

Appeal for Improving Humanitarian Response Capacity:

Cluster 2006



OCHA/Daniel Augstburger/2003

Consolidated Appeals Process (CAP)



Appeal for Improving Humanitarian Response Capacity:

Cluster **2006**

Camp Coordination & Camp Management

Early Recovery

Emergency Shelter

Emergency Telecommunications

Health

Logistics

Nutrition

Protection

Water, Sanitation & Hygiene

Consolidated Appeals Process (CAP)



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1. EXECUTIVE SUMMARY

Strengthening humanitarian action is a responsibility shared by all. The Secretary-General's report on 'Strengthening of the coordination of emergency humanitarian assistance of the United Nations' identified significant gaps in sectors such as water and sanitation, shelter and camp management, and protection, as well as the need to reinvest in systemic capacity for humanitarian response. It also suggested the establishment of more routine and formal approaches to sector coordination among United Nations (UN) agencies and partners.¹ Member States concurred, calling in 2005 for more predictable, efficient and effective humanitarian action, for greater accountability, and for the UN to build the capacity and technical expertise to fill gaps in critical sectors and common services.² The UN General Assembly in its 60th Session requested the Secretary-General to continue to explore ways to strengthen the response capacities of the international community to provide immediate humanitarian relief, building on existing arrangements and ongoing initiatives.³ The way forward as described during the Economic and Social Council and General Assembly, as well as in studies such as the independent Humanitarian Response Review, envisages: a) *mapping the response capacities* of national, regional, and international actors; b) *strengthening response capacities*, in particular human resources; c) *applying benchmarks* to measure performance; d) *improving coordination*; and e) *filling gaps* in water and sanitation, shelter, camp management, and protection.⁴ Indeed, the Humanitarian Response Review (HRR) recommended assigning responsibilities by sector to lead organisations and developing *clusters* of relevant partners to develop preparedness and response capacity.

In September 2005 the Principals of the Inter-Agency Standing Committee (IASC) agreed to establish cluster leads in nine areas. First, clusters dealing with service provision: a) Logistics, chaired by the World Food Programme (WFP); and b) Emergency Telecommunications, chaired by the Office for the Coordination of Humanitarian Affairs (OCHA) as process owner, with the United Nations Children's Fund (UNICEF) as the common data communications service provider and the WFP as the common security telecommunications service provider. Second, clusters dealing with relief and assistance to beneficiaries: c) Camp Coordination and Camp Management, chaired by the United Nations High Commissioner for Refugees (UNHCR) (for conflict-generated Internally Displaced Persons [IDPs]) and by the International Organisation for Migration (for natural disasters); d) Emergency Shelter, chaired by UNHCR (for conflict-generated IDPs)⁵; e) Health, chaired by the World Health Organisation (WHO); f) Nutrition, chaired by UNICEF; and g) Water, Sanitation, and Hygiene, chaired by UNICEF. Third, clusters covering cross-cutting issues: h) Early Recovery, chaired by the United Nations Development Programme (UNDP); and i) Protection, chaired by UNHCR (for conflict-generated IDPs).⁶ (Because of the varying nature of the clusters, the scope and range of activities proposed by the different clusters also vary, and hence are presented in this document in the manner best suiting each.)

In December 2005, the IASC Principals agreed to implement the cluster leadership approach in the Democratic Republic of the Congo, Liberia, and Uganda. In addition, the cluster leadership approach would be applied in all new major disasters. Key elements of the cluster leadership approach were already applied in the response to the South Asia earthquake (and are the subject of a current evaluation that will analyse how to apply the cluster leadership approach in sudden-onset disaster response).

The cluster leadership approach aims to improve the predictability, timeliness, and effectiveness of humanitarian response, and pave the way for recovery. It also aims to strengthen leadership and accountability in certain key sectors where gaps have been identified, and addresses the repeated requests of the General Assembly for a more predictable, effective and accountable inter-agency

¹ A/60/87-E/2005/78, 23 June 2005

² E/2005/L.19, 13 July 2005; A/60/L.38, 12 December 2005

³ A/60/L.39, 12 December 2005

⁴ August 2005, <http://www.reliefweb.int/library/documents/2005/ocha-gen-02sep.pdf>

⁵ IASC Principals agreed that, in cases of natural disaster, IFRC act as convener for Emergency Shelter (taking into account the IFRC's obligations and independence).

⁶ IASC Principals agreed that at the country level, three protection-mandated agencies, UNHCR, UNICEF and OHCHR, under the leadership of the Humanitarian Coordinator (assisted by OCHA), would agree which of the three leads the protection cluster. IASC Principals deemed it unnecessary to apply the cluster approach to four sectors where no significant gaps were detected: a) food, led by WFP; b) refugees, led by UNHCR; c) education, led by UNICEF; and d) agriculture, led by FAO.

response to the protection and assistance needs of the internally displaced. In essence, the cluster leadership approach represents a substantial strengthening of the 'collaborative response' with the additional benefits of predictable and accountable leads – which in turn will enhance partnerships and complementarity among the UN, Red Cross Movement, and non-governmental organisations (NGOs).

The cluster leadership approach operates on two levels. At the global level, the approach will build up capacity in the nine key 'gap' areas by developing better surge capacity, ensuring consistent access to appropriately trained technical expertise and enhanced material stockpiles, and securing the increased engagement of all relevant humanitarian partners. Cluster leadership functions at the global level include: a) up-to-date assessments of the overall needs for human, financial, and institutional capacity; b) reviews of currently available capacities and means for their use; c) links with other clusters, including preparedness and long-term planning, standards, best practice, advocacy, and resource mobilisation; d) taking action to ensure that required capacities and mechanisms exist, including rosters for surge capacity and stockpiles; and e) training and system development at the local, national, regional, and international levels. Designated Global Cluster Leads are accountable to the Emergency Relief Coordinator (ERC) for ensuring predictable and effective inter-agency preparedness and response within the concerned sectors or areas of activity.

At the field level, the cluster leadership approach will strengthen the overall coordination and response capacity by mobilising clusters of humanitarian agencies (UN/Red Cross-Red Crescent/international organisations/NGOs) to respond in particular sectors or areas of activity, each cluster having a clearly designated and accountable lead, as agreed by the Humanitarian Coordinator (HC) and the Country Team. To enhance predictability, the field-level cluster lead will normally be in line with the cluster lead arrangements at the global level. These measures will ensure enhanced partnerships between UN-Red Cross/Red Crescent-NGOs on the ground, improved strategic field-level coordination and prioritisation, and will introduce measurable accountability from the operational partners to the Humanitarian Coordinators. Cluster lead functions at the field level include: a) predictable action within the cluster for analysis of needs, addressing priorities, and identifying gaps in the cluster area; b) securing and following up on commitments from the cluster to respond to needs and fill gaps; c) acting as provider of last resort⁷; and d) sustaining mechanisms for assessing the performance of the cluster and individual participants.

In sum, the cluster leadership system represents a critical step forward in enhancing the ability of the Emergency Relief Coordinator (globally) and the HCs (on the ground) to manage humanitarian response effectively. The approach introduces predictability and accountability into sector responses that have often been ineffective. Accountability is a key feature of the cluster leadership approach: under the system, the HC – with the support of OCHA – retains overall responsibility for ensuring the effectiveness of humanitarian response and remains accountable to the ERC. Meanwhile cluster leads at the field level – in addition to their normal agency responsibilities – are accountable to the Humanitarian Coordinators for ensuring effective and timely assessment and response in their respective clusters, and for acting as providers of last resort. In addition, cluster leads have mutual obligations to interact with each other and coordinate to address cross-cutting issues.

The present appeal covers only the costs of implementing the cluster leadership approach at the global level in 2006. While all organisations are maximising resources already at their disposal, clusters leads and cluster partners have recognised the need for varying levels of additional resources to fulfil their cluster obligations in order to ensure that effective response capacity exists in the identified areas. These additional needs are outlined in the present document, which now seeks **US\$ 38,570,530⁸** for an implementation period from January to December 2006. Funding mechanisms will be designed in modes best suited to each cluster. Costs associated with implementing the approach at the field level will be incorporated into revisions of the relevant consolidated appeals, and into flash appeals issued for new emergencies. A mid-term review of this appeal will measure progress against work objectives and resource mobilisation.

⁷ The cluster leads are expected, in principle, to serve as the "provider of last resort." However, recognising that early recovery is not a sector but a complex, multi-sectoral/dimensional process, the IASC agreed that early recovery might need to be treated on an exceptional basis.

⁸ All dollar figures in this document are United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2006 page under "Other Appeals."

**Appeal for Improving Humanitarian Response
Capacity: Cluster 2006**

Summary of Requirements - by Cluster
as of 3 March 2006
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Cluster	Funding Requirements (US\$)
CAMP COORDINATION AND CAMP MANAGEMENT	3,660,000
EARLY RECOVERY	2,415,000
EMERGENCY SHELTER	1,691,000
EMERGENCY TELECOMMUNICATIONS	6,700,000
HEALTH	4,250,000
LOGISTICS	9,052,980
NUTRITION	4,321,550
PROTECTION	3,120,000
WATER, SANITATION AND HYGIENE	3,360,000
Grand Total	38,570,530

**Appeal for Improving Humanitarian Response
Capacity: Cluster 2006**

Summary of Requirements - by Appealing Organisation
as of 3 March 2006
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Appealing Organisation	Funding Requirements (US\$)
OCHA	6,700,000
UNDP	2,415,000
UNHCR	4,811,000
UNHCR and IOM	3,660,000
UNICEF	7,681,550
WFP	9,052,980
WHO	4,250,000
Grand Total	38,570,530

The list of projects and the figures for their funding requirements in this document are a snapshot as of 3 March 2006. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2. INTRODUCTION

Humanitarian Reform Process

The cluster approach is part of the overall Humanitarian Reform Process initiated in 2005. The process aims to improve the predictability, timeliness, and effectiveness of humanitarian response. There are three mutually reinforcing elements to this reform programme: 1) ensuring predictable funding; 2) strengthening the Humanitarian Coordinator system; and 3) strengthening the overall humanitarian response capacity.

In mid-December 2005, the General Assembly adopted a resolution that established the updated Central Emergency Response Fund (CERF). Donors have already responded generously to this initiative, enabling the IASC to make progress towards the first element (ensuring predictable funding for humanitarian response). An initiative for the second element is being developed with UNDP and UNDG, together with the IASC, to strengthen the Humanitarian Coordinator system through training and the creation of an effective pool of pre-certified, qualified and experienced candidates who can be deployed at short notice. For the third element, the **cluster approach** aims to improve humanitarian response capacity by identifying and addressing gaps. The combination of these measures should help ensure a prompt, more effective and flexible humanitarian response.

Cluster Approach

The cluster approach is about enhanced **accountability, predictability, and effectiveness** of humanitarian response during an emergency. This implies that one agency takes full responsibility for ensuring the effective delivery of humanitarian assistance for a given cluster, under the overall coordination and leadership of the HC. Cluster implementation will ensure partnerships and predictability for response, as well as better common planning, prioritisation and accountability to one another, and to beneficiaries.

What is a cluster?

A cluster is a group comprising organizations and other stakeholders. Each cluster has a designated lead, working in an area of humanitarian response in which gaps in response have been identified. These areas include some traditional relief and assistance sectors (water and sanitation, nutrition, health, emergency shelter); service provision (emergency telecommunications, logistics) and cross-cutting issues (camp coordination and camp management, early recovery and protection). Clusters are organised at both field and global level.

What is new about clusters?

First, **institutional accountabilities are more clearly defined** through the designation of "cluster leads." For the first time, a specific IASC agency has agreed to be responsible for ensuring that needs are identified and met in the nine above-mentioned areas that have been neglected in the past. These nine areas were identified as having clear gaps in overall response both at the global level of preparedness and standards and at the country response level. Cluster leads will be responsible for ensuring that activities are carried out, and will act as the "provider of last resort."

Second, **reporting lines of cluster leads are clearer**: at the country level, cluster leads report to the Humanitarian Coordinator, thus strengthening the HC's capacity to truly manage, and be more accountable for, the humanitarian response; and at the global level, cluster leads report to the ERC.

Third, cluster lead agencies at the global level are **building their technical capacity** and, if necessary, their stockpiles to respond more quickly and predictably when an emergency or disaster occurs. Global cluster leads are accountable to the ERC for ensuring predictable and effective inter-agency preparedness and response within the sectors or areas of activity concerned.

Fourth, the cluster system is designed around the concept of **partnerships** (i.e. clusters) bringing together all relevant IASC and national actors in a particular area under a common planning and implementation plan, irrespective of funding sources.

What are the global and local levels of the cluster approach?

At the **global level**, the IASC intends to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by designating Global Cluster Leads that are responsible for ensuring predictable and effective inter-agency responses within the particular sectors or areas of

activity concerned. This appeal seeks the resources for global cluster leads and members to acquire this preparedness and technical capacity, and ensure effective response.

At the **country level**, the IASC aims to strengthen the coordination framework and response capacity by mobilising clusters of agencies, organisations and NGOs to respond in particular sectors or areas of activity, each cluster having a clearly designated lead, as agreed by the Humanitarian Coordinator and the Country Team. This approach is also intended to ensure that the involvement of national and local institutions is strengthened, available resources are fully utilised, and humanitarian action is **well coordinated**.

What is the added value of the cluster approach?

At the global level, the cluster approach is being put in place for nine sectors and areas for which the capacity to prepare for and respond to emergencies needs to be strengthened. At the field level, it is proposed that, for the sake of coherence, the terms sector and cluster be used interchangeably and that all sectors/clusters should be accountable to the Humanitarian Coordinator, be inclusive of NGO and Red Cross partners, and perform agreed functions similar to those outlined in the draft terms of reference for cluster leads.

The problems or gaps that the cluster approach is designed to resolve therefore include:

- At the field level: (a) Areas of needs that fall between the lines of traditional sectors (e.g. camp management) and therefore have unclear responsibilities and structures; (b) lack of effective response, inconsistent sectoral leadership, and lack of providers of last resort in certain key sectors;
- At the global level: (c) insufficient global capacity in certain sectors to meet worldwide needs, especially large-scale or concurrent emergencies occur.

The cluster approach aims to resolve these problems in the following ways:

- Global cluster leads will acquire standby capacity in-house, and/or stimulate and monitor capacity among cluster members, to meet global demand and contingencies, and forestall gaps;
- The creation of new clusters (those not based on traditional sectors) will address areas of need at field level that fall between traditional sectors;
- Firm responsibilities for cluster leads at field level, including as service provider of last resort, will improve coordination and ensure response to needs in clusters that parallel traditional sectors.

Accountability

Accountability is a key feature of the cluster approach. At the global level, cluster leads have responsibility for: a) up-to-date assessments of the overall needs for human, financial, and institutional capacity; b) reviews of currently available capacities and means for their utilisation; c) links with other clusters, including preparedness measures and long-term planning, standards, best practice, advocacy, and resource mobilisation; d) taking action to ensure that required capacities and mechanisms exist, including rosters for surge capacity; and e) training and system development at the local, national, regional, and international levels.

At the country level, cluster leads are responsible for: a) predictable action within the cluster for analysis of needs, addressing priorities, and identifying gaps in the cluster area; b) securing and following up on commitments from cluster members to contribute to responding to needs and filling the gaps; c) ensuring that activities within a cluster are carried out and acting as the provider of last resort; d) sustaining mechanisms through which the cluster as a whole assesses its performance.

At all levels, cluster leads have mutual obligations to interact with each other, and are accountable to the ERC globally and to HCs at the country level.

Implementation of global-level cluster leadership

At meetings in September and December 2005 the IASC Principals agreed to establish lead organisations at the global level in the nine areas of humanitarian activity whose current response capacity needs strengthening, and hence require the formation of clusters. The agreed clusters and lead organisations are as follows:

1. **Clusters dealing with Service Provision:** a) Logistics – chaired by WFP; b) Emergency Telecommunications – co-chaired by OCHA (as overall process owner), by UNICEF (for common data services), and by WFP (for common security telecommunications services);
2. **Clusters dealing with Relief and assistance to beneficiaries:** c) Camp Coordination and Camp Management – chaired by UNHCR (for conflict-generated IDPs) and by IOM (for natural disasters); d) Emergency Shelter – chaired by UNHCR (for conflict-generated IDPs)⁹; e) Health – chaired by WHO; f) Nutrition – chaired by UNICEF; g) Water, Sanitation & Hygiene – chaired by UNICEF;
3. **Clusters covering cross-cutting issues:** h) Early Recovery – chaired by UNDP; i) Protection – chaired by UNHCR (for conflict-generated IDPs) and by UNHCR, UNICEF or OHCHR (for natural disasters).¹⁰

(Sectors where no significant gaps have been detected are not included among the nine clusters at global level. These are: food, led by WFP; refugees, led by UNHCR; education, led by UNICEF; and agriculture, led by the Food and Agriculture Organization (FAO). In these, sectoral coordination will continue as before.)

Implementation in the field

The IASC Principals agreed that at the country level the cluster approach will initially be implemented in the Democratic Republic of the Congo (DRC), Uganda and Liberia, based on the recommendations and feedback from the inter-agency missions to those countries. Introducing the cluster approach to additional existing emergencies will be considered at the next meeting of the IASC Principals in April 2006. As agreed by the IASC Principals in September 2005, the cluster approach will be applied to all new major disasters, as is the case in the South Asia earthquake. (An evaluation of the impact of the cluster approach in Pakistan is being undertaken to identify how to apply the cluster approach in sudden-onset disaster response.) The ERC has also stated that contingency plans for potential emergencies in 2006 should be done according to the cluster approach.

For ongoing emergencies, the IASC has agreed that if current arrangements are working well, then there is no need to change yet; however any IASC country teams on the ground may choose to implement the cluster approach where they feel it will add value to the humanitarian response. In addition, where arrangements are not considered to be working well, and critical response gaps remain, country teams may also decide to introduce the cluster approach. The IASC recognises that there is a need for flexibility at the country level. What has clearly emerged from the Pakistan experience and from other inter-agency missions to the DRC, Uganda and Liberia is that country teams view the cluster approach as a way of strengthening the overall coordination framework, not only in “gap” areas but in all sectors, by clarifying lines of accountability to the HC and defining how sector groups should work with partners. In the DRC for example, the Country Team has decided that all sectors would be managed using the cluster approach.

In principle the cluster leadership approach should be applied to all areas, but will need to be tailored to specific country circumstances. Country-level clusters may not necessarily replicate the global cluster arrangements. In all instances, the key principle is to ensure that country-level clusters **address all identified key gaps in humanitarian response** and that critical gaps are not neglected simply because they are not part of any global cluster.

The plan to implement the cluster approach is a real opportunity to address some of the critical weaknesses of the humanitarian response system. The cluster approach is an important pillar of the reform process, and generous donor support to this appeal will significantly reduce gaps and improve capacity and preparedness at the global level, enabling humanitarian partners to provide predictable, efficient and effective response to current and future crises.

⁹ IASC Principals agreed that, in cases of natural disaster, IFRC act as convener for Emergency Shelter (taking into account the IFRC's obligations and independence).

¹⁰ At the country level, UNHCR, UNICEF and OHCHR have agreed, under the overall leadership of the HC/RC, assisted by OCHA, to consult closely and agree which of the three would assume the role of Cluster Lead for protection in natural disasters, either on the basis of existing arrangements or after conducting a common assessment to determine the required operational capacity. This option would enable the HC/RC to rely on one protection agency to lead the response for the cluster.

3. CAMP COORDINATION & CAMP MANAGEMENT CLUSTER

3.1 CLUSTER LEAD: UNHCR & IOM

INTRODUCTION

The HRR identified camp management as one major gap in a humanitarian response. As the HRR stated, "Clarity of roles and responsibilities is lacking in the areas of camp management, particularly in the case of IDPs." The Camp Coordination & Camp Management Cluster (CCCM) has identified several specific gap areas that have prevented an effective and predictable response. In addition, responses to specific situations will need to be included in flash appeals.

GAPS

Roles and responsibilities are not clearly defined both in complex emergencies and natural disasters. This lack of clarity prevents immediate response in a crisis.

There has been a gap in and lack of standards, policy and guidelines, and stockpiles, particularly for IDP situations. As such, response is *ad hoc* and camp conditions vary depending on location, the camp manager, and the residents. The lack of standards leads to inconsistent conditions in different camps.

There is a limited number of trained humanitarian professionals in this field. The levels of training need to be strengthened in relation to standards and general expectations in camp management.

ACTIVITIES TO FILL THE GAPS

The cluster has identified several ways to address the gaps outlined above. These include: increasing capacity through training; developing policy and standard setting; and developing standard tools for use in camp situations.

The setting of standards, guidelines and policy for camp management in IDP situations is paramount. Building on already existing material such as the Project on Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE) Standards, refugee situations, and best practices, the cluster has started to develop guiding principles and internationally accepted standards to ensure common understanding and uniform implementation in IDP camps.

Building on the Camp Management Toolkit, and revisions made based on developed standards, guidelines, and policy, the CCCM cluster plans to increase the number of country trainings and Training of Trainers (ToT) to increase knowledge and competence in camp management issues and the number of trained experts in camp management. Training on camp management and coordination would also highlight crosscutting themes such as gender, human rights, Human Immuno-deficiency Virus / Acquired Immuno-deficiency Syndrome (HIV/AIDS), and mental health. As the national authorities have the overall responsibility for their people and thus camps, the CCCM will develop guidelines and training for national actors including national and local authorities, partners and camp residents.

Information Technology (IT) tools corresponding to the Toolkit, for registration and information needs would also be developed to assist those in the field to ensure that standards are met and uniform.

A cluster advocacy strategy at the global level is necessary as the understanding of and the need for camp management varies. Camp coordination and camp management is a new and innovative concept, which requires information and awareness activities.

The global human resource capacity, identified by the HRR as weak, requires strengthening. The training activities and maintenance of rosters will address this problem. UNHCR and the International Organisation for Migration (IOM) as co-cluster leads will form a joint support cell for the cluster. While the cluster and its members act as the "board", the support cell would assist in developing policies, support the website, assist in meetings, advocacy, surge capacity with key partners, and provide technical assistance to field counterparts.

Dedicated global staff is required to oversee overall policy setting and coordination including monitoring to ensure standards and assisting country-level clusters as requested. Dedicated regional staff (particularly key in natural disasters with a 24 hour time gap) based in regional offices in Africa, Asia, and Latin America will work with national and regional counterparts as well as developing NGO

networks. Regional CCCM staff, and registration and information management officers, will work on regional contingency and preparedness strategies and assist ongoing operations in their respective areas. Information Management is key to understanding what and where the needs are, who is able to respond and who is responding to ensure gaps are filled.

Related expenditures in the Cluster are grouped into two phases:

- a) Global capacity building, including limited technical support, overall liaison, training and development of frameworks and tools. These costs are included.
- b) Immediate response in case of an emergency, including deployment of staff and stockpiling. These costs could be sought in subsequent appeals.

FINANCIAL SUMMARY (for more detail please refer to Annex I)	
Item	US\$
Support cell in Africa, Asia, Central or South America, and at headquarters for IOM (natural disasters) and UNHCR (conflict-induced displacement)	1,650,000
Publication and information exchange	550,000
Development of frameworks	890,000
<i>Sub-total lead role</i>	<i>3,090,000</i>
Cluster training	520,000
Specialised training for national and local authorities, other national actors, partners and camp residents	50,000
<i>Sub-total capacity building</i>	<i>570,000</i>
Total	3,660,000

- A) Global capacity building, including limited technical support, overall liaison, training and development of frameworks and tools. This costs US\$ 3,660,000 and is included in this Appeal.
- B) Immediate response in case of an emergency, including deployment of staff and stockpiling. This costs US\$ 9,800,000 and could be sought in subsequent appeals.

4. EARLY RECOVERY CLUSTER

4.1 CLUSTER LEAD: UNDP

INTRODUCTION

The objective of the Early Recovery Cluster is to improve the predictability, timeliness, effectiveness, and efficiency of humanitarian and development-related action from the early phases of the humanitarian response to a crisis. The cluster has defined early recovery as a multi-dimensional process –including the reintegration of displaced people- that aims at stabilising human security in its economic, livelihoods, governance, social and security dimensions and at laying the basic foundation of a transformation process that integrates risk reduction at the very early stages of humanitarian action. Given its unique role in linking relief, recovery, reconstruction, and development, the Early Recovery Cluster (ER Cluster) includes 18 partners from the both humanitarian and development communities. These include FAO, the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC), IOM, OCHA (including its Internal Displacement Division), the Office of the High Commissioner for Human Rights (OHCHR), UNDP, the United Nations Population Fund (UNFPA), UNHCR, UNICEF, WFP, WHO, as well as such non-IASC entities such as the International Labour Organization (ILO), the International Strategy for Disaster Reduction (ISDR) Secretariat, the United Nations Development Group Office (UNDGO), the United Nations Environment Programme (UNEP), the United Nations Centre for Human Settlement (UN-HABITAT), and the United Nations Volunteers (UNV).

GAPS

The critical gaps identified by capacity mapping and analysis are: i) planning recovery from the very early stages of a crisis in such a way that it is integrated, inclusive, and based on common analysis in order to facilitate an early bridging of the emergency and recovery processes; and ii) developing joint programming with humanitarian actors including NGOs, in key priority sectors where the impact of development programmes needs to be accelerated. The objective of the ER Cluster is to enhance the global-level capacity for more effectively supporting the Humanitarian/Resident Coordinators in strategically planning recovery and integrating risk and vulnerability reduction measures at the very early stages of emergencies. In pursuing this objective, it is expected that the ER Cluster will contribute to the following outcomes: enhanced capacity at field level, particularly in high risk countries for strategically planning early recovery; improved predictability of funding for early recovery; enhanced capacity at field level for strategically planning humanitarian and recovery-related initiatives in a selective number of priority sectors; strengthened human security in crisis situations and increased impact of risk mitigation and vulnerability reduction measures for the greatest number of beneficiaries; and greater predictability, timeliness and comprehensiveness of surge capacity deployment.

ACTIVITIES TO FILL THE GAPS

The Early Recovery Cluster plan of action for 2006 focuses on addressing the most critical of the capacity gaps: strategic planning in early recovery. The main activities planned during 2006 include the following:

1. Develop (or improve) common tools and methodologies;
2. Develop and train an inter-agency surge/rapid deployment capacity to improve the predictability and timeliness of mobilisation of technical expertise;
3. Systematise and strengthen knowledge management, through lessons learned, best practice and knowledge products;
4. Put in place (or strengthen) inter-agency agreements, including with non-governmental organisations, necessary to support the improved overall performance in early recovery;
5. Develop (or strengthen) joint planning interface which harmonises and integrates emergency and recovery, focused on “priority areas” that may not fit neatly in the sectors traditionally included in humanitarian response coordination, e.g., livelihoods; community driven approaches for early recovery; housing, land, property, and natural resources; basic social services; rule of law; and disaster risk management and governance.

Early recovery is a cluster requiring dedicated attention and strengthening in its own right, and needs to be effectively integrated and mainstreamed across all the clusters and sectors. As such, ensuring the integration of recovery in each cluster remains a key part of the Early Recovery Cluster's work. Special attention is given to the clusters for emergency shelter and protection with which early recovery shares some key concerns requiring an integrated approach.¹¹ Special attention is paid, also, to other clusters and sectors which addresses the both short-term and longer-term assistance issues (e.g., agriculture, education, health, livelihoods, housing, and land issues) and the proposed Peacebuilding Commission and Support Office.

FINANCIAL SUMMARY

The cluster action plan will be implemented primarily through the optimal use of the existing resources of the cluster lead and members or within the existing partnerships. It should be noted, for example, that some of the planned activities related to natural disasters are already funded, as these are underpinned by the partnership and work plan already established by the International Recovery Platform (IRP).¹² Over and above these existing or already-mobilised resources, the Early Recovery Cluster will require US\$ 2,415,000 to cover the outstanding global capacity development requirements during 2006. These include the resources to support and lead¹³ the core-planned activities listed above – i.e., knowledge management, surge capacity development and training, tools and methodology development (both overall and in priority areas), as well as intra- and inter-cluster coordination and advocacy and mainstreaming efforts. Furthermore, the cluster member agencies making commitment for internal improvements and/or for assuming sector focal point responsibilities may also have additional resource requirements in the future.

FINANCIAL SUMMARY	
(for more detail please refer to Annex II)	
Item	US\$
Surge capacity manager, knowledge manager, support cell support	540,000
Publications, reporting, and advocacy	50,000
Sub-total lead role	590,000
Development of tools, methods, and frameworks	760,000
Induction courses	200,000
Workshops	100,000
Logistics and operations costs	100,000
Sub-total capacity building	1,160,000
First Early Recovery Team	315,000
Complementary Early Recovery Team	350,000
Sub-total Global Pre-position Requirements	665,000
Total	2,415,000

¹¹ As a way to ensure this, the early recovery and other clusters designated the same focal point agencies for such issues, e.g., UN-HABITAT for housing, land and property within the both early recovery and emergency shelter clusters, and UNDP/OHCHR for rule of law within the both early recovery and protection clusters.

¹² The IRP has core resources from UNDP and ILO and has mobilised key additional resources from the Governments of Italy, Japan, and Switzerland.

¹³ Focal point agencies, which support the cluster lead, have been designated for each of the strategic issues and key activities.

5. EMERGENCY SHELTER CLUSTER

5.1 CLUSTER LEAD: UNHCR¹⁴

GAPS

The Emergency Shelter Cluster has agreed that three key elements must be addressed in order to improve effectiveness and predictability in this sector: a) increasing the number of qualified professionals available for rapid deployment; b) strengthening stockpiles of shelter and related NFIs; and c) developing an emergency shelter strategy and guidelines and tools for assessments, action and monitoring alongside training. The activities and related budget outlined below demonstrate how these gaps will be filled.

ACTIVITIES TO FILL THE GAPS

1. Providing leadership: UNHCR would require a Cluster chair, a Shelter expert and a Programme Assistant to support the task of leading the Emergency Shelter Cluster. In addition, to help global preparedness, UNHCR would need 2 regional posts in Africa to help in global preparedness measures. To maintain the current staffing level, UNHCR Headquarters (HQs) staffing requirements will, for the moment, be met by restructuring and the including staff whose work is mostly related to IDPs and supporting the cluster approach.
2. Building capacity: Training is essential to improve readiness at the global level and would include: courses and hiring consultants to help with these; development of improved guidelines in the emergency shelter sector. Further, IOM, OCHA, and UN-HABITAT have indicated that they each require one senior technical officer to help improve preparedness in their respective organisations.
3. Global strategic stockpiles: The cluster identified a list of all emergency shelter and Non-Food Items (NFIs) required in the case of one emergency of 500,000 people and typical response needs are outlined in the table in Annex VI. It is important to note that approximately 25 per cent of these items already exist within the stockpile reserves of the main operational agencies. Therefore, and based on capacity mapping of cluster members, it was concluded up to 75% of the NFIs listed below may actually need to be purchased by the cluster for preparedness measures.
4. Surge capacity: The following table outlines typical additional staff required on the ground to respond to a new emergency. The figures given indicate up to what levels are needed to be quickly deployed in the onset of the emergency if no staff are on the ground.
5. Related expenditures in the Cluster are grouped into two phases:
 - a) Global capacity building, including limited technical support, overall liaison, training and development of frameworks and tools. These costs are included in this Appeal;
 - b) Immediate response in case of an emergency, including deployment of staff and stockpiling. These costs will be sought in subsequent appeals.

FINANCIAL SUMMARY (for more detail please refer to Annex III)	
Item	US\$
Lead role	895,000
Capacity building	796,000
Total	1,691,000

Global capacity building, including limited technical support, overall liaison, training and development of frameworks and tools costs US\$ 1,691,000. An immediate response in case of an emergency, including deployment of staff and stockpiling would costs up to US\$ 35,437,000 and could be sought in subsequent appeals.

¹⁴ The IFRC has offered to provide leadership to the broader humanitarian community in order to consolidate best practice, map capacity and gaps, and lead coordinated response to meet emergency shelter needs in the case of natural disasters. The ERC welcomed the offer. In the meantime, the IFRC is in the process of strengthening its own capacity to provide emergency shelter, for which it will use its own resources and/or appeal for support from donor governments and other partners. As part of this effort, the IFRC is pre-positioning shelter and NFI stocks valued at US\$22 million in Dubai, Panama City and Kuala Lumpur.

6. EMERGENCY TELECOMMUNICATIONS CLUSTER

6.1 OCHA (CHAIR AND PROCESS OWNER), WFP (SECURITY TELECOMMUNICATIONS SERVICE PROVIDER) AND UNICEF (DATA TELECOMMUNICATIONS SERVICE PROVIDER).

INTRODUCTION

The availability of robust, reliable information and communications technology (ICT) infrastructure and services has become critically important to the successful functioning of all the clusters and for ensuring personal security from the onset of an emergency. The Emergency Telecommunications Cluster (ETC) is committed to provide clearly defined services to ensure timely, predictable, and effective inter-agency telecommunications to support humanitarian operations in emergencies. This includes:

- Providing inter-agency telecommunications infrastructure and services, covering both data and security communications, which are essential for efficient and effective operations;
- Providing standard, interoperable ICT platforms and procedures to avoid duplication and ensure cost-effective services;
- Ensuring a smooth transition to post-emergency reconstruction.

OCHA is the process owner with responsibility for: overall preparedness; coordination; standards, Standard Operating Procedures (SOPs) and evaluation mechanisms; activation of the response; information management and outreach; and inter-cluster liaison. UNICEF and WFP are service providers for common data services and common security telecommunications services, respectively. Membership includes UN agencies (the Department of Peace-Keeping Operations (DPKO), OCHA as Chair, UNHCR, UNICEF, the United Nations Institute for Training and Research/United Nations Satellite (UNITAR/UNOSAT), WFP and WHO), ICRC, IFRC, NGOs involved in humanitarian assistance (NetHope, Télécoms Sans Frontières) as well as stand-by and private sector partners.

GAPS

To date the provision of inter-agency telecommunications in emergencies has been reactionary with resources – human, technical and financial – being made available on an *ad hoc* and best-effort basis.

The lack of clearly defined roles and responsibilities has negatively impacted the time to implement inter-agency telecommunications. The current combined capacity of the ETC members (UN, NGOs and partners) is insufficient to provide the needed ICT services. The major gaps to ETC implementation are: Inter-Agency coordination staff, preparedness resources, global strategic stockpiles, service predictability and training.

ACTIVITIES TO FILL THE GAPS

The ETC strategy is guided by the principles of preparedness, sustainability, timeliness, predictability, resource mobilisation, standardisation, coordination and continuous monitoring. The 2006 ETC preparedness and response plan clearly defines the roles and responsibilities of the ETC members and is critical for the agencies to build the capacity (equipment stocks, preparedness resources, inter-agency coordination staff and training), which currently does not exist, to respond to emergencies in a timely and effective manner. The plan is based on existing capacity, augments it where necessary, and ensures availability of core professional inter-agency resources.

The main activities in 2006 are designed to address the existing gaps and include:

1. **Human Resources** – Dedicated staff are required for the cluster lead role as well as coordination, management and preparedness activities at the global and regional levels. The country level resources and activities will be covered by the existing cluster member capacities. The regional capacity will ensure the availability of minimal resources for preparedness activities as well as deployment at the onset of a disaster covering both assessment and implementation. The dedicated resources are essential for successful planning, management, and coordinated implementation of the cluster services, which include assessments, emergency response plans, and development of an emergency response roster, surge capacity, and stronger partner relationships;
2. **Global Strategic Stockpiles**: Essential equipment pre-stock and long-term arrangements with vendors and service providers needed at the onset of an emergency;
3. **Capacity Building and Training**: Training is critical to ensure the requisite level of skills, competencies, and common understanding of policies, procedures and operating principles.

This will include: development of a training curriculum for the various technical and operational areas; development of training packages to facilitate emergency simulations as part of an overall preparedness exercise; training to and by standby partners to bring in additional skills to strengthen cluster capacities;

4. **Partnerships:** Develop strong partnerships among humanitarian agencies and standby partners for greater sharing of resources both during preparedness and response;
5. **Response:** Develop and implement a modular approach, including SOPs to provide rapid response during an emergency. This will include: division of response into pre-defined response periods (within 1 week, 3 weeks, 8 weeks, and beyond 9 weeks); define within each phase's specific services and resource requirements to ensure that service requirements are met with the appropriate resources at the right time.

Implementation

The ETC has developed a phased implementation plan which will make the cluster fully operational within one year from the date funding is made available. There are six implementation phases, each of which has clearly defined activities, milestones, resources, deliverables and completion dates. The main implementation phases are: staffing, stand-by agreements and capacity building, roster and SOPs for assessments, activation and deployment (including the United Nations Disaster Assessment and Coordination (UNDAC)); strategic stockpiling, procurement and asset management; training and simulation exercises; information management, advocacy and outreach as well as finalisation of agreements and partnerships; service and project management including templates and SOPs; monitoring, evaluation, lesson learning and services/process improvement.

Accountability

The ETC is a service provider to the other clusters and humanitarian partners and has clearly defined service levels for the provision of security and data communications facilities, within tight deadlines and for the duration of the emergency operations. Thus the performance of the ETC will be established by assessing the level and quality of communications provided against the pre-defined service levels.

Financial Summary (For more detail please refer to Annex IV)	
Item	US\$
Lead role	430,000
Capacity building	310,000
Coordination, management and preparedness activities at the global and regional levels	2,820,000
Global strategic stockpile	3,140,000
Sub-total Global/Preparedness Costs	6,700,000

In the event of a new emergency, coordination and operations costs would total some US\$ 3,255,000 and be covered in a flash appeal.

7. HEALTH CLUSTER

7.1 CLUSTER LEAD: WHO

INTRODUCTION

The strategy of the IASC Health Cluster will be delivered through a *Joint Initiative to Improve Humanitarian Health Outcomes* consisting of a prioritised action package of 20 inter-related measures to strengthen: early warning; preparedness; capacity building; assessments and strategies; country-based management; review, reporting and lesson learning; and advocacy and resource mobilisation.

GAPS

Though the health sector is not formally a gap area, it can benefit from improved humanitarian response. There are also some relatively neglected sub-sector areas especially in relation to mental health and psychosocial support, management of gender-based violence (GBV), and women's health.

ACTIVITIES TO FILL THE GAPS

The Health Cluster is committed to integrate cross-cutting issues, especially gender concerns, and HIV/AIDS. A special programme on "HIV/AIDS in Populations of Humanitarian Concern" developed with the United Nations Programme for HIV/AIDS (UNAIDS) will be brought alongside the Health Cluster. The Health Cluster has established communication with the Nutrition and the Water and Sanitation Clusters and joint work in relevant areas is under discussion. System-wide inter-agency products and services include lessons learned and evaluations, humanitarian health action planning, and the emergency health information.

Response Planning and Preparedness Measures are included as specific actions in the twenty-point Joint Initiative to Improve Humanitarian Health Outcomes. In particular, recognising that human resources are an urgent and serious constraint, a common international "Health Emergency Action Response Network (HEAR - NET) has been initiated with 32 agencies attending a pilot induction course held in Geneva in November 2005.

Health, Mortality and Nutrition Tracking Service: standardised methods and formats for needs assessments and monitoring are being developed as well as system-wide agreed benchmarks, methods and systems for measuring outcomes and performance.

To overcome the gaps, the Health Cluster has identified 20 priority action areas to be carried out at appropriate levels i.e. *globally* (defined here as also including regional and sub-regional) and at *country level* (defined here as also including provincial and local settings). Regional or sub-regional approaches are essential when emergencies have serious effects beyond the country in crisis, for example when people cross borders.

Early warning

Action Area 1 (Global and country-based): Background health profiles in a standard format containing essential data for planners and programmers should be prepared, consolidated, and kept updated for all countries in crisis or at high risk of disasters and crises in order to provide the common basis for preparedness and contingency planning;

Action Area 2 (Global): A common "Emergency Health Information Service (EHIS)", including the dissemination of key health guidelines, tools, indicators and benchmarks should be established in order to facilitate assessment, planning, and review tasks;

Action Area 3 (Global and country-based): A surveillance system should be instituted for all crisis and potential crisis settings in order to pick up early indications of conditions of public health importance;

Action Area 4 (Global): Based on this surveillance system, arrangements should be in place to provide assessed and measured alerts of serious health threats in disaster and crisis settings in order to trigger rapid action.

Preparedness

Action Area 5 (Global and country-based): Members of the health cluster should develop and publish their internal "self-improvement" plans and report openly on progress in order to provide an accountable basis for assessing progress;

Action Area 6 (Global): Based on agreed planning assumptions and scenarios of disasters and crises, agencies involved in humanitarian health action should make clear their core commitments for specific and agreed essential functions and develop robust systems and organisational arrangements for call-down in order to ensure that gaps are identified and filled, and there is optimal agency inter-operability;

Action Area 7 (Global): Recognising that human resources are an urgent and serious constraint, a common international "Health Emergency Action Response Network (HEAR - NET)" should be created and sustained in order to provide an interagency pool of qualified, experienced, and prepared health personnel for working in crises and disasters;

Action Area 8 (Global): A system for training, practicing, and testing the joint working and inter-operability, where appropriate, of humanitarian health service providers should be developed, along with certification or accreditation arrangements in order to encourage technical competence, safety, and quality.

Capacity building

Action Area 9 (Country-based): For countries in crises or at high risk of disasters and crises, specific strategies and cost plans for investment in health sector risk reduction, preparedness and response, should be prepared and supported in order to reduce vulnerability and to build the capacity of national and local crisis health responders;

Action Area 10 (Global): A strategy for human resource development should be developed and promoted with operational agencies, addressing issues such as core competencies, training, accreditation, career paths, continuing education, and peer review in order to boost necessary professionalisation of the humanitarian health area.

Assessments and strategies

Action Area 11 (Global): A system of skilled and prepared interagency "Health Emergency and Assessment Response Teams (HEART)" should be developed (including rosters, and common training) to be activated and deployed when justified by crises and disasters of appropriate magnitude so as to enable the predictable conduct of rapid needs assessments and the efficient organisation of coordination and service delivery on the ground, linking-up with capable in-country or regional agencies and capacities;

Action Area 12 (Global): Standardised methods, tools and formats for common use in health needs assessments and monitoring should be developed and agreed among partners so as to provide a shared situation overview, and a solid basis for assessing results, unmet needs and gaps, and the rational allocation of resources;

Action Area 13 (Country-based): For each crisis situation, the development of a common humanitarian health action plan within an agreed timescale should be a norm, so as to provide a reasoned basis for coordination, resource mobilisation, delivery, and the measurement of impact.

Country-based management

Action Area 14 (Country-based): A dedicated and competent Emergency Health Coordinator with appropriate technical support should be considered for deployment in support of the UN Resident or/and Humanitarian Coordinator and the in-country Country Team, or Disaster Management Team, when justified by the magnitude of specific disasters and crises in order to provide effective capacity and leadership for the health response to crises;

Action Area 15 (Country-based): In specific crisis situations, clear Health Cluster leadership, management and organisational arrangements should be agreed at national and field levels so as to allow health assistance partners to discuss and coordinate their respective responsibilities, resolve technical issues in a timely way, address critical gaps in essential healthcare provision, and establish robust mechanisms for reporting & follow-up.

Review, reporting and lessons learning

Action Area 16 (Global): An impartially organised "Health Performance and Humanitarian Outcomes Tracking Service" using agreed benchmarks, indicators, and data (disaggregated by age and sex) targets should be set up so as to provide a systematic accountable arrangement to assess the timeliness, coverage, and appropriateness of humanitarian health action, as well as the impact of health and wider humanitarian assistance, in relation to targeted populations;

Action Area 17 (Global and country-based): Common humanitarian health action reporting formats, standards, and timelines should be agreed, drawing on the best of prevalent models, and utilised in a consistent manner in order to reduce transactional costs, and the administrative burdens on hard-pressed operational service providers;

Action Area 18 (Global and country-based): A systematic joint programme of reviews and evaluations conducted with due transparency and objectivity should be set up so as to foster a culture of lesson learning and accountability (to stakeholders and beneficiaries).

Advocacy and resource mobilisation

Action Area 19 (Country-based): The emergency health coordination function at country level (see Action Area 14) should include the formulation of the health component of assistance appeals, and the tracking of responses and gaps (including in consolidated appeals, flash appeals, and transitional recovery appeals) in order to facilitate the matching of resources and needs;

Action Area 20 (Global): Common strategies and a cluster-wide service for communicating with public, media, and policy makers, including for the marketing and advocacy of appeals to donors, should be developed in order to facilitate timely financing, especially for "neglected crises", in the spirit of the principles of Good Humanitarian Donorship.

Using existing frameworks for surveillance and monitoring in the health sector: The Health Cluster surveillance and monitoring system aims to monitor the severity of crises and their impact. There is no duplication/overlap with other surveillance systems that focus on communicable diseases, or with coordination costs of related clusters such as Water, Sanitation and Health (WASH).

Timetable and milestones for implementation at the global and country level: The Health Cluster has drawn up a detailed one-year "Joint Initiative to Improve Humanitarian Health Outcomes" which consists of the action package of 20 inter-related measures, detailed above. This detailed workplan is available on request to the cluster lead (WHO).

Defining and monitoring of standards: The Health Cluster workplan makes detailed reference to these issues.

Although the Health Cluster Workplan relates to existing areas of agencies' work, it outlines additional activities to be carried out by WHO and service delivery partners that require additional funding. The Joint Initiative's workplan has 11 outputs consisting of defined products and services that can be delivered at a cost of some US\$ 4.25 million. WHO as Lead of the Health Cluster will be responsible for managing the funds. Members' internal readiness improvement plans, and members' agreements on delivering core commitments, will strengthen overall capacity for effective and predictable implementation.

FINANCIAL SUMMARY (for more detail please refer to Annex V)	
Item	US\$
Emergency health information service	250,000
Health Emergency Action Response Network (HEAR-Net)	1,200,000
Health, mortality, and nutrition tracking service	2,100,000
Humanitarian health action plans	250,000
Lesson learning and accountability	450,000
Total¹⁵	4,250,000

¹⁵ Staff time to deliver system-wide products and services, which costs US\$1.42 million, is included in capacity building and system-wide costs.

8. LOGISTICS CLUSTER

8.1 CLUSTER LEAD: WFP

INTRODUCTION

With a view to improving surge capacity, predictability, speed and the effectiveness of international humanitarian response, the Logistics Working Group identified areas where improvements were needed, particularly to ensure improved logistics preparedness and response, and to facilitate improved inter-agency interoperability by pooling of resources.

GAPS

1. Inter-Agency Contingency Planning: whilst individual agency contingency planning is relatively strong, integration needs to be enhanced and logistics aspects included;
2. Humanitarian Response Network: a lack of a global network of warehouse facilities from which to launch emergency response operations. Currently there is no coordinating body and no easily accessible communications platform to facilitate the exchange of supply-chain information between donors, the UN, International Organisations, NGOs, and the commercial sector;
3. Stockpile Mapping: the Humanitarian Response Review (HRR) recommended to “expand global mapping of relief stocks” through which agencies are to report on “quantity, values, geographical positioning, availability and access” of stockpiles of relief goods;
4. Inter-Agency Logistics Response Teams (LRTs): the onset of major humanitarian disasters are often characterised by a lack of credible information, for example on needs of affected populations and the logistics situation on the ground. Faster assessments of logistics needs are required at the immediate onset of an emergency. Such information can then lead to coordinated and correct actions;
5. Military and Civil Defence Assets (MCDA): there is a lack of awareness within the humanitarian community and with donors regarding the correct use of MCDA. Such assets, if used correctly, can be invaluable to an effective response;
6. Airfield congestion: Airfield congestion, caused by an imbalance of arriving aircraft and handling capacity, during large-scale natural disasters is common. The consequent delay in the arrival of rescue teams and relief commodities causes loss of life and wastes resources;
7. Support Cell addressing above-mentioned issues.

ACTIVITIES TO FILL THE GAPS

1. Inter-Agency Contingency Planning: dedicated staff will be required to pursue the logistics aspect, including mapping logistics data, during any inter-agency contingency planning process. Additional staff will be tasked to lead in anticipating requirements for common warehouse and transport assets and logistics capacity assessments, and to feed such information into the inter-agency contingency planning exercise; **(Ref [in Annex VI]: Budget Lines 1, 17-18)**
2. Humanitarian Response Network (HRN): The overall aim is to provide better-integrated supplies information and coordination during both preparedness and response. NGOs without the capacity to build on-site warehouses would benefit from this initiative. The pre-positioning of common pipeline and most urgently needed relief items strategic locations' warehouses will lead to: a) improved response time (<48 hours); b) supply better fitting demand; c) warehouse and freight cost reductions; and d) better procurement of goods; **(Ref: Budget Lines 11-15)**
3. Stockpile Mapping: The Logistics Cluster will use the Register of Emergency Stockpiles as a base for stockpile mapping, and will collaborate on reviewing data and including quantities of goods in stocks. The Cluster has also recommended to list in the Register the most frequently stocked items and to establish common non-food items (NFI) denominators for each sector. Each other cluster will be asked to provide their inputs on the common NFI denominators. The logistics cluster will coordinated the preparedness for, and use of, integrated cluster stockpiles; **(Ref: Budget Lines 2-4, 16)**
4. The Inter-Agency Logistics Response Team (LRT) concept is based on the need to improve response time. A fully self-sustaining LRT will be deployed within hours of any large-scale emergency and such a team will have the expertise and training to ensure decisive action. In essence, the LRT would start logistics operations by conducting logistics assessment, compiling and analysing logistics information, identifying logistics bottlenecks and recommending possible solutions, producing maps with logistics information, assisting local and national authorities with the management of common transport assets, including air assets, tracking essential relief items and unsolicited commodities, assisting in Civil-Military Coordination (CMCoord) activities at the operational level, solving customs and border crossing problems, etc. Inter-agency staff

in the LRT may be required to undertake activities for which their parent agencies are the cluster lead, concurrent to their logistics related activities. This will ensure streamlined and efficient use of the cluster concept and assist in the inter-operability between the clusters; **(Ref: Budget Lines 5-9)**

5. **Military and Civil Defence Assets (MCDA):** The need to address the principles of the Oslo Guidelines 1994 and the Complex Emergency Guidelines 2003 is paramount in preventing the use of these assets in an uncontrolled and erratic way. An awareness campaign is needed within the humanitarian community and with donors to recommend the correct use of MDCA. The Logistics Cluster recommends that experts to manage MCDA assets be deployed at the onset of a large-scale natural disaster; **(Ref: Budget lines 1, 10)**
6. **Airfield Decongestion:** the Logistics Cluster recommends the establishment of a system and procedures to create a UN Air Management System at the onset of large-scale emergencies. Such a system, necessarily including a strategic air coordination cell, comprising a modular team of air experts, identification of strategic hubs and preparation of agreements with local authorities, requires an adequate number of experts who are trained in the requirements; **(Ref: Budget lines 1, 10)**
7. **Support Cell:** WFP, as cluster lead, is the agency of last resort, and its role in meeting a logistics gap is not merely to act as a transporter. It must also resolve supply chain problems (excluding procurement) when requested. In order to ensure that the Logistics Cluster is prepared and able to meet any eventuality, the WFP plans to create a support cell. The rationale for such a support cell is that several actions need to be taken (at HQ and field level) in advance of a large-scale emergency and inter-operability between the members of the cluster needs to be established to facilitate a streamlined and efficient response. The cell consists of staff in HQ and the field tasked to: coordinate the Logistics Cluster, develop criteria for applying the Logistics Cluster concept, develop standard operating procedures and terms of reference, devise templates for operational plans and NFI pipeline reporting, integrate the clusters, collate and disseminate information, devise training modules, draft logistics-related agreements and service contracts, build inter-agency and government relations in the field, etc. **(Ref: Budget line 1)**

It should be noted that the Logistics Cluster developed its workplan on the assumption that other sectors (emergency shelter, water, sanitation, food, health, etc.) in most circumstances will manage their own logistics as part of an integrated supply chain. This assumption needs to be verified as it has obvious budgetary implications. The cluster lead would provide inter-agency logistics services as a "last resort" when the size and magnitude of the logistics challenges require more robust inter-agency coordination and action. Requests from other agencies or cluster leads, vetted through the HC and Country Team, would be the basis of considering providing such "last resort" services.

FINANCIAL SUMMARY (for more detail please refer to Annex VI)	
Item	US\$
Lead role (support cell)	2,403,980
Capacity building (staff and training)	4,519,000
Core facility	1,580,000
Stockpile	160,000
Preparedness and contingency planning	390,000
Total	9,052,980

9. NUTRITION CLUSTER

9.1 CLUSTER LEAD: UNICEF

INTRODUCTION

Access to food and the maintenance of adequate nutritional status are critical determinants of people's survival in a disaster. 50% of all child deaths globally each year are attributable, either directly or indirectly, to under-nutrition. Yet as articulated in the Humanitarian Response Review (HRR), reducing severe under-nutrition and related mortality in emergencies is a global crisis that has received neither the resources nor the attention it deserves.

Under-nutrition increases dramatically, and kills most rapidly, in emergencies. Most people do not die due to conflicts or natural disasters themselves, but rather to resulting food shortages, lack of safe water, inadequate health care, and poor sanitation and hygiene. The vast majority of children succumb to measles, diarrhoea, respiratory infections and severe under-nutrition. Although the risk of mortality is highest in children who are severely undernourished, both severe *and* moderate under-nutrition must be reduced, as most of the mortality (in absolute numbers) is linked to moderate under-nutrition.

As long as people remain undernourished, we will be unable to meet and sustain achievement of any of the Millennium Development Goals. The IASC Cluster approach provides an opportunity to analyse, treat and prevent under-nutrition holistically and inter-sectorally. The coordinated approach will enable the humanitarian community to assess and respond comprehensively to the underlying causes of under-nutrition in emergencies—providing a more sustainable solution to communities and governments.

Preventing and managing under-nutrition is the most cost-effective approach to reducing the burden of mortality and under-nutrition in children under 5. The IASC Cluster mechanism provides a momentous opportunity to save countless lives.

GAPS

1. **Coordination:** a major gap in addressing under-nutrition has been the segmented approach in which action has taken place. Since each organisation often focuses on one distinct underlying cause of under-nutrition—disease, access to food, care, or water, sanitation and environment—often without coordination, the combined impact of these actions has not been maximised. There is enormous potential within the IASC approach to remedy this gap;
2. **Capacity Building:** while pockets of capacity exist within certain organisations and certain regions, a predictable, standardised and sufficient response in nutrition cannot be systematically guaranteed in each emergency. UNICEF, which leads the cluster, must strengthen its own capacity, as well as the capacity of other international and local organisations, including Governments;
3. **Emergency Preparedness and Response Triggers:** Clear and unambiguous internationally accepted criteria to classify the different types of a “nutrition emergency” need further development. Further, once an emergency has been declared, clear standards to guide the response, with transparent processes and accountability, must be endorsed by all actors;
4. **Assessment, Monitoring and Surveillance:** The onset of a humanitarian disaster is often plagued by a lack of quickly available information. Further, once assessments have been undertaken, they are often uncoordinated among agencies and sectors, with varied results. Inter-sectoral assessments focusing on the many underlying causes of under-nutrition, undertaken with a commonly agreed upon methodology, would significantly streamline an emergency nutrition response;
5. **Supply:** A quick humanitarian response is often obstructed by a lack of supplies readily available in countries. Stockpiling supplies, facilitating in-country procurement, and clarifying operational procedures for procurement would greatly remedy this gap. Furthermore, there is a lack of standardisation and quality control of fortified products.

ACTIVITIES TO FILL THE GAPS

The total cost of cluster activities for capacity building (described immediately below) for one year, is US\$ 4,321,550. This is the cost of activities that are above and beyond ongoing work in the area of emergency Nutrition encompassed within individual organisations and existing working group mandates. The activities and costing articulated in the work plan reflect priority strategic activities considered to have the most immediate impact on humanitarian response. It is important to highlight

that Nutrition, Food Aid, and Livelihoods has been identified as a 'gap area' and as such, will require initial investment costs in order to generate a systematic improvement in this area. These "start-up" costs have been incorporated into the cluster cost estimate.

It should be stressed that additional funding is required not only for the lead agency to coordinate and deliver in many technical areas for which it is leading, but also for the participating IASC members and NGOs who also manage Nutrition initiatives globally and who will be required to contribute to the activities in the Nutrition Cluster implementation plan. The Nutrition cluster currently has wide participation, including NGOs, technical institutions and organisations, and hopefully in future, bilaterals.

The activities described below have already been initiated, as of 1 January 2006. Agencies are maximising their capacities to contribute to these important activities, despite a significant lack of funding. It will not be possible, however, to achieve the final result of accountable, predictable and effective humanitarian response in nutrition, without the commensurate resources to fully implement the Nutrition Cluster action plan attached in Annex VII.

Capacity Building

1. **Coordination:** The IASC cluster approach provides an important opportunity for the humanitarian community to tackle under-nutrition with a common objective, pooled resources, and a coordinated approach to address all the underlying causes of under-nutrition in any given context. The Nutrition Cluster has already developed a close collaborative working relationship with the WHO-led Health Cluster, and is in the process of articulating the links with WFP in its capacity as lead agency for Food, and FAO as lead agency for Livelihoods and Agriculture. Furthermore, the IASC approach provides a forum for a coordination process that is truly reflective of all actors in the nutrition humanitarian community, engaging relevant UN agencies as well as NGOs vital to an effective nutrition response. A coordination cells is required in order to: a) agree upon a conceptual framework for nutrition which informs and strengthens a collective nutrition response, b) develop and endorse tools and policies that enable inter-sectoral analysis and response to under-nutrition; c) facilitate the development and placement of surge capacity; and d) raise international attention and awareness to global crises of under-nutrition. The coordination cell, hosted by UNICEF HQ, is limited to 2-4 years, and will operate with the overall objective of building institutional and government capacity to provide a systematic, reliable, and predictable response to nutrition in emergencies;
2. **Capacity Building:** The cluster has initially defined building capacity as skilled human resources, application of a common conceptual framework availability of training materials, endorsement and application of common policies and guidelines, etc. To build and sustain effective capacity in nutrition, the cluster proposes a more in-depth capacity mapping exercise. The results of this assessment will further guide the capacity building activities. However, the cluster has prioritised the development and rolling out of standardised training materials as a definite gap. There is a need to provide training in standardised assessment, as well as emergency nutrition response. These training materials will be focused on in 2006;
3. **Preparedness and Response Triggers:** In order to have a systematic response, consensus must be reached on the classification of the different types of "nutrition emergencies." The cluster has prioritised activities to: a) endorse/expand upon existing indicators and thresholds to classify nutrition emergencies; b) integrate food security, livelihood, health and nutrition indicators into information systems; and c) develop country profiles to identify vulnerable countries and in-country capacity to respond;
4. **Assessment, Monitoring and Surveillance:** In order to determine when and how the humanitarian community must act in order to mitigate the effects of a nutrition emergency, appropriate tools must be available that quickly collect inter-sectoral data, provide guidance for programmes, and subsequently monitor performance. The situation must continue to be monitored and programmes revised as situations evolve. Priority activities within this area include developing an inter-sectoral rapid assessment tool, endorsing or modifying existing nutrition benchmarks, such as those developed under Sphere, and a subsequent monitoring tool to measure performance, as well as joint inter-sectoral evaluations undertaken with the Health Cluster. Sphere standards will be at the cornerstone of monitoring and benchmarking tools;
5. **Supply:** It is critical for relevant nutrition commodities to be readily available during the immediate onset of an emergency. It is a priority to support the development and production of commodities that better address the nutritional needs of the affected population (e.g. fortified

foods, ready-to-use therapeutic foods, multi-micronutrients, etc.) and to develop standardised operational procedures to streamline and stockpile emergency supplies.

Stockpile

A stockpile of nutrition commodities and non-food items is required in preparation for one humanitarian emergency with 800,000 beneficiaries. The list of stockpiled supplies include:

- Therapeutic Feeding Kits (registration & feeding) for 100% coverage of severely undernourished children (150 kits, US\$ 194,626);
- Supplementary Feeding Kits (registration & feeding) for 100% coverage of moderately undernourished children (200 kits, US\$ 164,100);
- Multi-micronutrients for children, pregnant and lactating women (2 RDAs weekly for 600,000 children under 5 for 3 months, 1 RDA/daily for 170,000 pregnant and lactating women for 3 months, US\$ 400,000);
- Anthropometrics equipment (US\$ 100,000);
- Cooking supplies (family household pots, 50% of total needed for humanitarian response, US\$ 329,000).

FINANCIAL SUMMARY (for more detail please refer to Annex VII)	
Item	US\$
Capacity building	4,321,550
Stockpile	1,118,726
Total	5,440,276

In the event of a new emergency, the minimum nutrition response would cost US\$ 7,848,000. This is based on the following assumptions: an affected population of 4 million, of which 600,000 are children under 5 and 200,000 are pregnant or lactating women. In such an event, funds would be sought in a flash appeal.

10. PROTECTION CLUSTER

10.1 CLUSTER LEAD: UNHCR, UNICEF & OHCHR

INTRODUCTION

Although the IASC has recognised that protection is more than a “cluster”, the cross-cutting nature of protection requires that each cluster’s response be designed in such a way as to ensure a positive protection impact.¹⁶ Protection is not just about protecting the rights of people in need of humanitarian response; it is also about ensuring that the competent authorities and all the relevant “actors” provide effective protection. In other words, protection is about protecting rights; but it is also about protecting people. Recent experience of forced displacement has reminded the international community that there can be no meaningful humanitarian response unless protection challenges are addressed and protection concerns are integrated and mainstreamed in all clusters. The common responsibility to protect implies a clear understanding of this cross-cluster dimension of protection.

United Nations agencies and NGOs participating in the protection cluster at the global level have identified nine critical protection gaps¹⁷, and, based upon these identified gaps, have agreed on a broad framework for responsibility sharing, in order to ensure a more predictable protection response in the field. Consensus has also been reached on the recommended priority actions to address some of the existing gaps. Although it is intended that this framework should be flexibly applied according to local conditions, it is also recognised that proactive effort will be required to associate NGOs, particularly national and local NGOs, with these efforts.

GAPS

In the course of 2004, OCHA-IDD together with the Brookings Institution identified in a report called “*Protect or Neglect*” key protection gaps in humanitarian response, emphasising that these gaps were mainly related to the protection of the internally displaced. Building on this report, as well as other reports issued in 2005, the protection cluster re-examined these gaps at both field and global levels in order to ensure a more predictable and efficient response to new emergency situations of internal displacement and countries selected for priority and phased implementation of the cluster approach. The protection cluster has identified the following main categories of gaps at the global level:

1. Human resource capacity to support the activities of the cluster;
2. Information and knowledge management;
3. Standby capacity;
4. Development of tools and frameworks for the implementation of protection responsibilities;
5. Capacity building;
6. Core facility costs;
7. Costs associated with emergency preparedness and contingency planning functions.

ACTIVITIES TO FILL THE GAPS

1. UNHCR will require two posts at headquarters in order to support the global protection cluster. For now existing posts will be re-profiled, and may be filled with assistance from partner agencies. These functions will be reserved exclusively for support to the global protection cluster. At the field level, in order to ensure timely support, an additional single post will be established in Africa;
2. To address the gap in information and knowledge management UNHCR will engage a consultant, possibly on deployment from a partner agency, to service field operations and agencies participating in the protection cluster. The consultant’s duties will include website maintenance and management of information related to developments in the field. The information concerned is anticipated to relate to statistics, strategy documents, country-of-origin information, best practice, tools and guidance for operational preparedness, minutes of

¹⁶ For example, in order to ensure protection against GBV, it is essential that camp design, access to water and sanitation facilities, mechanisms for food distribution etc. take proper account of the specific protection needs (in particular) of women and girls.

¹⁷ Rule of Law and Justice; Prevention and Response to Gender-based Violence; Protection of Children; Protection of Others with Specific Protection Needs; Prevention and Response to Threats to Physical Safety and Security and other Human Rights Violations; Mine Action; Land, Housing and Property Rights; Promotion and Facilitation of Solutions; Logistics and Information Management Support (for the cluster).

- meetings of protection working groups, and basic documents developed within and outside the IASC framework;
3. An important gap has also been identified in standby capacity. While, in the short-term, Emergency Standby Protection Capacity (PROCAP) deployments will mitigate some capacity gaps, longer-term, sustainable solutions for capacity gaps are required. (PROCAP is intended as a temporary measure to provide opportunity for participating agencies to enhance their protection deployment capacities.) Expansion in terms of both capacity and scope of existing deployment schemes (Norwegian Refugee Council (NRC), IRC/Surge, UNVs), with a particular focus on more junior protection officers, is therefore required;
 4. OCHA-IDD has made significant contributions to the development of policy with regard to IDP protection, and the Representative of the Secretary-General on the Human Rights of IDPs has made similar contributions. Nevertheless, in order to ensure a comprehensive protection response, the Protection Cluster has identified a need for operational guidelines to implement such policy. In this regard, it has recommended and started a review of the scope and adequacy of existing operational guidelines, development of new field-friendly practical guidelines, documentation of "best practice", and engagement with national authorities on the development of national legislation and policy. This activity is aimed at ensuring coherence in the operationalisation of protection and will involve all or the majority of participants in the protection cluster;
 5. With new and sometime unfamiliar responsibilities, members of the protection cluster have identified the need to train protection staff. The most efficient and cost effective means of maximising training resources is to undertake two "training of trainers" event each year, followed by an appropriate number of training events for protection staff in each of three operations in the same year. For planning purposes, it is anticipated that four training events will be required in each of the three operations, which should allow particular focus upon deep field locations. The anticipated coverage of the training schedule is all staff-members with protection or protection-related functions in various agencies;
 6. Modest core facility activities will be required to support IT and Humanitarian Information Centre (HIC) functions concerning protection developments in three operations where the cluster approach has been prioritised. Emergency telecom equipment for these three operations will be procured;
 7. Based upon a scenario of a single emergency involving 500,000 persons, the protection cluster envisages the deployment of multifunctional (inter-agency) protection teams for six months in order to support and ensure implementation of responsibilities in these nine gap areas. It is suggested that related requirements be requested through a separate appeal;
 8. Related expenditures in the Cluster are grouped into two phases:
 - a) Global capacity building, including limited technical support, overall liaison, training and development of frameworks. These costs are included in this Appeal;
 - b) Immediate response in case of emergency, including deployment of staff and stockpiling. These costs will be sought in subsequent appeal.

FINANCIAL SUMMARY (for more detail please refer to Annex VIII)¹⁸	
Item	US\$
Support cell in Africa and at headquarters	700,000
Publication and information exchange and knowledge management	275,000
Standby capacity <i>(excluding ProCap, temporarily administered by OCHA-IDD and NRC, which is fully funded in 2006 – approx. US\$ 4.4 million – and hence not appealed here.)</i>	900,000
Development of frameworks/operational tools	150,000
Deployment of emergency response teams	400,000
Sub-total lead role	2,425,000
Capacity building	500,000
Core facility costs	195,000
Total	3,120,000

- A) Global capacity building, including limited technical support, overall liaison, training and development of frameworks. This costs US\$ 3,120,000 and is included in this Appeal (plus approx. US\$ 4.4 million for ProCap in 2006, already fully funded, though un-funded for 2007).
- B) Immediate response in case of emergency, including deployment of staff and stockpiling. This costs US\$ 2,100,000 and could be sought in subsequent appeal.

¹⁸ Costs associated with registration of IDPs have been reflected in the estimates provided by the Camp Coordination and Management Cluster.

11. WATER, SANITATION, AND HYGIENE (WASH) CLUSTER

11.1 CLUSTER LEAD: UNICEF

INTRODUCTION

The growing number, frequency, and severity of emergencies have highlighted the critical importance of water, sanitation, and hygiene during humanitarian response. Ensuring a judicious mix of water, sanitation, and hygiene actions in any crises is critical to overall public health; good nutrition; children's education (especially that of girls); women and girls' privacy, dignity, and safety; reducing tensions among affected populations and protecting the environment. Water, sanitation and hygiene also help to create an enabling environment for those who carry out humanitarian programmes.

The WASH cluster working group identified the key areas and gaps that need to be put into place or filled to create an effective response capacity through sound planning, effective collaboration and co-ordination, and providing greater coherence to a worldwide system approach.

GAPS

1. **Assessing Sector Capacity:** There are an increasing number of agencies operating in the water and sanitation sector. While many more-established agencies have strong operating presence backed up by experience and equipment, many of the newer, smaller ones do not. There is a need to look at the capacity of all the key agencies and improve interagency planning;
2. **Strengthen Surge Capacity:** At the moment each agency develops its own capacity to respond to emergencies depending on the country and the resources available. For many agencies this is a hit and miss process depending on availability of technical staff and donor support;
3. **Strengthen Coordination:** With the increasing range of complex emergencies and number of agencies in the WASH sector, providing a coherent range of services across the sector has become difficult. In the last five years there has been considerable criticism by the donors and international community about the lack of coordination within the sector;
4. **Development of Supply Assistance:** Many agencies over the years have developed their own equipment and use this as part of their response. Knowledge about the amount of equipment and its specifications needs to be shared and reviewed in terms of compatibility. Equipments need to be standardised, and new technologies developed;
5. **Training and Orientation:** Emergencies over the past few years have shown that there is a critical need in the WASH sector to upgrade and increase the skill level at the international, regional, and national levels. Training options need to be developed at these levels in order to build sector preparedness and response capacity. There needs to be a particular focus on the importance of Hygiene;
6. **Standard Setting and Performance Indicators:** With such a wide range of operating partners, many with little emergency experience, there is a need to improve service delivery and suitability through greater understanding of technical performance standards and ensuring their consistent use. SPHERE standards were developed 10 years ago and upgraded in the last few years. It is necessary to review the use of SPHERE with existing WHO standards and clarify clearer operating standards;
7. **Monitoring and Advocacy:** Some of the larger agencies have good monitoring mechanisms in place to measure and review impact. However, many agencies have yet to monitor sufficiently;
8. **Resource Mobilisation:** It is important that the resource needs are identified and that funding strategies are in place to raise the required resources on time;
9. **Dedicated Cluster Support Team:** To address the above issues a dedicated team in New York and Geneva will be needed.

ACTIVITIES TO FILL THE GAPS

1. To identify available and deployable resources in the WASH cluster, including mapping where and how to fill critical gaps and weaknesses. A dedicated staff member, based in Geneva, will be required for this activity;
2. To ensure preparedness for rapid deployment of technical expertise. This includes establishing an emergency personnel roster and developing standby arrangements;
3. To ensure that agreements on the coordination function and requirements are in place during any humanitarian crisis and matched with core competencies for an effective and coordinated response. This requires developing a close relationship with all the key agencies;
4. To research and share information on emergency supply specifications and performance, including standard items and equipment kits for compatibility and product development. This

- includes: a) a review and assessment of all stocks of emergency water equipment; b) an assessment of cooperation with commercial companies; and c) an appraisal of emerging new technologies with potential for application in emergencies;
5. To identify where the greatest needs and skill upgrading is required at the international, regional, and national levels. To build and develop relationships with international institutions to assist in putting relevant training options in place to build sector preparedness and response capacity;
 6. To work with the key agencies and institutions in order to better understand and agree on the use of SPHERE and WHO standards;
 7. To work with all key partners to ensure that appropriate monitoring mechanisms are in place to measure and review impact against implementation plans;
 8. To ensure that the sector has the resources and funding strategies in place to meet the needs of the beneficiaries in times of crisis;
 9. None of the above will be possible without a support cell. This dedicated team is the key driver and engine behind this cluster. Its job is to bring relevant agencies together to work in the same direction and collaborate in addressing the issues and gaps already high lighted. The lead agency is also the agency of last resort: this requires more trained staff, and better regional and national structures.

FINANCIAL SUMMARY	
Item	US\$
Support cell for the cluster	660,000
Regional expertise in 3-7 Regions	525,000
Operational costs to put in place new posts	600,000
Sub-total for lead role	1,785,000
Post to address sector capacity	175,000
Travel costs	100,000
Training	800,000
Supply, stocking, and development of new technologies	500,000
Total	3,360,000

ANNEX I.**DETAILED BUDGET FOR CAMP COORDINATION & CAMP MANAGEMENT CLUSTER****1. COST OF LEAD ROLE****Limited Support Cell/Extra**

Activity	Cost (US\$)
Two full time positions at the HQ of the Cluster Lead Agency (Conflict-generated IDPs, UNHCR) *	825,000
* See the explanation in the narrative part/budget	
Establishment of support functions/ capacity for Complex Emergencies – mainly decentralised and field based: Full time position in Asia (1 position), and Africa (3 positions UNHCR)	
Two full time positions at the HQ of the Cluster Lead Agency Natural Disasters (IOM)	825,000
Establishment of support functions/ capacity for Natural Disasters – mainly decentralised and field based: Full time position in Asia (1 position), and Africa (2 positions), South/Central America (1 position) (IOM)	
Advocacy/ Resource Mobilisation <ul style="list-style-type: none"> • Assess financial and resource implications of achieving predictable and effective cluster and accountable sectoral lead agency at global and national levels; • Engage in donor dialogue to develop consistent and sustain funding for camp care and maintenance preparedness and response; • Support the Interagency Camp Management Project and strengthen the IASC involvement in the Camp Management Toolkit initiative; • Explore how to use CAP more effectively to secure funding for multi sectoral camp management projects involving multiple actors. 	
Sub total	1,650,000

Publication/Info Exchange

Activity	Cost (US\$)
• Two Information Management Officers positions field based (Nairobi/ Accra);	275,000
• Two Information Management Officers positions field based (Manila/ Panama).	275,000
Sub total	550,000

Development of Frameworks

Activity	Cost (US\$)
Policy/ Operational Preparedness	
• Develop guiding principles on camp management (1 staff at NRC);	90,000
• Support for Information Management and IT requirements (1 staff at IOM Manila);	90,000
• Develop IT application in support of the revised Camp Management Toolkit;	
• Define cluster responsibilities toward different categories of settlement in camp definition;	500,000
• Discuss and agree on which agency (ies) might take on the role as sector leader in natural disasters;	
• Embark on pilot projects and document "best practices".	100,000
Revise and update Camp Management Tool Kit (including Pocket version and CDs).	110,000
Sub Total	890,000

2. CAPACITY BUILDING

Clusters Training

Activity	Cost (US\$)
3 Training of Trainers aimed to train 50 – 60 trainers	230,000
10 Training of Camp Managers aimed to train 200 staff	290,000
Sub Total	520,000

Governments – ministries, specialised training, (government financed + member states, training their own human resources)

Activity	Cost (US\$)
Develop and implement guidelines and training modules for national actors; Develop partnership models/Memorandum of Understanding (MoU) models for national actors, in particular national NGOs (NRC).	50,000

Total costs requirements for the Camp Coordination and Camp Management Cluster: US\$ US 3,660,000.

It does not include costs for immediate response in case of emergency: US\$ 9,800,000 (detailed below), which will be sought in subsequent appeals.

3. SYSTEM-WIDE COSTS – CORE FACILITY COSTS

Logistics (including minimum stockpiling)

Activity	Cost (US\$)
Emergency equipment for camp management	2,030,000

Note: Field Cost for 1 emergency of 500,000 beneficiaries based on Scenario 2, including regional stockpiling of the items and transportation to the emergency by air.

Telecom

Activity	Cost (US\$)
Emergency equipment for camp management	90,000

Note: Field Cost for 1 emergency of 500,000 beneficiaries based on Scenario 2, including regional stockpiling of the items and transportation to the emergency by air.

Global Strategic Stockpile

Activity	Cost (US\$)
Registration items stockpile	300,000
Registration hardware/ software	100,000
Sub Total	400,000

Note: Registration items stockpile for 500,000 persons.

4. Preparedness + Contingency planning

The Camp Coordination and Camp Management Cluster initially considered as the global capacity of the cluster to plan for 3 simultaneous emergencies of 500,000 beneficiaries. For this report, the cost planning is for 1 emergency of 500,000 beneficiaries. The middle scenario of 25 camps of 20,000 persons each was taken for the costing. Note that for camp management and camp coordination, the number of camps greatly changes the costs involved.

Planning assumptions:

Cost of national/ local support staff (which would be approximately 5 times the number of international staff at a minimum) is NOT included. As such, the radio, computer and vehicle needs of the additional staff are NOT included in the chart.

Cost of equipment needed for camp management/ coordination only includes the one-time procurement cost - it does not include the running cost, such as fuel for vehicle/ generators/ toner/

cartridges/ stationary etc. Vehicles, computers, generators and photocopiers planned assume dedicated fleet/ equipment for camp management activities.

The cost covers a requirement for running the camps. It does not include for example, costs related to one time large investment for registration exercise in the camp (temporary staffing cost, procurement/ reallocation of assets such as computers/ generators etc.), which could be around US\$ 1.30 million – US\$ 1.55 million per location in this planning scenario.

	Activity	Cost (US\$)
1.	Establishment of new camps, including negotiations with government/ local authorities. Coordination at the regional level with various agencies and stakeholders. Deployment of 30 Camp Coordinators.	600,000
2.	Establishment of camp coordination structures among agencies, including sectoral meetings at each camp level. Deployment of 75 Camp Managers.	1,500,000
3.	Equipment for establishment of camp management/ coordination (Vehicle, Radio, Computers, Generators, Photocopiers)	2,120,000
4.	Election of camp coordination structure among beneficiaries. Capacity building and support to set up basic administrative structures including beneficiary committee for food, emergency shelter, water/ sanitation, health, security etc. Deployment of 30 Camp Governance/ Community Mobilisation Officers.	600,000
5.	Immediate assessment and creation of referral and response mechanism in the camp for sexual and gender based violence (SGBV), Child Protection and gender issues. Deployment of 75 Protection/ SGBV/ Gender/ Children Officers.	1,500,000
6.	Establishment of camp security - either in negotiation with the host government/ local authorities/ security apparatus in the area or establishment of camp security "guards" of beneficiaries. Deployment of 30 Security Officers.	600,000
7.	Registration of camp residents and issuance of entitlement card. Followed by issuance of some type of identity document in consultation with the government/ authorities, if situation is conducive. Deployment 9 Registration Officers.	180,000
8.	Mapping of all camps in the operating area and of the camp addresses within the camp, if feasible. Establishment of camp addresses to facilitate assistance delivery and registration. Deployment of 6 Database managers/ GIS Officers.	120,000
9.	Training of newly recruited staff on their role/ activities in camp management, code of conduct and roles & responsibilities of various organisations working in the camp. Deployment of 3 Training Officers.	60,000
Grand Total		7,280,000

Cooperation with other Clusters:

- The Emergency Shelter Cluster plans NFI/ Emergency Shelter set-up cost for the camps;
- Protection/ SGBV/ Gender and Children issues within the camp are included in this Cluster. Overall Protection needs, including Capital level advocacy/ government liaison for a caseload of 500,000 plus the scenario for non-camp situation - i.e. dispersed settlements of 500,000 persons is planned by the Protection Cluster;
- The Health Cluster covers health needs in the camp;
- Logistical needs including in-camp movement/ transfer of goods/ support to shelter construction is planned under Logistics Cluster;
- Food needs are covered by the Food and Nutrition Cluster;
- General telecommunication needs is covered under the Emergency Telecommunications Cluster. The planning figure in the Camp Coordination Cluster includes only the set up of base station in each camp, plus handsets for the staff working in the camp.

All UNHCR specific requirements are subject to Operations Review Board (ORB) approval.

ANNEX II.

DETAILED BUDGET FOR EARLY RECOVERY CLUSTER

Cluster Working Group on Early Recovery (CWGER)

Cluster Costing Requirements for Capacity Development and Maintenance

Key Strategic Action	Agencies	Estimated Requirements (US\$)	Maintenance Cost [1]
<p><u>Cluster Capacity Development - cluster set-up and maintenance costs</u></p> <p>This includes: Support cell functions and coordination support, roster set-up & maintenance; Knowledge management / ensuring availability & use of tools and methodologies; Managerial responsibilities and technical input of Focal Point agencies; Information system design and implementation.</p>	UNDP for the CWGER	540,000	36-month L4 contracts
	FAO	180,000	12-month L4 contract
	ILO	180,000	12-month L4 contract
	UN-HABITAT	180,000	12-month L4 contract
	UNICEF	180,000	12-month L4 contract
	UNDP for the CWGER	150,000	Coordination meetings and operational costs
	ILO	200,000	Induction courses
	UNDP for the CWGER	100,000	Workshops
	OCHA	40,000	Short-term consultancy (4 W/M) for information management systems
<i>Sub-Total (cluster capacity development)</i>		1,750,000	
SURGE CAPACITY			
<p>Deployment of Initial Transitional Recovery Team Liaison with humanitarian operations & other clusters Initial damage/needs assessment Initiate strategic planning process inc Flash Appeal Identify additional expertise required</p>	UNDP	205,000	Reserve for 1 deployment (3 staff members), minimum IT/Comms equipment and local expenditures
	UN-HABITAT	15,000	Reserve for 1 deployment
	ILO	15,000	Reserve for 1 deployment
	FAO	15,000	Reserve for 1 deployment
	UNFPA	50,000	Reserve for 1 gender expert deployment
	UNICEF	15,000	Reserve for 1 deployment
<p>Deployment of Complementary Recovery Team Continued support to RC/HC/UNCT Continued liaison, info and comms Refine needs assessment/sectoral Reinforcement of sectoral expertise</p>	UNDP	120,000	Reserve for 1 deployment, local expenses for expertise and support
	UN-HABITAT	50,000	Reserve for 1 deployment
	UNICEF	50,000	Reserve for 1 deployment
	ILO	50,000	Reserve for 1 deployment
	FAO	50,000	Reserve for 1 deployment
	UNFPA	30,000	Reserve for continued gender expertise
<i>Sub-Total (Surge Capacity)</i>		665,000	

TOTAL CLUSTER REQUIREMENTS

2,415,000

ANNEX III.**DETAILED BUDGET FOR EMERGENCY SHELTER CLUSTER****Cost of the lead role:**

Item	Description	Units	Unit cost	Total Cost	Basis of Calculations
1. Cost of Lead Role					
Cluster Chair UNHCR		1	190,000	190,000	
Emergency Shelter Expert UNHCR	Support for the cluster	1	180,000	180,000	To enhance clusters contribution
Programmes assistant UNHCR	Support for the cluster	1	107,000	107,000	
2 Regional Posts UNHCR		2	184,000	368,000	
Roster maintenance fees	Lump sum	1	50,000	50,000	Mainly RedR International for their services
Total				895,000	

Capacity building

Item	Description	Units	Unit cost	Total Cost	Basis of Calculations
2. Capacity Building					
Training	To UNHCR	3	50,000	150,000	Three trainings envisaged in 2006
Consultancy Training & Policy	To UNHCR	8	12,000	96,000	
Snr. Technical Officer	IOM/ UN-HABITAT/ OCHA	3	180,000	540,000	To enhance members contribution
Training Consumables	Lump sum to UNHCR	1	10,000	10,000	
Total				796,000	

Total costs requirements for the Emergency Shelter Cluster: US\$ 1,691,000.

This does not include the following immediate response in case of emergency: up to US\$ 35,437,000, which will be sought in subsequent appeals.

Global strategic stockpiles

Item	Description	Units	Unit cost	Total Cost	Basis of Calculations
4. Global Strategic Stockpile (for 1 new emergency of 500,00 people)**					
Family Tents					
a. Ridge type	4.0mx4.0m ridge type	50,000	140	7,000,000	One tent for 5 persons
b. Light Weight Em. Tent	3.0mx5.50m	50,000	200	10,000,000	One tent for 5 persons
Community Tents		500	700	350,000	One tent for every 1,000 persons
Plastic sheeting	4.0mx5.0m with eyelet	100,000	7.20	720,000	One sheet for 5 persons
Blanket	1.5mx2.0m	500,000	3.10	1,550,000	One blanket for one person
Mattress		100,000	11	1,100,000	One mattress per family
Mosquito net		200,000	4.60	920,000	Two per family
Jerry cans (10L)		200,000	1.50	300,000	Two per family
Buckets (14K)		200,000	1	200,000	Two per family
Kitchen sets		100,000	15	1,500,000	One per family
Stoves		100,000	10	1,000,000	One per family
Tools	Combination of tools	50,000	35	1,750,000	1 set shared between two families
Transportation by air and land				5,000,000	On the average 20% of value
Storage				0	Usually free of charge
Handling				1,000,000	Estimated Lump sum
Total				32,390,000	

Per operation

It is suggested that the requirements below be requested through a separate flash appeal or a second appeal on preparedness and stockpiling.

Item	Description	Units	Unit cost	Total Cost	Basis of Calculations
Deployment (field costs)		<i>(Up to these numbers)</i>			
Snr. Technical Coord.	In the field	2	207,000	207,000	These are the costs of deploying the required emergency personnel in one emergency situation for an initial period of 3 months #
Snr. Technical Officer	In the field	10	180,000	900,000	
Technical Assistant	In the field	15	107,000	802,500	
Supply Officer	In the field	5	151,000	377,500	
Information, Report Officer	In the field	5	117,000	292,500	
Land Tenure Officer	In the field	1	180,000	90,000	
Community Services	In the field	5	151,000	377,500	
Total				3,047,000	

UNHCR costs are subject to ORB approval.

ANNEX IV.

EMERGENCY TELECOMMUNICATIONS CLUSTER COST ESTIMATES

Global Costs (Annual Recurring Costs)

1. Cost of Lead Role (recurring)	US\$ 430,000
<ul style="list-style-type: none"> ▪ Limited support cell; ▪ Publication/Info Exchange; ▪ Development of Frameworks. 	
2. Capacity Building (recurring)	US\$ 310,000
<ul style="list-style-type: none"> ▪ Clusters training; ▪ Technical and procedural training for UN, NGOs and Stand-by Partners. 	
3. System-wide costs – Core facility costs (recurring)	US\$ 2,820,000
<ul style="list-style-type: none"> ▪ Coordination and Regional staff to carry out coordination, management and preparedness activities including assessments, evaluation, surveillance and benchmarking. 	

Global Strategic Stockpile

4. Global Strategic Stockpile	US\$3,140,000
<ul style="list-style-type: none"> ▪ Identify preposition requirements by cluster; ▪ Global system-wide support and stockpiles will spill over; ▪ Need to determine which costs are additional to maintain stockpiles. 	

Cost Per Emergency (financed from Flash Appeal)¹⁹

5. Per Operation	US\$ 3,255,000
<ul style="list-style-type: none"> ▪ Equipment and Transportation Costs ▪ Deployment of Additional Staff ▪ Local & national Capacity Building/Training 	(US\$ 2,240,000) (US\$ 930,000) (US\$ 85,000)

¹⁹ This estimates the cost of providing essential inter-agency emergency telecommunications resources, equipment, and services for an affected population of 500,000 for the first six months in five separate sites. Assessment and related staff costs are part of the preparedness costs and hence not included in the emergency operation budget.

ANNEX V.**DETAILED BUDGET FOR HEALTH CLUSTER**

Action Area	Summary Title	Results delivered by end of one year: 2006 (subject to resources)	Resources (US\$)
1, 2	Emergency Health Information Service	A. Background standard health profiles produced and disseminated for 16 most significant disaster countries	200,000
		B. Common Cluster policy positions on 4 key policy issues agreed and published.	50,000
5, 6	Predictable and Accountable capacity	C. Self Improvement action plans published by all Health Cluster members	-
		D. Core Commitments to humanitarian health action agreed by all Cluster Members	-
7, 8, 10, 11	HEAR-NET	E. 100 people trained through 3 courses	1,000,000
		F. HEART roster and deployment system functional and able to deal with three major crises	200,000
12, 16	Health, Mortality and Nutrition Tracking Service	G. Standardised methods and formats for needs assessments and monitoring instituted	300,000
		H. Benchmarks, methods, and system for measuring outcomes and performance agreed system-wide	300,000
		I. Tracking Service rolled out in all new major emergencies, and 3 ongoing major crises	1,500,000
17, 19, 20	Humanitarian Health Action Plans	J. Common Plans agreed in all major new emergencies in 2006 including their information, advocacy and resource mobilisation aspects	250,000
18	Lesson learning and accountability	K. Common methodology established and used to conduct joint reviews and evaluations in relation to all major new emergencies and 3 selected ongoing crises.	450,000
		TOTAL	4,250,000

The table below estimates the costs of providing humanitarian health assistance for an affected population of 500,000 for the first three months. This assumes a sudden or rapid-onset medium-to-serious disaster, with an average pre-disaster population profile of a country of low human development index, and at least 65% post-disaster disruption of local coping and support capacities - thus necessitating at least 75% dependence on external assistance to meet basic needs, aspiring to achieve benchmark²⁰ health outcomes.

²⁰ Projected benchmarks. Subject to outcome of Consultation and Consensus WHO-hosted Meeting on Assessing and Tracking Humanitarian and Health Outcomes, Geneva, 1-2 December 2005.

Service line	Cost (US\$)
Initial assessments and establishment of emergency presence ²¹	50,000
Essential drugs and medical supplies including transport and distribution ²²	750,000
Essential public health protection and promotion ²³	750,000
Human resources for delivering basic primary and hospital care ²⁴	5,800,000
Health and Mortality Tracking and Assessment of Humanitarian Outcomes, and after-action review/lesson learning ²⁵	300,000
Cluster Coordination services ²⁶	650,000
Total for one emergency	8,300,000
Total for three emergencies	24,900,000
Unit cost per beneficiary per month	5.5

²¹ Five HEAR-NET people for 2 weeks: subsistence and support 300 US\$/day x5x14 + 4,000 US\$ travel, plus approx 10,000 US\$ field costs (salary costs of HEARNET are not included here)

²² Essential medicines and supplies: NEHK for 500,000/3 months: 230,000; Diarrhoea kits (buffer stock for first 500 cases): 20,000; UNFPA kits (1-11) for 500,000: 190,000; Trauma etc kits (buffer stock for 500 cases: 80,000; 30% of airfreight, etc: 160,000; International and local supply management: 70,000.

²³ Including a measles vaccination campaign (9 months-15 years), to target 200,000 at @ 2 US\$/ vaccination; setting up disease surveillance system, investigation and follow-up of conditions of public health importance.

²⁴ Assuming ratio of 1: 300 population, including front line workers (physicians, nurses) as well as technicians (e.g. lab) and administration and logistical staff distributed as follows: approx 95% would be local staff (1500 @ average 450 US\$/month x three months: 1.8 million and 5% (100) are expatriates on short-term contracts at unit cost of US\$ 40, 000 for three months (including salary, DSA, travel): 4 million.

²⁵ Unit costs of basic mortality and health and humanitarian outcomes tracking service are about 250,000.

²⁶ Includes information management, situation reporting, appeals and resource mobilisation, programme reporting, etc. Calculations include costs of 10 HEARNET people in two field offices in disaster area and in capital city as well as costs of telecom, in-country transport, specialist support, and allowance of 50,000 for HQ-based Cluster costs.

ANNEX VI.**DETAILED BUDGET FOR LOGISTICS CLUSTER**

No.	Description of Actions	Details	Estimated Yearly Requirement
COST OF LEAD ROLE			
1	Support Cell	6 Inter-Agency Emergency Preparedness and Response Logistics Officers in HQ; 1 Inter-Agency Emergency Preparedness and Response Logistics Officer in each region (6 in total); 1 administrative assistant in HQ; Equipment/travel/DSA for Support Cell staff**	2,403,980
CAPACITY BUILDING			
a. RECRUITMENT OF STAFF			
2	Update of the Stockpile programme in OCHA's Central Register i.e. inclusion of modules for mapping	One Consultant for analysis of current programme and recommendation of modifications (1 month)	15,000
3	Developing and maintaining relief Items stockpile databank (OCHA)	One database manager	110,000
4	Global mapping of commodities, including tracking of commodities during large-scale emergencies - upstream and downstream (UNJLC).	One database manager	150,000
5	Logistics Response Team (LRT) WFP (6), UNICEF (2), UNHCR (2), WHO (2), IOM (2), UNHAS (4), UNJLC (2), UNOPS (2)	Dedicated staff for Logistics Response Team** and Establishment of Rosters	3,300,000
6	Training officers WFP Air (1), UNJLC (1)	Organising dedicated training for air experts and officers on LRT Roster.	300,000
7	Training officer (WFP)	Implementation of expertise exchange programme	150,000
** It is acknowledged that inter-agency staff in the LRT may be required to undertake activities for which their parent agencies are the cluster leads, concurrent to their logistics functions in the LRT. This will ensure inter-operability within the Clusters themselves.			
b. TRAINING SESSIONS			
8	Logistics training certification programme	Participation to logistics training programme (50 X 2,000)	100,000
9	Organisation of LRT training, including participation into exercises (DFID, TRIPLEX)	Organisation of 3 training workshops in 2006 (88,000 x 3) and two exercises (2x 20,000)	304,000
10	Organisation of training of dedicated staff for de-congestion of airfields and managing MCDA air assets at the onset of large-scale emergencies	Organisation of 3 training workshops in 2006 (30,000 x 3)	90,000
CORE FACILITY COSTS			
11	Fly away kits for LRT and staff for de-congestion of airports and management of air assets.	Fly away kits (6 x UNJLC; 6 x WFP Air; 2 x 5 Agencies) 2 x HF Radios, office equipment, maps, 2 VHF bases, 2 VHF repeaters, VHF handset radios, 2 IMMARSATS	300,000
12	Pre-positioning of vehicles	10 FWD, MOSS compliant vehicles	400,000
13	Emergency Prefab Office + accommodation + gensets	10 Units each	360,000
14	Trust fund for activation of common logistics services, including the deployment of a Logistics Response Team (LRT) and chartering of one aircraft at the onset of large-scale emergencies.	LRT (11 x 10,000) plus Aircraft	520,000

No.	Description of Actions	Details	Estimated Yearly Requirement
GLOBAL STOCKPILE			
15	Prefabricated storage tents (HRN)	6 10x24 tents	160,000
PREPAREDNESS & CONTINGENCY PLANNING			
16	Software for global mapping and tracking of commodities	Depending on type of software. Off-the-shelf programme estimated at 60,000	60,000
17	One contingency planning officer for pursuing the logistics aspects during the inter-agency contingency planning process	One P4 level contingency planning officer	180,000
18	Mapping of logistics data related to regions which are subject to inter-agency contingency planning	GIS Officer	150,000
TOTAL			9,052,980

ANNEX VII.**DETAILED BUDGET FOR NUTRITION CLUSTER****Nutrition Cluster Working Group Implementation Plan for capacity building****Budget: US\$ 4,321,550****Working Area 1: Cluster Coordination****Budget: US\$ 1,050,000****Gaps Identified**

- No straightforward network through which to coordinate responses to nutrition in emergencies. There is inadequate coordination, management and accountability at all levels—HQ, regional, and country;
- Not a clear and standard definition of what it means to coordinate at HQ, Regional and Country Level;
- Staff resources--each agency asks for nutrition staff and does its own thing. Need better coordination and to share resources at the country level among partners and government;
- Lack of sufficient information sharing within UN Agencies;
- Lack of systematic inter-sectoral collaboration;
- Unpredictable capacity for nutrition across regions, countries and agencies.

Result	Activities	Focal Point	Partners	Timeline
IASC roles, accountabilities and process are communicated and coordinated at global and country level	1. Finalise TORs for Nutrition Cluster coordination at country and global level	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter, 2006
	2. Support IASC mechanisms to ensure that the IASC process and commitments are communicated, and endorsed within agencies at country, regional and global level	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter, 2006
	3. Quarterly face to face meetings of the global Cluster and missions as appropriate	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter and ongoing
	4. Transparent and effective coordination of IASC Nutrition cluster, as well as inter-cluster coordination with Health Cluster, Water and Sanitation Cluster and others as appropriate	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter and ongoing
	5. Develop generic TORs for emergency Nutrition Coordinators	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter, 2006
	6. Review WHO/Health Cluster HEAR-NET training course and develop an emergency nutrition coordination module to be integrated	UNICEF	WHO/Health Cluster, Nutrition Cluster	First quarter, 2006
	7. Ensure at least 20 Nutrition Coordinators are trained by 2006	UNICEF/Nutrition Cluster	WHO/Health Cluster, Nutrition Cluster	End 2006
	8. Develop inter-agency roster of surge capacity to be deployed in emergencies	UNICEF	Nutrition Cluster	2 nd quarter and ongoing

Result	Activities	Focal Point	Partners	Timeline
Timely and systematic information sharing and advocating for Nutrition emergencies takes place during all phases of the emergency	9. Facilitate timely dissemination of relevant information to the Cluster, partners, media, donors, governments, through the development of an inter-linked Health and Nutrition Information System.	UNICEF/Nutrition Cluster	WHO/Health Cluster, Nutrition Cluster	First quarter and ongoing
Funding is readily available to respond to nutrition crises, at all phases of the Emergency	10. Ensure Nutrition is systematically included in CAP appeals	UNICEF	Nutrition Cluster	First quarter and ongoing
	11. Fundraising for Nutrition is undertaken on behalf of the Cluster	UNICEF/Nutrition Cluster	Nutrition Cluster	First quarter and ongoing

Working Area 2: Capacity Building
Budget: US\$ 1,443,850

Gaps Identified:

- Unpredictable and insufficient capacity for nutrition across regions, countries and agencies

Result	Activities	Focal Point	Partners	Timeline
Global capacity of the Nutrition Cluster is assessed and national capacity assessments supported	12. Coordinate a capacity analysis of the international community's response to Nutrition emergencies using the IASC framework template	UNICEF/Nutrition Cluster	Nutrition Cluster	1 st quarter 2006
	13. Develop a national capacity assessment format/checklist	UNICEF	Nutrition Cluster	1 st quarter 2006
Staff have the skills to effectively assess Nutrition emergencies	14. Develop objectives/TOR for nutrition in emergency assessment training	UNICEF	Nutrition Cluster	1 st quarter 2006
	15. Review existing training modules	UNICEF	Nutrition Cluster	2 nd quarter 2006
	16. Harmonise training packages for ultimate development of a standardised inter-agency training curriculum on nutrition in emergency assessment	UNICEF/Nutrition Cluster	WHO/Health Cluster, Nutrition Cluster	End 2006
	17. Develop a strategy for rolling out the training, beginning with IASC Pilot countries	UNICEF/Nutrition Cluster	Nutrition Cluster	End 2006
Staff have the skills to effectively respond to Nutrition emergencies	18. Develop objectives/TOR for emergency nutrition response training	UNICEF	Nutrition Cluster	1 st quarter 2006
	19. Review existing training modules	UNICEF	Nutrition Cluster	2 nd quarter
	20. Harmonise training packages for ultimate development of a standardised inter-agency training curriculum on nutrition response	UNICEF/Nutrition Cluster	WHO/Health Cluster, Nutrition Cluster	End 2006
	21. Develop a strategy for rolling out the training, beginning with IASC pilot countries	UNICEF/Nutrition Cluster	Nutrition Cluster	End 2006

Working Area 3: Emergency Preparedness and Response Triggers

Budget: US\$ 359,800

Gaps Identified

- Lack of technical capacity to analyse and respond to information in a timely manner;
- Lack of consensus on what classifies a “nutrition emergency”;
- Lack of standardised monitoring systems of adequate preparedness; no test to see whether agencies are prepared (simulation exercises suggested);
- Lack of timely information and data to the appropriate people;
- Insufficient stock on emergency commodities for nutrition due to constraints related to resources, logistics and security;
- Lack of standardised minimal indicators for response triggers amongst international community once early warning signals are sounded;
- Insufficient definitions of accountabilities and procedures for rapid response;
- Prioritisation of emergencies often impedes ability to respond appropriately even when early warning signals are sounded;
- Lack of internationally agreed mechanism for triggering appropriate response;
- The many guidelines/protocols for operational purposes need to be mainstreamed

Result	Activities	Focal Point	Partners	Timeline
There is consensus on what determines a Nutrition emergency (chronic and acute)	22. Identify indicators/thresholds to classify Nutrition emergencies	UNICEF	SCN, Nutrition Cluster	1 st quarter 2006
Relevant information is available in order to generate prompt programmatic action	23. Ensure that the information systems of the Cluster organisations include food security, livelihoods and nutrition indicators, as well as linkages to the Health and Nutrition Clusters	UNICEF/Nutrition Cluster	WFP, FAO, WHO/Health Cluster, Nutrition Cluster	2 nd Quarter 2006
	24. Mapping of country profiles to identify vulnerability to emergencies and capacity to respond	UNICEF	WFP, FAO, WHO/Health cluster, Nutrition Cluster	1 st quarter, 2006

Working Area 4: Assessment, Monitoring and Surveillance

Budget: US\$ 783,000

Gaps Identified:

- Lack of continuous flow of consistent and reliable data for decision making (e.g., early warning systems, nutrition surveillance). Information may be available but not shared which could be due to lack of trust and transparency amongst agencies;
- Information gaps between HQs and Country Offices;
- Too many assessments which are not coordinated;;
- Lack of coherent understanding of need due to the use of many methodologies, which make it difficult to compare results;
- Lack of technical capacity to collect and analyse reliable data;
- Lack of comprehensive, long-term technical support for strategic and sustained capacity building;
- Lack of standard indicators and tools to measure programme quality and evaluate programme impact in emergencies;
- Lack of equipment at country level for assessment and use of faulty equipment.

Result	Activities	Focal Point	Partners	Timeline
Timely, accurate and standardised data exists for an appropriate and rapid response	25. Agree upon rapid assessment tool on food and nutrition issues endorsed by all agencies as the standard tool to be used	WFP, WHO/Health Cluster, UNHCR, FAO, Nutrition Cluster	WFP, WHO/Health Cluster, UNHCR, FAO, Nutrition Cluster	2 nd quarter 2006
Performance quality and programme impact is monitored and evaluated	26. Agree upon Nutrition benchmarks to be used in humanitarian response	Nutrition Cluster	Nutrition Cluster	2 nd quarter 2006
	27. Tool is developed/endorsed to monitor performance against agreed benchmarks and linked to tracking service. Tool is piloted/implemented first in IASC pilot countries	WFP, Nutrition Cluster	WFP, Nutrition Cluster	3 rd quarter 2006
	28. Joint country evaluations of IASC pilots are conducted together with WHO/Health Cluster	UNHCR, WFP, WHO/Health Cluster, Nutrition Cluster	UNHCR, WFP, WHO/Health Cluster, Nutrition Cluster	End 2006

Working Area 5: Supply

Budget: US\$ 684,900

Gap Identified

Insufficient stock on emergency commodities for nutrition due to constraints related to resources, logistics and security.

Result	Activities	Focal Point	Partners	Timeline
Relevant supplies are readily available during the immediate onset of an emergency	29. Support the development and production of Nutrition commodities that better address the needs of affected population (e.g. Ready to Use Therapeutic Foods, multi-micronutrients, etc.)	UNICEF	WFP, UNJLC, UNHAS, CWG on logistics, Nutrition Cluster	1 st quarter and ongoing
	30. Investigate ways to revise/strengthen process for procuring pre-positioned supplies	UNICEF/Nutrition Cluster	WFP, UNJLC, UNHAS, CWG on logistics, Nutrition Cluster	1 st quarter and ongoing
	31. Develop standardised operational procedures (fact sheets) to streamline and prepare for the emergency response	WFP	SCN Working Group on Emergencies, Nutrition Cluster	2 nd quarter 2006

In the case of an acute emergency, the nutrition cluster would seek an additional US\$ 7,848,000 via a flash appeal. This figure is based on a series of assumptions, which are outlined below.

- An affected population of approximately 4 million people. Average proportion of children under 5 is 15%, beneficiaries are 600,000 children under 5; 200,000 pregnant and lactating women;

- 10% of children under 5 suffer from moderate or severe acute under-nutrition: 60,000 children;
- 25% of undernourished children are severely undernourished: 15,000 children suffer from severe malnutrition;
- The emergency has been sudden²⁷ with little warning and no preparation;
- Existing staff is not sufficient;
- Security/terrain/weather is not a problem and there is sufficient access to children and women.

	Action	Cost (US\$)
Coordination & Capacity Development	Surge Capacity ²⁸	1,000,000
	Training/capacity building of all Health Care Providers and Community workers on key health and nutrition messages with focus on safe infant feeding practices	1,500,000
Assessments	Rapid assessment (including staff and anthropometric equipment)	200,000
	Baseline and follow-up surveys for Health and Nutrition situation followed by a functional monitoring and surveillance system	1,000,000
Response	Cooking Supplies (Family household pots) ²⁹	658,000
	Multi-micronutrients for children ³⁰ , pregnant and lactating women ³¹	400,000
	Therapeutic Feeding Centres ³²	830,000
	Vitamin A supplementation through measles vaccination campaign ³³	100,000
	Supplementary Feeding ³⁴	2,160,000
	Total for one emergency	7,848,000
	Unit cost per beneficiary per month	3.73

²⁷ Assumption is an acute emergency

²⁸ Includes capacity for sector coordination and consists of at least 1 IP, 2 National Professionals or IPs in 4 field offices, 4 admin assistants, as well as costs of travel, meetings, technical assistance. Also assuming high-quality staff would be less inclined to work for <6 months, so costs are based on a 6-month period.

²⁹ Assuming 700,00 affected families, 10% dependant on external assistance, and US\$ 9.40 unit cost per cooking set

³⁰ Assuming 2 RDAs weekly for 600,000 children under 5 for 3 months. US\$ 8/1000 tablets=US\$ 250,000

³¹ Assuming 1 RDA/daily for 170,000 pregnant and lactating women for 3 months. US\$ 8/1000 tablets=US\$ 150,000

³² Given above assumptions and 80% programme coverage, 12,000 children would be covered by TFCs. Assuming each TFC would have the capacity of 100 children, 20 TFCs would be required. Cost estimates include supplies, logistics, and staff to run TFC for 3 months

³³ Including logistics, distribution, etc

³⁴ 30 cents/beneficiary per day

ANNEX VIII.**DETAILED BUDGET FOR PROTECTION CLUSTER****1. CLUSTER LEADERSHIP****Limited support cell**

Activity	Cost (US\$)
<ul style="list-style-type: none"> Two full time positions at the HQ of the Cluster Lead Agency (Department of International Protection/UNHCR). Existing positions will be re-profiled to serve the cluster; Establishment of support function/capacity in field: one full time position in Africa (including administrative and support costs). 	700,000
Advocacy/ Resource Mobilisation <ul style="list-style-type: none"> Management of the PCWG at the global level and liaison with PWG at field level; Assess financial and resource implications of achieving predictable and effective cluster and accountable sectoral lead agency at global and national levels; Implementation of 15 actionable recommendations of the PCWG. Engage in donor dialogue to develop consistent and sustain funding for protection; Explore how to use CAP more effectively to secure funding for protection projects involving multiple actors. 	

Publication/Info Exchange/Knowledge Management

Activity	Cost (US\$)
<ul style="list-style-type: none"> One Information Management Consultant position based at UNHCR HQs (Department of International Protection) to service field operations and agencies participating in the cluster (on deployment from another agency); Timely maintenance of website and distribution of information related to developments within the protection clusters at field level, as well as the global level (includes statistics, strategy papers, country of origin information, best practices, minutes of protection working groups, basic documents developed within IASC framework or outside). 	275,000

Standby capacity

Activity	Cost (US\$)
Increase stand-by capacity for protection	
<ul style="list-style-type: none"> ProCap deployment (temporarily administered by OCHA/NRC) (<i>Already fully funded for 2006 – approx. US\$ 4.4 million – hence not appealed here.</i>) 	0
<ul style="list-style-type: none"> Expanding other deployment schemes for more junior protection officers (IRC Surge, NRC and UNV) (for one year – 3 deployment schemes @ US\$ 300,000 each) 	900,000

Development of Frameworks

Activity	Cost (US\$)
Policy/ Operational Preparedness	150,000
<ul style="list-style-type: none"> Development of tools and guidance regarded as priorities by the PCWG. 	

Deployment of Emergency Response Teams

Activity	Cost (USD)
Emergency Response Teams for rapid start up of Protection Clusters (teams of two staff for three months in six countries).	400,000

2. CAPACITY-BUILDING**Training support to field operations**

Activity	Cost (USD)
2 Training of Trainers aimed to train 30 trainers (for one year)	80,000
12 Training of UN and NGO field staff participating in the protection response, as well as government authorities, with participation of IDPs and other relevant stakeholders (initial target will be 3 operations over the course of one year.)	420,000

3. SYSTEM-WIDE COSTS – CORE FACILITY COSTS

IT support

Activity	Cost (US\$)
IT support and support to HIC on protection developments in 3 operations (for one year)	75,000

Telecom

Activity	Cost (US\$)
Emergency equipment for protection management in 3 operations (for one year)	120,000

Global Strategic Stockpile

Activity	Cost (US\$)
Registration (now budgeted under camp coordination/management cluster)	0

Total costs requirements for the Protection Cluster: US\$ 3,120,000

This does not include the costs of an immediate response in case of emergency an emergency with 500,000 beneficiaries. Such a response would require an additional US\$ 2,100,000, which will be sought in subsequent appeals:

Preparedness + Contingency planning

The Protection Cluster' submission is based on the scenario of a single emergency of 500,000 persons.

Activity	Cost (US\$)
Deployment of multifunctional protection teams for a period of 6 months to implement response in 9 areas of responsibilities in the area of protection	2,100,000

All UNHCR requirements are subject to ORB approval.

ANNEX IX.

ACRONYMS & ABBREVIATIONS

CCCM	Camp Coordination and Camp Management Cluster
DRC	The Democratic Republic of the Congo
EHIS	Emergency Health Information Service
ERC	Emergency Relief Coordinator
ETC	Emergency Telecommunication Cluster
FAO	Food and Agriculture Organisation
HC	Humanitarian Coordinator
HEAR-NET	Health Emergency Action Response Network
HEART	Health Emergency and Assessing Response Teams
HIC	Humanitarian Information Centre
HIV/AIDS	Human Immuno-deficiency Virus / Acquired Immuno-deficiency Syndrome
HRN	Human Response Network
HRR	Humanitarian Response Review
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IDD	Internally Displaced Department
IDP	Internally Displaced Persons
IFRC	The International Federation of Red Cross and Red Crescent Societies
ILO	International Labour Organisation
IOM	International Organisation for Migration
ISDR	International Strategy for Disaster Reduction
IT	Information Technology
LRT	Logistic Response Teams
MCDA	Military Civil and Defence Assets
MDG	Millennium Development Goals
NFI	Non-Food Items
NGO	Non Governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
PROCAP	Emergency Standby Protection Capacity
SPHERE	Project on Humanitarian Charter and Minimum Standards in Disaster Response
ToT	Training of Trainers
UN HABITAT	United Nations Centre for Human Settlements
UNAIDS	Joint United Nations Programme for HIV/AIDS
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
WFP	World Food Programme
WHO	World Health Organisations

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