters, in keeping with the principle that humanitarian action has to be holistic – though the HCT may do this in addition if they so decide. One way to do this is, in a point-scoring system, to give “extra points” to projects in certain clusters identified as priorities.

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).

HCTs are free to choose the labels of their two (or sometimes three) levels of priority. If a country team finds it difficult to make decisions about humanitarian priorities, thinking of it as “categorization” may be a helpful starting point.

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, or reduce aid dependence quickly? (If yes, 1 point)

8. Criteria for selection and prioritization of projects

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)

*** ≥ 2 points: top priority; < 2 points: medium priority ***

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.

Note: the IASC recommends that organizations aggregate their CAP projects as much as feasible, for example with one project per organization per cluster as a rule of thumb. (See Part II, section 7.C.) This is to avoid burdensome earmarking and heavy information management caused by large numbers of small projects. However this may interfere with a meaningful prioritization of projects, because the more that a project is aggregated, the more likely it is to encompass actions of different priority. In such cases, the best advice for organizations whose planned actions cover different priority levels is that they should group actions of similar priority into separate projects so that each project is internally homogenous. This way, the priority score for the project is reliable. (This appears to be CAR's method, and they have had the best prioritization for several years – see table below.) It is not encouraged for organizations to combine one high-priority action with several medium-priority actions into a single project in the hopes of winning the highest-priority rating for the whole project – that renders the system unreliable.

Central African Republic: best practice of strict use of highest-priority rating

CAP year	Sum of funding requirements (in \$) of projects per priority category			
	A - IMMEDIATE	B - HIGH	C - MEDIUM	Total
2008	6,191,299 (6% of total)	13,914,175	89,881,080	109,986,554
2009	9,990,416 (10% of total)	27,756,421	61,870,204	99,617,041
2010	47,462,510 (32% of total)	52,805,176	49,615,021	149,882,707
2011	62,475,301 (45% of total)	32,465,146	44,606,858	139,547,305

C. GENDER MARKER

The Gender Marker was launched in 2009/2010 by the IASC Sub-working Groups on Gender and on the CAP to improve humanitarian programming and make humanitarian response more effective. The IASC Gender Marker is a tool that codes, on a scale of 0 to 2, whether a humanitarian project is designed well enough to ensure women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. By uploading each project's gender code on the OPS, you can help donors identify and fund high quality gender-informed projects. For 2012, the Gender Marker will be required in all CAPs and in selected ERFs and CHFs.

While an evaluation of the Gender Marker's implementation in 2010 indicates that it was very successful, greater engagement with and proactive promotion of the Gender Marker by the CAP focal points is required. CAP focal points in the countries are crucial in supporting the Gender Marker in order to ensure that ALL segments of the affected population have equal access to quality services and that targeted support to advance gender equality is undertaken based on a gender analysis. Cluster vetting teams should ensure that the each project is coded correctly, consistently and, when necessary, that project designers are provided with guidance in doing so.

Part II, Section 9 below contains more detail on the Gender Marker. Tip sheets for the different sectors/clusters and other useful tools can be uploaded onto gender marker page on OneResponse:

PART I: GUIDANCE ON THE SUBSTANTIVE CONTENT OF COMMON HUMANITARIAN PLANNING AND MONITORING

<http://onerresponse.info/crosscutting/gender/Pages/The%20IASC%20Gender%20Marker.aspx>.

For advice and support, please contact Aisling Swaine, GenCap advisor and Gender Marker Focal point (aisling.swaine@gmail.com) or Delphine Brun, GenCap Adviser to Global Cluster (dbrun@unicef.org). Field-based staff are encouraged to contact their GenCap Gender Advisor where available (Côte d'Ivoire, DRC, Ethiopia, Liberia, Pacific Region, Southern Africa, Somalia, North Sudan, South Sudan, Zimbabwe and Yemen). For email addresses for GenCap Advisers please go to <http://onerresponse.info/crosscutting/GenCap/Pages/GenCap%20Advisers%20in%20the%20field.aspx>

9. Drafting the CAP's strategic elements in a concept note

Following the example of Post-Conflict Needs Assessments and other large-scale strategy documents, it is valuable for HCTs to develop a 'concept note' of its upcoming CAP by early October 2011, following needs analysis and strategic dialogue with stakeholders. This note will define the priority needs that the 2012 CAP will address, the boundaries of humanitarian action (to distinguish it from general poverty alleviation), the CAP's strategic objectives, and other necessary elements of a performance framework such as strategic-level SMART indicators. (Cluster SMART objectives and detailed operational planning will follow, as the final stage of CAP preparation.) The practical reason for crystallizing and sharing these elements in an early concept note is that the short time between an HCT submitting its final CAP draft in early November and the global CAP launch later in November does not allow substantive dialogue between HCTs and stakeholders to shape and improve the CAP's performance framework. Drafting it earlier, and sharing it with (for example) global cluster leads, would make stronger performance frameworks, and therefore more focused humanitarian action plus greater accountability (a top priority of the IASC Principals and donors).

The concept note would not be for publication, but only for HCT-internal review and discussion (plus possibly Global Cluster Leads and other HQs if desired). Once finalized, the HCT and clusters would refer to it in elaborating the full CAP. It therefore would not require an intensive effort of proof-reading and cosmetic preparation as a publication would, but only substantive review and adjustment going forward to the final CAP.

This document will not be additional work for the HCT as it will be an integral part of your final appeal document.

Timeline:

- July-August: HCT and clusters implement a campaign of needs assessments, planned at the MYR, as instructed by the ERC.
- By early September: OCHA analyses information from the needs assessments and drafts needs analysis, strategy (with objectives and indicators), boundaries and caseload, and criteria for project selection and prioritization. OCHA disseminates this before the workshop, as a draft to be discussed and agreed at the workshop.
- CAP Workshop: HCT and other participants review and adopt needs analysis, strategy, strategic objectives, strategic indicators, boundaries, beneficiary type and numbers, and criteria for project selection and prioritization. These will form the content of your concept note (and later, the first half of your CAP document).
- Immediately after workshop: OCHA produces and disseminates a quick "workshop note." This serves as a first draft of the concept note, but also allows clusters to proceed immediately with developing cluster response plans on the basis of the decisions at the workshop, without waiting for the full concept note.
- 2 weeks after workshop: Send your concept note to the HCT and cluster coordinators, copied to OCHA CAP Section (9 October latest).

9. Drafting the CAP's strategic elements in a concept note

The concept note will remain an internal IASC document. Therefore, format, appearance, and wordsmithing are not crucial issues.

You will find a template for the concept note as part of the CAP document template (to be sent to field by early September).

PART II: BACKGROUND INFORMATION AND POLICY ON SUBSTANTIVE ISSUES

Developing a CAP in the short time between the end of August and the final field draft due date in early November is a matter of (among other things) **process management** and **information management**. The sections below will clarify how the HC, cluster coordinators, and cluster members can manage the process and information. It sets out some rules of the game agreed in the global 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. 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 and its connections to the other elements of the programme cycle, including *inter alia* the following:

- triggering an appeal if necessary;
- securing agreement on clusters (sectors) and designation of cluster leads;
- determining the humanitarian strategy with commensurate strategic objectives and indicators for the CAP planning horizon, linked to long-term strategy to resolve the humanitarian crisis;
- setting the boundaries of humanitarian action;
- analysing and mapping needs;
- ensuring that each cluster coordinator delivers their parts of the CAP on time;
- promoting inclusiveness, particularly with regard to NGOs, and mitigating competition among agencies, thus ensuring an efficient and effective division of labour for implementing the strategic plan;
- promoting collaboration with cross-cutting issues' groups, focal points with particular emphasis on Clusters' active engagement with the IASC Gender Marker;
- confirming the clusters' selection and prioritization of projects, which includes verifying the rational and efficient division of labour geographically;
- 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 available here: [http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/guidelines/\\$FILE/Role_of_HC_in_CAPs.doc?openElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/guidelines/$FILE/Role_of_HC_in_CAPs.doc?openElement).

2. Role of cluster coordinators in the CAP, and related issues

A. Frequently-asked questions

“Cluster lead” or “cluster coordinator”?

- “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.) The Representative or Country Director of a cluster lead agency is accountable to the HC for the cluster.
- “Cluster coordinator”: refers to the person whom the cluster lead agency has designated as cluster coordinator at the country level. (Sometimes the ‘person’ is actually a small team.) The Cluster Coordinator reports to the Head of the cluster lead agency.

Is funding supposed to go “through clusters”?

Clusters and cluster lead agencies are NOT meant to be funding channels: cluster lead agencies generally don't have the mechanisms to channel funds to other organizations (aside from their existing implementing partners). However cluster leads and members should influence donors about which projects to fund, according to the cluster's consensual prioritization. Similarly, they should contribute to HCT decisions on pooled fund allocations.

Should the cluster response plan aim to cover all affected people, or only the part that cluster members will cover?

Cluster response plans, and the projects that stem from them, must not duplicate each other or actions planned by non-cluster-members (or by actors that may participate in cluster planning and coordination but do not count their projects in CAPs, like affected country government). The best approach is to state all assessed needs, agree on a division of labour including the non-CAP-participants, specify in the CAP document which needs are to be covered by non-CAP-participants, and then specify the remaining needs which the cluster members' proposed projects and funding requests will cover. The CAP document template section for cluster response plans will contain a format for this.

B. Role of cluster coordinators in the CAP

Note: this section is a summary of a longer IASC-approved paper. [Click here for the full document](#), which cluster coordinators should study.

Cluster coordinators (CCs) are responsible for the day-to-day running of clusters in the field.⁸ CCs should act as neutral representatives and coordinators 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 CC with no agency responsibilities. The head of a cluster lead agency is accountable to the HC for cluster issues.

While “cluster coordinators” are defined as individuals not agencies, some of the following roles are best understood as fulfilled by a team from the cluster lead agency, or sometimes the cluster member organizations as a whole, rather than just one individual.

- ◆ **Build an Inclusive cluster. How to measure success:** number of humanitarian aid organizations (national and international) that participate in cluster and/or CAP, as a proportion of all such organizations in country (the higher the better). Amount and proportion of humanitarian funds going to organizations or activities inside the CAP (the more the better, with due regard to local funding and organizational realities).
- ◆ **Government consultation. How to measure success:** In situations where the government is covering some of the needs, the cluster/sector response plan should map the government's coverage and show its inter-relation with the cluster/sector's plans.
- ◆ **Organize needs assessments and analyse the results.** The goal is a full base of evidence and analysis on which to develop the cluster response plan. Detailed guidance on how to plan needs assessments can be found in annex. The quality of this process is fundamental to the quality of the CAP. **How to measure success:** Availability of baseline data, implementation of agreed needs assessment plan, and use of resulting analysis in the CAP; cluster response plans and prioritization of projects reflecting the results of the needs analysis.
- ◆ **Information management. How to measure success:** The OPS' enhanced geographical fields verify that cluster's selected projects cover the needs without duplications and minimizing gaps.

⁸ In this document, for brevity, the term “cluster” is used to cover all sectoral humanitarian working groups. These, and their coordinators, have the same role in the CAP whether or not the cluster system has been formally invoked in a country or whether that country or a particular working group within it uses the term “cluster.”

- ◆ **Formulate cluster response plan. How to measure success:** Cluster response plan provides strategic direction and overall objectives for the cluster/sector, maps all the sector needs and planned coverage of those needs (including coverage by those not participating in the cluster/sector or in the CAP—see below), integrates meaningfully all relevant cross-cutting issues and fills identified gaps. The cluster response plan is expressed in terms of SMART objectives and sector-relevant indicators.
- ◆ **Incorporate early recovery. How to measure success:** cluster/sector response plans include early recovery-related objectives and activities that aim to strengthen national and local capacities and reduce aid dependence.
- ◆ **Achieve complementarity.** CCs ensure that interventions of the humanitarian actors, including government actions and others not included in the CAP’s funding request, complement each other. In practice, this means identifying or mapping priority needs of the affected population and then matching the capacities of the humanitarian actors to those needs so as to avoid overlap and duplication of activities. **How to measure success:** The cluster response plan presents a comprehensive mapping of needs and planned actions, clearly mentioning who does what and where for all actors on the ground, thus eliminating gaps and overlaps.
- ◆ **Inclusion of cross-cutting issues,** including age, gender, environment and HIV/AIDS.
- ◆ **Project selection. How to measure success:** Each project selected for the CAP is demonstrably within the boundaries and strategic objectives agreed for the CAP, and justified by needs assessment and capacity to implement the project by the concerned agency, within a defined timeframe. The selection process is inclusive of all cluster members, or an agreed representation, as well as representatives from relevant cross-cutting theme groups.
- ◆ **Prioritization among selected projects. How to measure success:** Each project selected by the cluster bears a priority designation, consistent with the CAP’s general prioritization criteria (which in turn grow out of the strategic objectives and the most urgent identified needs). The proportion of projects awarded top priority is restrictive enough to give donors a clear guide on what to fund first and to make it likely that the top-priority set of projects will be 100% funded.
- ◆ **Influence funding.** CCs should master the information in the Financial Tracking Service (FTS) tables for their appeal (<http://fts.unocha.org>), use it often, and encourage cluster members to feed updated information to FTS (fts@un.org). CCs should monitor funding in their sector outside the CAP (FTS table H), and try to get those organizations and projects into the CAP. **How to measure success:** Cluster’s funding as percentage of requirements, in comparison with other clusters in the appeal; funding first to the highest-priority projects in the cluster.
- ◆ **Update and revise cluster response plan and projects. How to measure success:** Projects displayed on public platform (OPS/FTS) are continually updated to reflect reality on the ground. Cluster response plan is revised at appropriate times (CAP Mid-Year Review, plus *ad hoc* as needed), taking new information and analysis into account.
- ◆ **Monitoring. How to measure success:** Information on collective outputs to date for the cluster, compared to CAP targets, is available continually in real time throughout the year, plus outcome measurement as often as necessary and feasible. (The “Humanitarian Dashboard” can provide a platform to monitor the indicators selected in the response plans for the CAP regularly in addition to the MYR.) Each CAP summarizes the past year’s outputs versus targets, plus impact if possible.
- ◆ **Evaluation:** To evaluate the more nuanced impact level of analysis (for example, reduction of child mortality, and attribution of its causes), CCs should guide their cluster to develop a plan to measure humanitarian impact related to the cluster’s actions and outputs. Note that it is usually impractical for methodological reasons to measure impact at the project level; such evaluation is better made at a more aggregated or collective level (cluster, or perhaps inter-cluster). Also, evaluation is often done by outside experts, which the CC could commission. CCs should consult the wider HCT including cross-cutting theme groups or experts in developing their monitoring and evaluation plans, in case an inter-cluster evaluation plan suggests itself.

C. Suggested process and consultation for developing cluster response plan and projects for CAP

- *Commission needs assessments in time to fill key information gaps before needs analysis for CAP (by early September)*
- *Compile assessment results and draft cluster needs analysis; hold cluster meeting to agree on cluster needs analysis.*
- *Forward cluster needs analysis to OCHA for inclusion in general needs analysis in early September.*
- *Give OPS orientation to any cluster members who aren't yet familiar with it.*
- *Following CAP workshop and preliminary CAP concept note (which specifies strategy, strategic objectives, boundaries and caseload), convene cluster meeting for detailed planning. In this meeting, present a map of needs and the total outputs required (like 300 water points or 70 therapeutic feeding centres). Draft SMART cluster objectives & indicators accordingly. Agree on a plan to cover the needs and achieve the objectives – who will cover which needs where, i.e. a division of labour. (In this division of labour, account for planned actions by non-cluster-members or non-CAP-participants, like affected country government.) If there are overlaps in these preliminary plans, encourage cluster members to move some redundant planned actions to other locations so as to fill gaps.*
- *Tell cluster members to upload draft projects onto OPS that reflect their parts in this agreed division of labour. 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.) 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 thus an inventory of everyone's actions that are necessary to cover the priority needs.*
- *CC starts writing the response plan chapter.*
- *Organizations upload draft projects to OPS, where all peers can see them. The CC uses the new enhanced geographical feature on OPS to 'map' the draft projects, to ensure that they cover the needs and divide the labour as agreed.*
- *The CC e-mails the draft cluster response plan to full cluster 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 corresponding to the agreed division of labour and 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-specific filtering on which the group agrees). Discuss and agree any outstanding issues in response plan chapter. Proposing organizations amend projects on OPS per cluster's advice, and add agreed priority rating and gender marker score for each selected project.*
- *The CC clicks "approve" on OPS for the selected projects (and "reject" for the others), checks that each has the agreed priority rating and ensures that each project has a Gender Marker code.*
- *The CC e-mails cluster response plan to OCHA, by deadline.*

Note to cluster members: *If the cluster 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.*

D. Field cluster coordination costs should go in the CAP

The field cluster lead role requires dedicated staff, which 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. Donors are ambivalent about funding cluster coordination costs, but it doesn't hurt for cluster lead agencies to propose them in the CAP anyway.

Cluster coordinators should prepare their cluster coordination projects by calculating the resources needed, touching base with their agency country office and headquarters (plus their fellow CCs in country) to learn success stories, and considering what measurable outputs they could promise in a CAP project proposal for cluster leadership. The IASC's guidance is:

- ▶ Use standard TOR (in the form of the "Role of" section above) to form the project text.
- ▶ You can either present freestanding cluster lead projects, or roll them in larger direct-implementation projects. If either works equally well for your organization and donors, then present freestanding projects, so that the IASC can measure donor response to cluster coordination resource needs.

Experience:

- ◆ Click [here](#) for a list of cluster lead project proposals in CAPs in 2010 (the most recent compilation available), with funding results.

E. The Red Cross and Red Crescent Movement and the CAP

In accordance with the Fundamental Principles of the International Red Cross and Red Crescent Movement, in particular independence, the International Federation of the Red Cross/ Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) manage their own, separate appeal funding mechanisms published on the respective organisation's websites. In accordance with these principles, the IFRC may however annex its own appeal to the Flash Appeals and CAPs. 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 Red Cross and Red Crescent Movement.

3. The role of OCHA in the CAP process

OCHA Country Offices' main role is to **support the Humanitarian Coordinator's duties and responsibilities** in formulating a coordinated response to a humanitarian crisis.⁹ OCHA summarizes the five core functions of its country offices¹⁰ as:

- Build a shared situational awareness and understanding (develop sources, gather information, assess needs, analyze, communicate)

⁹ For further guidance on OCHA's role in supporting the HC, please consult the policy instruction "The Relationship between Humanitarian Coordinators and Heads of OCHA Field offices", February 2009, <http://ochanet.unocha.org/PG/Policy%20Guidance/pi%20on%20HC-%20HoO%20Relations,%20final.pdf>.

¹⁰ See: OCHA Policy Instruction: The Roles and Responsibilities of Country Offices (<http://ochanet.unocha.org/PG/Policy%20Guidance/PI%20on%20Country%20Offices%20-%20final.pdf>).

3. The role of OCHA in the CAP process

- Build a common approach (identify key policy and operational dilemmas, identify options, advocate and build consensus)
- Build a common strategy and implementation plan (covering establishment of coordination mechanisms, advocacy, protection efforts, programming, logistics, resource mobilization and the development of humanitarian financing instruments)
- Facilitate implementation and monitoring (establish coordination mechanisms, launch public information campaigns, initiate private diplomacy initiatives, negotiate access, mobilize resources)
- Develop shared lessons learned (identify key questions for review and review options – impact evaluations, lessons learned – after action reviews – build consensus).

Nearly all of these feed into the CAP, and vice versa.

It is best for each OCHA country office with a CAP, or equivalent, to durably designate a staff member for joint planning and monitoring, because (as the list of tasks below shows) appeal management is a year-round function.

The role of OCHA Country Offices throughout the programme cycle:

- **Support the HCT's establishment (at the mid-year review or sooner) of a plan and calendar for needs assessment and analysis:** OCHA Country Offices support the process of defining a specific calendar for needs assessment, indicating what still needs to be assessed, by whom and who will fund it, as specified in the CAP Mid-Year Review guidelines.
- **Elaborate an inter-cluster needs analysis to identify priority needs (to be circulated as a draft for discussion at the CAP workshop):** The OCHA Country Office receives the cluster inputs for the needs analysis, and consolidates and analyzes them to produce a summary report which will help the HCT to map the needs and caseloads, identify priority needs across clusters, and develop a humanitarian strategy.
- **Organize, coordinate and facilitate the CAP workshop(s)** where CAP objectives are agreed in collaboration with UN agencies, NGOs and representatives of the host country government. For detailed instructions please refer to: [*How to organize a CAP Workshop: A guide for OCHA field offices and CAP facilitators.*](#)
- **Draft the CAP concept note** crystallizing the HCT's decision at the workshop on the general parameters of the appeal. (First, do an immediate workshop note that will be the first draft of the concept note, but which will allow clusters to begin their response planning on the basis of the strategy and parameters, without waiting for the full concept note.) Amend the concept note as needed following review.
- **Support cluster coordinators in drafting their cluster response plans** including mapping of needs, articulation of cluster objectives and indicators, plan for coverage or division of labour, drafting-selection-prioritization of projects corresponding to agreed division of labour, and monitoring plan. Review cluster strategic plans to ensure consistency and complementarity of objectives and indicators, including prioritization between clusters where necessary. Agree on multi-cluster operational approaches. Ensure cluster strategies jointly address specific vulnerabilities (i.e. gender, age, disabilities) or risks (mines, natural disaster hazards). Verify mainstreaming of cross-cutting issues in cluster response plans.
- **Facilitate the uploading/revision of projects on the Online Project System (OPS):** Each OCHA Country Office should appoint an OPS focal point who guides organizations in the OPS registration process, in the uploading/revision of projects in the system, and during the cluster coordinator's approval process and the RC/HC review phase. It will be especially important for this OCHA focal point to support the cluster coordinators in the use of the OPS' new enhanced geographical fields, because this will allow the cluster coordinators to streamline their CAP projects, eliminate duplications, and minimize gaps. The OPS focal point might be the same

person as the CAP or planning and monitoring focal point, but it may be better to give the OPS job to an information management person.

- **Prepare the final field draft of the CAP document (by early November):** OCHA Country Offices collect cluster response plans and combine those with the contents of the concept note to assemble the main CAP document. OCHA Country Offices circulate the draft to the HCT for its review and to the HC for its approval.
- **Prepare HC final project review:** The OCHA Country Office reviews all projects approved by cluster coordinators to ensure (as a double-check) that they are confirmed by needs assessments, cover the map of needs without gaps or redundancies, reflect an efficient and fair division of labour, account for the planned actions of non-CAP-participants, are reasonably budgeted, and otherwise meet the agreed criteria for selection and prioritization. After getting further information as needed from cluster coordinators, OCHA should signal any particular project issues to the HC, so that s/he need only review a short list.
- **Ensure the overall consolidated monitoring of the CAP, i.e. of the collective humanitarian response, throughout the year.** This involves negotiating with clusters on the periodicity of their real-time updates on outputs to date, and jointly deciding on a publication platform for such updates (for example via monthly Dashboards, in addition to the CAP mid-year review). OCHA also organizes the process of monitoring the strategic indicators and outcomes, and of revising joint plans if the monitoring information so indicates.
- **CAP revisions:** every CAP is a living process which models the crisis and the response to it, from the planning stages through implementation and monitoring of the results. Minor revisions, like in the operational planning and projects, should be frequent and continuous to keep the plans up to date with reality. Major revisions, involving a change in strategy or addition of new objectives and response plans, may necessitate an explanatory document in the form of a “CAP Revision” publication.
- **Financial tracking:** OCHA CAP focal points in country often come across funding information that donors or agencies have not reported to FTS. They should send such information to fts@un.org, in whatever form they have it; FTS staff in Geneva will do the necessary follow-up to get the information onto FTS. Generally, the CAP focal point should master FTS and all its functions and data – it is a key coordination and advocacy tool.
- **Collaborate with pooled funds:** nearly every OCHA office in CAP countries deal with some form of pooled funds, from CERF allocations to small ERFs to large CHFs. The decisions made about the use of those pooled funds must draw on the priorities, divisions of labour, and funding gaps in the CAP. The OCHA CAP focal point should reach out to the OCHA pooled fund unit to ensure such coordination. (Ideally, the pooled fund unit would be located in the same programme unit that houses the appeal management or ‘joint planning and monitoring,’ plus a needs assessment and analysis focal point.)
- **Mid-year review:** the CAP focal point organizes a similar process of analysis and review at mid-year, culminating in the Mid-Year Review publication.

4. Overview of roles and responsibilities in the CAP process

WHAT	NEEDS ANALYSIS	CAP WORKSHOP(s)	CONCEPT NOTE (to become narrative of appeal document)	CLUSTER RESPONSE PLANS	CAP FINALISATION
WHEN	Elaborate inter-cluster needs analysis before the workshop	Agree on priority needs, planning scenario, humanitarian strategy, strategic objectives and indicators, boundaries and caseloads, and project criteria	Context, year in review, needs analysis, scenario, strategy, strategic objectives and indicators, boundaries and caseloads, criteria for projects	Cluster response plans detailing objectives, targets, corresponding projects, and monitoring plan	CAP final field draft sent to OCHA CAP section. Projects cannot longer be edited in the field.
	August/September 2011	August/September 2011	September/October 2011	September/October 2011	early November 2011
	Cluster members: assess needs and share information with cluster coordinators	Participate in workshop	Give feedback on concept note when distributed	Agree with cluster peers on plan for coverage of needs and division of labour; draft projects accordingly and upload to OPS	Adjust projects on OPS if requested by cluster coordinators following peer review and final HC/HCT review. Review full CAP draft.
WHO	Cluster coordinators: compile needs assessment info from cluster members, and analyze	Participate in workshop; organise cluster follow-up meetings	Give feedback on concept note when distributed	Prepare cluster response plans; lead cluster peer review of projects on OPS, including assigning Gender Marker code to each project	Approve selected projects in OPS. Review full CAP draft.
	OCHA: draft the cross-cluster needs analysis based on cluster analyses	Facilitate workshop and compile decisions into immediate workshop note for clusters (draft of concept note)	Compile concept note from workshop notes and distribute for comments	Compile the cluster response plans into CAP narrative; supports clusters in project development and review	Compile and amend CAP final draft; support HC with final project review
	HC: review needs analysis and commission drafting of strategy and objectives, to be discussed at CAP workshop	Convenes workshop and guides decisions on strategy and general appeal parameters	Make final decisions on content of concept note / appeal narrative, after feedback	Reviews cluster response plans and projects	Approves CAP final field draft and projects

5. NGOs and CAPs

Ten years ago the CAP was seen in many quarters as a UN tool. But it now clearly belongs equally to NGOs. CAPs that under-represent NGO actions cause a **major problem**: they have an incomplete mapping of who is covering which needs where, and 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), which annuls a key advocacy point. Consequently there has been an intensified focus on counting NGO projects in CAPs (aided by the inclusive cluster 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 show that inclusion of projects in CAPs is good for NGO funding. From 2009 through 2011 to date, NGO projects in consolidated and flash appeals have been funded to the tune of \$2.1 billion – 47% of the funds requested for those projects, not far off the average of UN agencies. Where CAPs exist, an average of 85% of the international humanitarian funding for that crisis goes to projects selected for 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 humanitarian funding outside of the appeal. Check this information early in the process so early engagements with these organizations is possible.

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 interesting facts and tips:

- CAP projects reflect the division of labour agreed in the cluster (and inter-cluster), to cover the needs efficiently and effectively.
- **Project selection and geographical detail are 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.
- A 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 a strategy plus an inventory or catalogue of projects necessary to achieve the strategy. All appealing agencies, UN and NGO, should follow up directly with their donors.
- A 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 judge whether needs are covered, and whether donors are doing their job.
- **Any funding from any source for any CAP project is considered "CAP funding."** CAP funding does not come through some OCHA-controlled or UN-controlled central channel. CAPs are (among other things) a catalogue of projects, so any funding that any donor gives (or the agency allocates flexibly, like private donations) to that project is counted towards the project's fundraising target.
- A NGO may say that it has put project proposals in past CAPs, but they were never funded, and so 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

6. Project issues

grounds that there is no need to use the CAP to publicize projects that donors are likely to find attractive anyway. This may unintentionally make scepticism about fundraising via CAPs into 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 funding through “umbrella” projects can be delayed before it reaches the NGO, and there are losses from pass-through costs. On the other hand, in some situations these problems are less likely and the stakeholders agree that this is the best arrangement. But it's not up to the UN agency or cluster lead to decide alone: NGOs should feel entitled to list their projects directly.
- A CAP has a common time frame, or planning and budgeting horizon, in order to unify the efforts of many organizations into one accountable humanitarian plan and price tag. If an NGO project's 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 document draft substantively.** NGOs in the field should, just like UN agencies, receive the first and second field drafts of the CAP document and comment on it. When the final field draft is sent to HQ level, the NGOs' HQs also can review the document when it is circulated to the IASC CAP Sub-Working Group (if e-mail contact details for these NGOs are provided).

It is worth noting that NGOs – international and national - will benefit from the cluster facilitation on the gender marker initiative, the marker orientations and 'how-to' sessions.

6. Project issues

A. Coherence of the narrative and projects

This is another form of 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 working groups, with double-checking by the cluster coordinator, OCHA, and ultimately the HC.

B. The On-line Projects System (OPS)

Project drafting, peer review, mapping, publication, and revision are now all handled through the web-based On-line Projects System (<http://ops.unocha.org>). See Part III for details. The substantive importance of OPS lies in these facts:

- ◆ It makes project selection for the CAP transparent. Any registered user can see anyone else's draft projects (though they can edit only their own organization's projects).
- ◆ It records geographical detail about the locations where each project will operate. This allows good cluster and inter-cluster coordination, in the sense of verifying that projects and funding requests follow an agreed division of labour, without duplications and minimizing gaps.
- ◆ It allows organizations to revise their projects, and re-publish them on line, easily at any time during the year.

C. 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 eastern Chad? 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**. They are also **critical to the credibility of a CAP** and of the humanitarian response that it represents: by specifying how much money each organization requests to do its part in the agreed division of labour, they make the CAP **specific, realistic, accountable, and strategic**.

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 2009 Sudan CAP (‘Work Plan’) had 997 projects (!), in large part because they were 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. (Exception: 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 per planning region.)

Do not split projects along geographical lines merely for 3W information: that information can be better managed via the new enhanced geographical fields on OPS. Also: resist the temptation to split projects, and hence budgets, geographically. 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 burden the information system and its users merely in order to answer an occasional question. (Again, the exception may be in a CAP country that has two or three ‘planning regions,’ i.e. regions on such different trajectories that projects between them really are separate.)

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 your allocations of funding to each of those 20 projects. If you can’t do that, then aggregate the projects.

Useful definitions, derived empirically from common parlance:

- **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 (or sometimes, organizations grouped in a cluster) in (usually) one country.

D. 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 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. The agency HQ must do so, and communicate the result to CAP Section; otherwise, the HQ amendment will not progress to publication.)

E. 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 2012, in other words split their budgets into the (approximate) portion for 2012 (because donors tend to have only 12-month humanitarian envelopes).

F. 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 coordinator to decide alone: all implementing organizations are entitled to list their projects directly. However it is recommended that a discussion be held within their respective clusters as a way to ensure transparency. Whatever the arrangement, the cluster 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).

8. Early recovery in CAPs

Early recovery perhaps deserves special mention as a ‘cross-cutting issue.’ Early recovery, which is a part of humanitarian action, takes advantage of opportunities to reduce aid dependence and vulnerability and to find durable solutions for displacement. 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) should encompass well-prioritized early recovery actions that will address time-critical needs and contribute to saving lives and livelihoods. By hastening the end of aid dependence and supporting self-sustained recovery, such actions will also contribute to the progressive opening of alternative (e.g. non-humanitarian) funding opportunities (like those related to peace-building, rehabilitation and reconstruction, Multi-Donor Trust Funds, etc.).

Needs analysis by the HCT should encompass post-conflict/disaster early recovery needs assessments, when available. CAP strategy should outline a common inter-cluster 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 and communities’ resilience to shocks, and seize recovery opportunities with targeted actions that can be effectively implemented within the CAP timeframe.

Early recovery support opportunities – and related needs and projects – should be identified and mainstreamed within each CAP cluster 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.”) Customarily, 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 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.

9. The Gender Marker Initiative

A. WHY DO WE NEED A GENDER MARKER IN THE CAP?

There is universal acceptance that humanitarian assistance must meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes. However, evaluations of humanitarian effectiveness show gender equality results are weak. Recent reports of the UN Secretary-General call for tracking of gender-related allocations. Security Council resolutions require it. The reality is that advancing gender equality requires focused action. The marker was launched by

the Sub-working Groups on Gender and on the CAP to improve humanitarian programming and make humanitarian response more efficient. It builds on the roll-out of a gender marker by several UN agencies.

B. WHAT IS THE GENDER MARKER?

The IASC Gender Marker is a tool that codes, on a 0-2 scale, whether or not a humanitarian project is designed well enough to ensure that women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant.

Gender Code	Description	Project Examples
0	<p>Gender is not reflected anywhere in the project sheet or only appears in the outcomes. There is risk that the project will unintentionally fail to meet the needs of some population groups and possibly even do some harm. These projects are considered gender-blind.</p>	<ul style="list-style-type: none"> Removing rubble, repairing roads, installing water systems or providing non-food items with no indication that females and males have the equal opportunity to benefit or of differences in male and female needs, skills, abilities, protection concerns, etc.
1	<p><i>There are gender dimensions in only one or two components of the project sheet: i.e. in needs assessment, activities and outcomes*.</i> The project does <i>not</i> have all three: i.e. 1) gender analysis in the needs assessment which leads to 2) gender-responsive activities and 3) related gender outcomes. <i>*Note: Where the gender dimension appears in outcomes only, the project is still considered gender-blind.</i></p>	<ul style="list-style-type: none"> Analysing the nutritional needs of men, women, girls and boys; local food preparation; cooking & sharing practices but failing to reflect these local gender realities in activities and/or outcomes. Setting up separate male/female toilets and bath areas for IDPs but providing no indication that male and female beneficiaries have a voice in ensuring the facilities are culturally appropriate and meet their respective needs.
<p>Gender Code 2a – Gender Mainstreaming</p> <p>A gender analysis is included in the project’s needs assessment and is reflected in one or more of the project’s activities and one or more of the project outcomes.</p> <p>Gender mainstreaming in project design is about making the concerns and experiences of women, girls, boys and men an integral dimension of the core elements of the project: 1) gender analysis in the needs assessment which leads to 2) gender-responsive activities and 3) related gender outcomes. Gender mainstreaming in project design promotes the flow of gender equality into implementation, monitoring and evaluation.</p>		<p>Gender Code 2b – Targeted Action</p> <p>The gender analysis in the needs assessment justifies this project in which all activities and all outcomes advance gender equality.</p> <p>All targeted actions are based on gender analysis. Most targeted actions are single-sex interventions responding to the disadvantage, discrimination or special needs of one sex or a sub-group of one sex. Other targeted actions can specifically aim to advance gender equality, such as a project that are designed exclusively to provide a gender assessment or baseline for the health response or a project where all activities contribute to women or men having equal access as men or women in general health or reproductive health services respectively</p>
<p>Example: Using vouchers, designed with inputs from male and female farmers, to provide agricultural training and inputs equally to women and men. Providing demand-driven psycho-social services to girl and boy ex-combatants based on their different needs.</p>		<p>Providing reproductive health services to men where there is documented unmet need; the existing services only target women.</p> <ul style="list-style-type: none"> Promoting girls’ education where fewer girls attend school. Preventing and/or responding to gender-based violence or to sexual exploitation and abuse by humanitarian workers. Conducting sector-wide research into gender issues.

The marker can be used by project design teams to assess and strengthen the gender equality potential of projects in any humanitarian appeal or funding mechanism, including CAPs and projects funded by the CERF and pooled funds. As CERF allocates funds to CAP and Flash Appeal projects, embedding gender equality well in these appeals subsequently brings the double benefit of bringing gender-responsive design to CERF projects.

C. WHO WILL USE THE GENDER MARKER?

The key users of the Gender Marker are the clusters and their project teams. Clusters will make gender equality a priority in their cluster response plans which will guide project partners in designing projects that meet the needs of women, girls, boys and men. Clusters will orient project partners in the Gender Marker. The Gender Marker Toolkit provides cluster-specific Tip Sheets that clusters/sectors can use to help their partners integrate gender issues into their projects. Using these Tip Sheets will assist project teams to identify and respond to the needs of male and female beneficiaries better. In so doing, their projects will have the best chance of integrating gender issues well and achieving a good code. The majority of all humanitarian projects should mainstream gender (code 2a). There should also be a number of targeted actions (code 2b) that address discrimination and special needs.

Project teams will be encouraged to strive for a good code. Cluster vetting teams will have final say on the gender code for each project. The gender code will be inserted in the project sheet on the on-line project system (OPS).

A Guidance Note has been developed to help clusters consistently assign a Gender Marker to their projects. A gender code is assigned based on three critical components: 1) there is gender analysis in the **needs assessment** that provides relevant sex and age-disaggregated data and gives insights into local gender issues; 2) this needs assessment is used to identify **activities**; and, 3) gender-related **outcomes**.

Clusters will also monitor to see that projects are implemented well to maximize gender outcomes. Tip Sheets and other Gender Marker materials are available at <http://gencap.oneresponse.info>.

D. WHO IS RESPONSIBLE FOR IMPLEMENTING THE GENDER MARKER?

Cluster Leads and Heads of Agencies are responsible for ensuring that the marker is being used. Whenever possible, the participation of gender specialists is encouraged. Humanitarian Coordinators champion and monitor the process; they are to appoint a focal point to oversee the roll out of the marker. All humanitarian appeals and funding mechanisms are expected to use the marker to code and improve the gender dimensions of projects. Many CAP countries will be assisted by IASC GenCap Advisers in implementing the marker.

Country Level. The marker will be used by clusters at a country level. Humanitarian Country Teams will be encouraged to create a fertile environment for advancing gender equality in the Common Humanitarian Action Plans. They will be asked to integrate gender equality into their needs assessments, strategic objectives, sector-specific response plans and monitoring frameworks.

Global Level. At the global level, the Gender Marker has been integrated into the training of HCs, Cluster Leads, CAP and CERF training of trainers; revision of CAP and CERF Guidance Notes; and a special field for the gender code on the OPS.

For more information on the IASC Gender Marker including the *Guidance Note for Establishing a Tracking System for Gender-related Allocations in CAPs and cluster-specific tip sheets* visit the One Response website at <http://gender.oneresponse.info> or the CAP page

10. Useful links

GENERAL CAP WEBSITE (www.humanitarianappeal.net) containing policy docs, guidelines, best practice excerpts, training materials, full CAP document archive, etc.

[GLOSSARY](#)

[BEST PRACTICES](#)

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

Gender Marker information: available on both the [CAP website](#) and <http://onerresponse.info/crosscutting/GenCap/Pages/GenCap.aspx>.

OECD's *Glossary of Key Terms in Evaluation and Results-Based Management*: <http://www.oecd.org/dataoecd/29/21/2754804.pdf>.

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PART III: TECHNICAL SECTION ON THE ON-LINE PROJECTS SYSTEM (OPS)

<http://ops.unocha.org>

1. Introduction

What is OPS?

The On-line Projects System (OPS) is a web-based database that allows UN agencies and NGOs participating in consolidated or flash appeals to directly upload their draft projects and funding requests for peer review and selection, then electronic publication as part of the CAP. It also allows easy project updates and revisions anytime during the course of the appeal. It is a log-in-only system, accessible only to aid organizations, that serves as a staging area for peer review and eventual electronic publication.

How to access OPS?

UN agencies and NGOs participating in consolidated or flash appeals can request OPS access by creating an account on-line at <http://ops.unocha.org/> and filling the user profile required information. Within 24 hours of submitting the on-line request (Monday – Friday) the database administrator will send back by e-mail the OPS access link to be activated.

What is required to create an account on-line and a user profile?

Create a new account with your e-mail and password and complete the user profile by indicating the COUNTRY where you are based, providing CONTACT details, selecting the appropriate ROLE and your ORGANISATION from the list.

Role Name	Role Description
UN/NGO Field Programme Officer	If you belong to an appealing organisation (UN agency/NGO) in the field that wishes to submit a project
Field Cluster Lead	If you are a Cluster Coordinator in the field
HQs UN agencies/ NGOs	If you are based at a UN Agency/NGO headquarters and have a review function in the appeal process

(OCHA roles are reserved for OCHA staff, to manage the system.)

What can you do in OPS?

Once the link has been activated, you can upload a new draft project(s) or revise an existing project(s). To familiarize yourself with the system and its functions before uploading real projects, you can select the **TEST APPEAL** at the top of each appeal list. Feel free to use it to upload a project as a test.

If you are a UN/NGO Field Programme Officer, you can upload and edit projects for your own organization, and view any other organization's draft projects in the system.

If you are a Cluster Coordinator, in addition to 'ordinary user' functions you can approve or reject draft projects online (following the verdict of peer review in the cluster).

If you are an HQ user, OPS allows you to help your field colleagues draft and edit projects at any stage, plus gives you access to your organization's projects during final HQ review.

2. Location referencing (enhanced geographical fields)

All users can monitor running totals per cluster, per organization, and for the CAP overall, as projects are drafted and approved. (This is especially useful for cluster coordinators and the HC.)

All the project info will be handled on-line, including final review by the HC and HCT, transmission to OCHA-Geneva and HQs for review, and publication and dissemination via the public Financial Tracking Service (FTS). On FTS, users can generate a printable compendium of the approved projects for downloading and printing on demand, for those who insist on a hard copy.

Edit rights and OPS roles:

UN/NGOs Field Programme Officers may view each other's projects, but may only edit their own organization's projects. Projects are peer-reviewed in the cluster. The **Cluster Coordinator** clicks a button in the system to signal that the project(s) is approved. **The HC** reviews projects on-line. **Agencies HQs** review their projects on-line, and edit them as needed.

How to upload a new project on OPS?

To upload a project for an appeal, select your appeal from the appeal list (under the appropriate appeal year), click on "create a new project", fill in the online project form with the required information and save it. Your field Cluster Coordinator will review and approve or reject your project.

How to revise an existing project in OPS?

If you wish to modify an existing appeal project, click on the REVISE button at the top of the project online form, make any necessary adjustments and save it.

Let us help you

For further guidance on registration, uploading new projects, revisions and cancelling/withdrawing projects please download the [OPS manual on-line](#) (in the HELP section). For assistance, contact the OPS HELP-LINE: Mr. Luciano Natale, Tel. +41 22 917 1761, cap@un.org

The template in "Other project information for CAP project sheets" contains some guidance for what to put in each field.

2. Location referencing (enhanced geographical fields)

Starting with the 2012 CAP preparation season, the OPS is importantly enhanced with a new feature offering the possibility to record greater geographical detail per project. This will allow project information in the OPS database to reflect the full richness of detailed operational planning that clusters do (or should do). It will thus allow cluster coordinators to much more easily identify and remedy gaps and duplications in the cluster's array of draft CAP projects.

The OPS now offers pre-set lists of your appeal country's locations at different administrative levels (like province → district → commune), and allows the selection of multiple locations per project. (OPS has taken these location names and P-codes from each country's common operational dataset, for consistency with other systems.)

The detailed geographical locations to be recorded on OPS are for planning and monitoring purposes. They will not be reproduced in the financial tables on FTS, because agencies cannot easily split the projects' financial requirements and funding allocations to the various locations. Nonetheless, the enhanced geographical information will provide an essential tool for planning and analysis to the clusters. See example below for details.

First complete the uploading of all projects data and click on "save and stay" on your project.

PART III: TECHNICAL SECTION ON THE ON-LINE PROJECTS SYSTEM (OPS)

After saving the project, click on “Add/Edit” button in the enhanced geographical fields section. The system will open a window that presents a summary of your project with a set of pre-filled drop-down menus with the geographical administrative levels related to your appeal. Select the locations of your project activities from the highest administrative level to the lowest.

In the example below, the administrative levels for Central African Republic comprise “Region,” “Prefecture,” “Sub-Prefecture,” and “Commune.” Click “Add” after your selection, and the information will be displayed in the box. Click on the X to remove the data if entered by mistake or in a later revision. In this example, our project has activities in Damara, Mbata, and Mobaye.

Locations :	Région du Haut-Oubangui Basse Kotto Mobaye Mobaye	<input type="button" value="Add"/>	Région des Plateaux - Ombella M'Poko - Damara - Damara ✕ Région des Plateaux - Lobaye - Mbaïki - Mbata ✕ Région du Haut-Oubangui - Basse Kotto - Mobaye - Mobaye ✕
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The information will be displayed on the project sheet (click on the PDF/WORD icon) at the top of the online project form. It will also be available on the Project Summary Tables page in excel format.

ENHANCED GEOGRAPHICAL FIELDS (EGFs) – HOW TO CONVERT TO EXCEL DATA FOR ANALYSIS

The EGF Excel linked to the “Project Summary Tables” page displays the detailed geographical locations of each project, with pre-set filtering options that will allow users to easily view who is planning to do what and where. In reviewing the project proposals during appeal preparation or revision, cluster coordinators can use this tool to ensure that the proposed projects in the appeal will meet the assessed priorities needs and geographical areas without gaps and duplications.

Note that the Excel splits each project into multiple rows, one row for each location that is recorded for that project. This allows the cluster coordinator to tell at a glance (using the Excel auto-filter) which projects plan to operate in each location.

Also, because of this splitting of each project into multiple rows, the funding requirements are not displayed on this Excel – because the splitting would repeat the budget on each row, which would cause an inflated column total.

	A	B	C	D	E	F
1	Cluster	Region	Province	Organisation	Project Co	Project title
70	EMERGENCY SHELTER	Central	Kabul	ABR	AFG-11/S-NF/39578/R	Construction of 560 Shelters in Sorobi District ,Kabul Province for returnee and IDP families
72	EMERGENCY SHELTER	Central	Parwan	ACT-Afghanistan	AFG-11/S-NF/39035/R	Shelter Assistance for 117 chronic vulnerable families of 2010 flash flood affected in Parwan province
73	EMERGENCY SHELTER	Central	Logar	ACT-Afghanistan	AFG-11/S-NF/39050/R	Relief Shelter Assistance for 137 most vulnerable flood affected families of 2010 in Loogar province
92	EMERGENCY SHELTER	Central	Kapisa	CARE International	AFG-11/S-NF/39139/R	Effective risk reduction for flood affected households in Kohband and Mahmood Raqi districts of Kapisa province through community self-built housing, provision of potable drinking water and establishment of risk reduction committees.
100	EMERGENCY SHELTER	Central	unknown	IOM	AFG-11/S-NF/39152/R	Country-wide Humanitarian Assistance and Coordination
123	EMERGENCY SHELTER	Central	Parwan	TEARFUND	AFG-11/S-NF/39134/R	Humanitarian Relief Aid to Parwan disaster impacted families - Withdrawn

3. Other project information for CAP project sheets

To give new OPS users a preview of the kind of information they are invited to provide for their projects, here is a reproduction of the fields on OPS, and tips for filling them in.

Project Title	<i>Be concise. Capture the essence of the project</i>		
CAP Project Code	<i>OPS automatically assigns project code, and keeps it during later revisions of the project</i>		
Appealing Agency(ies)	<i>In OPS, use the search box to find your organization's name. The project can have more than one appealing agency, but each must have its own budget, for which OPS provides extra budget tables.</i>		
Requested budget, per appealing agency: (REVISED or NEW BUDGET)			
OPS offer 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.	Cost A e.g. staff		10,000
	Cost B e.g. inputs		30,000
	Cost C e.g.		
	Cost D...		
	Cost E e.g. administration		1,000
	TOTAL		41,000
(In OPS the system will calculate total automatically)			
Classification			
Cluster	<i>Or select the cluster from the OPS drop-down menu, which is tailored for your 2012 CAP.</i>		
Project Location.	<i>OPS allows you to select one location in this field, but for multiple locations you can select that option and provide the detailed information in the Enhanced Geographical Location Field at the end of the project form</i>		
Objective	<i>A summary in a sentence or two of what the project aims to achieve. This should relate directly to one of the cluster objectives. (maximum 2000 characters)</i>		
Beneficiaries <i>Disaggregate women, children, and other groups from TOTAL wherever possible.</i> <i>Use the description field if you want to present data in a short narrative form.</i> <i>In OPS, do not put commas between digits in fields that are only numerical!</i>	Total	Number	Description
		1000 [always individuals, not households]	Individuals. Or 200 children under 5 and mothers, and 1500 IDPs and
	Children	200	
	Women	100	
	Other groups (specify)	50	community health promoters
Implementing Partners	<i>List partners only in the sense of those whom you will subcontract – not those with whom you will coordinate. (It's assumed you'll coordinate laterally with the rest of the cluster.) e.g. Ministry of Health, Oxfam</i>		
Project Duration <i>(dd/mm/yyyy):</i>	<i>From when to when does the project run? Note that a project's duration can exceed one year. However, funds requested should be the portion needed for 2012 only. e.g. 01/07/2012– 31/12/2012</i>		
Needs, Activities and Output Description			
Needs	<i>Narrative description. Make it convincing. Maximum 4000 characters</i>		
Activities	<i>Narrative description. Make it convincing. Maximum 4000 characters</i>		
Outputs or outcomes	<i>Narrative description. Make it convincing. Maximum 4000 characters</i>		
Priority			
Priority	<i>Choose ONE Priority from list used in your 2012 CAP as agreed in your cluster peer review</i>		
Additional Project Information			
Project Contact Name:	<i>Joe Schmoe NOTE: this name and e-mail address may be published on FTS, to allow donors to contact you.</i>		
Project Contact e-mail:	<i>Joe.Schmoe@unxyz.org NOTE: this name and e-mail address may be published on FTS, to allow donors to contact you.</i>		
Project Contact Phone:	<i>Tel. +41 22 XXXXXXXX</i>		
Enhanced Geographical Locations			
<i>In OPS, select all the locations of your project from the highest to the lowest administrative levels.</i>			

PART III: TECHNICAL SECTION ON THE ON-LINE PROJECTS SYSTEM (OPS)

Screenshot of actual OPS project upload page:

Humanitarian Appeal
CAP Consolidated Appeals Process

Robert Smith (smith00@un.org) | Office for the Coordination of Humanitarian Affairs | OCHA CAP - Geneva Section | [Logout] | [Edit Profile]

Home
All Appeals
Projects
Help/Contact

Appeal Title: TEST APPEAL FOR OPS

Comments

Go Back Save & Close Save & Stay

Current Project Status : Draft

PROJECT DETAILS Last Updated: 28-08-2009

Project Title * :
Temporary CAP Project Code :

Appealing agency:

Agency	Agency Abbrev.
Office for the Coordination of Humanitarian Affairs	OCHA [Remove]

+ Add Appealing Agency

Requested budget, per appealing agency:

Agency	Requested Budget
Office for the Coordination of Humanitarian Affairs	US\$ (like 500000 or -500000 without)

*Original Budget Summary

4. Using OPS where connectivity is poor

OPS pages now download about 10 times faster than two years 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, cluster 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. If all else fails, as a last resort, OCHA may be able to create an Excel template which organizations could fill out and submit by e-mail.

5. “Do’s and don’ts” for project sheets on OPS

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.

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).

Take the enhanced geographical fields seriously. They are likely to be seen as a key element in making the CAP “strategic.”



ANNEX I:

HUMANITARIAN DASHBOARD TEMPLATE

Humanitarian Dashboard Country/Emergency

Date...

Template

SITUATION OVERVIEW

(main characteristics of emergency)

- Total nr of people affected:
- Most affected groups:
- Most affected areas:
- Main drivers of the crisis:
- Outlook:

(always incl. sources)

PEOPLE IN NEED

(relevant demographics, disaggregated)

(sources)

KEY FIGURES

(sources)

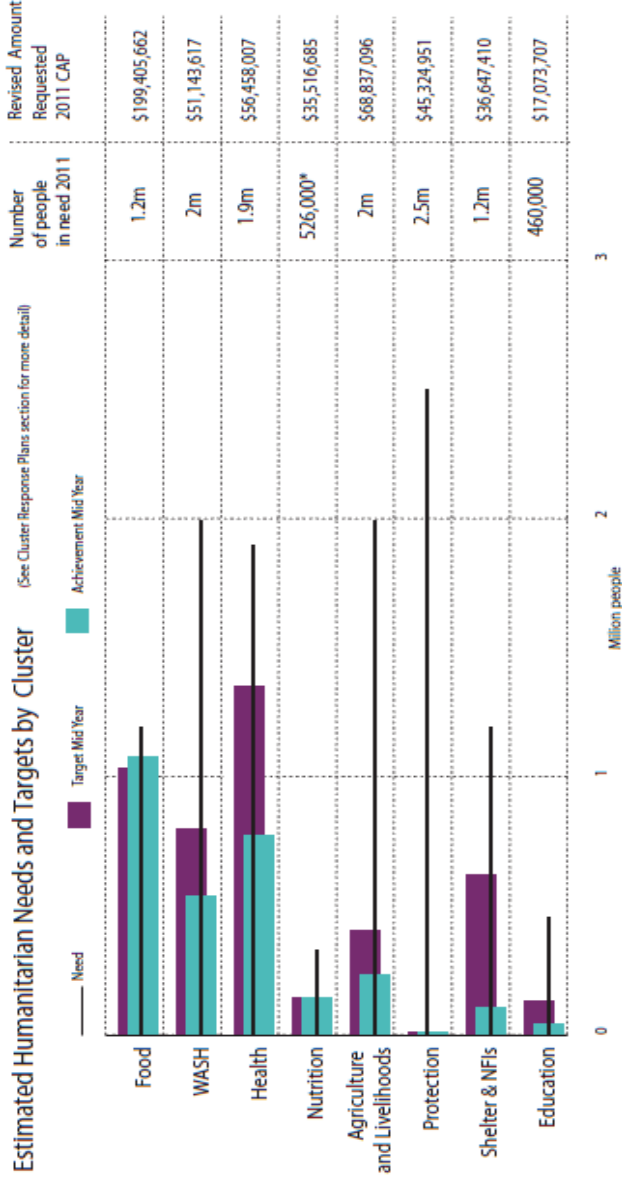
HCT PRIORITIES

(Summary of strategic priorities)

1. .
2. .
3. .
4. .
5. .

Estimated Humanitarian Needs, Targets and Coverage per sector

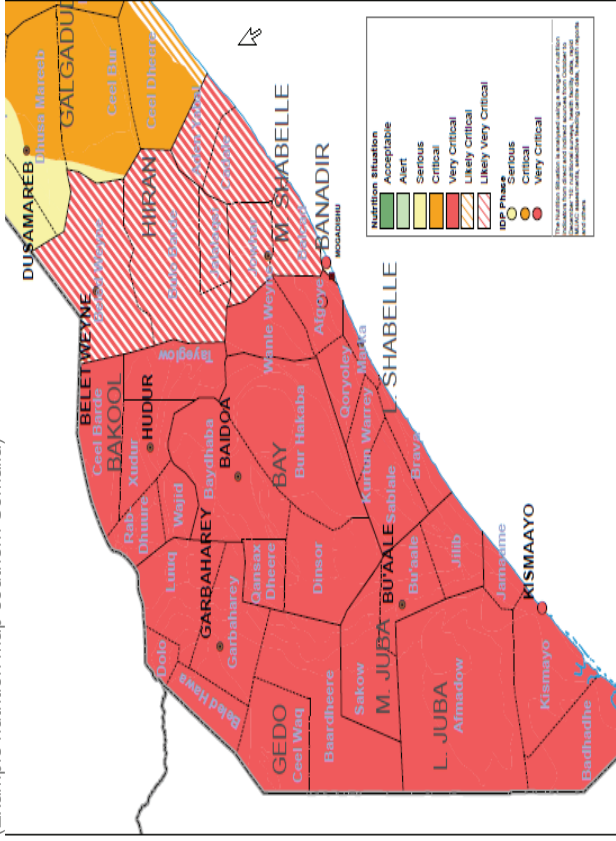
Estimated Humanitarian Needs and Targets by Cluster



PRIORITY NEEDS

-
-
-
-
-

MAP (reference or thematic)
(Example nutrition map southern Somalia)

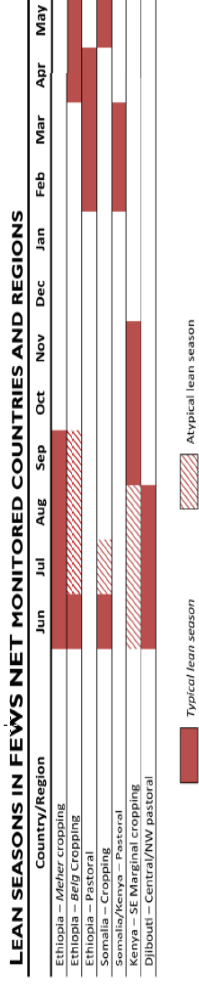


The nutrition situation analysed in this map is using a range of nutrition indicators from direct and indirect sources including nutritional surveys, health facility data, rapid assessments, selective feeding centre data, health reports and others. (Map, FSNAU / GAM indicators, FEWMS, N.F.T. July 2011)

TREND ANALYSIS

as necessary, analysis of main drivers of the emergency (socio-political, natural), in-country response capacities, and most likely development of situation - see Humanitarian Requirements Document for Horn as example.

Graph (seasonal calendar, critical events timeline) (example Horn lean season timeline)



OPERATIONAL CONSTRAINTS

- Access (security, infrastructure, movement restriction)
- Information gaps
- Capacity
- Funding

INDICATORS (this table can also be broken down into provinces/regions)

TOP LEVEL OUTCOME / HUMANITARIAN INDICATORS	REFERENCE INDICATORS (pre-crisis reference)
Crude mortality rate	
<5 mortality rate	
<5 global acute malnutrition	
<5 severe acute malnutrition	
% of population in worst quintile of functioning, incl those with severe or extreme difficulties in functioning	
Population	
Population growth	
Life expectancy (F)	
Life expectancy (M)	
Literacy rate in %	
HDI Rank (of 169)	
Rural population	
Urban population	
Literacy rate in %	

(sources:)

ANNEX II: BACKGROUND ON HUMANITARIAN DASHBOARD

Description	<p>The Humanitarian Dashboard is a multi-page document composed of two or more overview pages and of sectoral pages. It presents needs, gaps and coverage over the course of an emergency at the inter-sectoral and sector level. While the overview pages provide a comprehensive overview 'at a glance' and an analysis of the humanitarian situation, the sectoral pages capture the best estimates of number of people in need and covered per sector, track humanitarian indicators relevant to the sector response, monitor and provide a sectoral analysis of needs and gaps.</p> <p>Creation time: 4 to 8 hours per update</p>
Focal Point	<p>At field level: While the Dashboard is issued in the name of the HC (pls see under 'ownership'), the responsibility for producing a dashboard and facilitating the process for its maintenance lies with the HoO, or where delegated, with the dedicated capacity for needs assessment coordination (in larger emergencies this will be a needs assessment coordinator). Nonetheless, the process is a team effort and shared responsibility between the assessment coordination function, information management and inter-cluster coordination.</p> <p>At headquarter level (in absence of field presence): CRD and PDSB-ACE.</p>
Purpose	<p>The aim of the Humanitarian Dashboard is to facilitate a process and provide a format for the consolidation of core humanitarian information and presentation of a shared analysis of a humanitarian situation.</p> <p>At the onset of an emergency it allows for the consolidation of available information and serves as a platform for incoming assessment information and other relevant data.</p> <p>As the humanitarian response evolves, the dashboard:</p> <ul style="list-style-type: none"> - serves as a tool for the humanitarian country team (HCT) to facilitate analysis, dialogue and strategic programming along the programme cycle. - supports the HCT to inform and monitor the appeal process. - assists cluster lead agencies in presenting consolidated information from within the Cluster and tracking progress against their commitments and targets. - highlights information gaps, and points out areas for further assessments. - supports advocacy by illustrating key issues, bottlenecks, number of people in need, and coverage.
Trigger	<p>The Humanitarian Dashboard will be triggered when there is a current or imminent crisis, when assessment information provides new information, and during preparedness using baseline data.</p>
Frequency	<p>The dashboard should be updated whenever the humanitarian situation changes in significant ways. In a dynamic situation regular updates are required complementing operational information products. In protracted, less dynamic situations updates should be frequent enough to support the CAP cycle.</p>
Audience	<p>Humanitarian Country Team and cluster leads, Humanitarian Coordinators and senior decision makers including the ERC, Head of Agencies, governments and donors.</p>
Format	<p>Overview page: A4 size, landscape Sector page: A4 size, portrait</p>
Content	<p>The content is based on primary and secondary information, provided by cluster lead agencies and other relevant stakeholders and derived from multi-sectoral and sectoral assessments and monitoring. Where a</p>

<p>Clearance / Ownership</p> <p>OCHA's Role</p>	<p>At the field level: The Humanitarian Dashboard will be issued in the name of the Humanitarian Coordinator (HC). However, the sectoral information included in the Humanitarian Dashboard will be the responsibility of the cluster/sector lead (to be reviewed/ validated by the inter-cluster/sector coordination mechanism). For other types of information, such as the overall number of people in need, the Humanitarian Coordinator will seek this information as a consensual statement of the Humanitarian Country Team whenever possible based on input from their humanitarian experts. Where no Humanitarian Coordinator is present, the responsibility for the Humanitarian Dashboard contents would be with the UN Resident Coordinator.</p> <p>In the case where the Dashboard is developed at HQ level the CRD desk will review and clear the dashboard update (this might be the case at the very onset of a disaster when no or limited OCHA capacity is on the ground).</p> <p>OCHA is responsible for supporting the HC, the Humanitarian Country Team and Cluster Leads by facilitating the process of populating the Humanitarian Dashboard based on the information received and the agreements reached among the agencies on overall figures. OCHA will in this role actively reach out to the various information sources, with cluster/sector leads serving as the 'primary port of call' for sectoral information. Where no OCHA office is present, this support work could be done by the OCHA Regional Office. Clusters/sectors will primarily be responsible for sharing their <i>existing</i> sectoral information by filling in the sectoral page—however, it is up to each cluster/sector to decide whether to present merely what they have or if they want to make additional efforts at consolidating/improving their sectoral information.</p>
<p>Distribution</p>	<p>The dashboard is posted internally on OCHANET and externally on OCHA online, ReliefWeb and highlighted on the emergency homepage (if established). In cases where there is a decision not to share the dashboard with the broad public it should be posted on OCHANET and, if appropriate, sent by email from the Desk to decision-makers and donors.</p>
<p>Deadline</p> <p>Linkages to other OCHA products</p>	<p>Depending on context. Deadlines should be calibrated with the release of other OCHE products, the appeal process and briefing needs of senior-management.</p> <p>The Humanitarian Dashboard is envisioned to complement the SitRep by providing a standardized, graphic presentation of core humanitarian information. The systematic consolidation of key humanitarian information for decision-making, together with reliability ratings for information sources allows an at-a-glance overview of humanitarian crises. At the same time, the SitRep would complement the Humanitarian Dashboard by providing a more detailed and context-specific narrative. In this way, the Humanitarian Dashboard and the Sitreps can be seen as "two sides of the same coin"—both working to provide key information for humanitarian decision making, albeit with different and complimentary formats. Discussions are currently underway to ensure better linkages between both tools as well as with other humanitarian information products, including the consolidated and flash appeal documents.</p>