

01

Step by Step Guide

2021 Humanitarian Programme Cycle
August 2020



Humanitarian
Programme
Cycle 2021

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For additional information, please contact:

Assessment, Planning and Monitoring Branch, OCHA, apmb@un.org
Palais des Nations, 1211 Geneva, Switzerland
Tel: +41 22 917 1690

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1. Introduction

This document provides an overview of the main steps involved in the development of the Humanitarian Programme Cycle. **It should be read alongside the:**

- [Humanitarian Needs Overview \(HNO\)](#) and [Humanitarian Response Plan \(HRP\)](#) templates, which indicate what information to present and how to do so;
- [Complementary guidance](#),¹ which provides a depth of information on “what” and “how to” elements; and the
- [Facilitation Package](#), which provides illustrative agendas and presentations to assist with orienting and managing the process and discussions.

The steps re-assert the sequence of the needs analysis and planning, with needs analysis directly informing the decision-making with regards to response, whether for the preparation of new plans or adjustments to existing ones. At both the analysis and planning stages, it emphasizes commitments made at the World Humanitarian Summit and the Grand Bargain, such as:

- Cross-sectoral and comprehensive assessment of needs;
- Risk and vulnerability analysis (including sexual exploitation and abuse risk analysis);
- People-centered and gender analysis;
- Integration of people’s voice and own priorities (accountability to affected people);
- Localisation of the response;
- Consideration of implications of the risk and vulnerability analysis in the response options phase;
- Identification and prioritization of responses to needs; and
- Systematic consideration of options for cash and voucher assistance and other response modalities.

The steps of the HPC have a rationale and cannot be skipped. However, the depth of the work under each step can and should be adapted to the ‘new reality’ of our operating environment as a result of the COVID-19 pandemic, taking into consideration:

- Staff capacities. Decreased staff capacities may require fewer and shorter meetings. Analysis throughout 2020, such as for the 2020 HPC and updates, Global Humanitarian Response Plan (GHRP) for COVID-19, and others, can be used as a foundation and updated accordingly.
- Data and information availability. Changes to the type and amount of data collected for 2021, along with increased reliance on secondary data, expert judgement and assumptions are anticipated.

1.1 Integrating COVID-19 into the 2021 HNO and HRP, and linkages with development-oriented plans

The Global Humanitarian Response Plan for COVID-19 will not continue into 2021 and will merge with the Global Humanitarian Overview. Similarly, in the 2021 HNO and HRP, the effects of COVID-19 should be considered together with other shocks or stresses affecting the population. In most cases, the health and socio-economic impacts of the pandemic will superimpose on other health, nutrition, food security, livelihoods and protection risks faced by different population groups. COVID-19 will then be one of what is often numerous causes of humanitarian needs.

Linkages between the HNO and the Common Country Assessment (CCA), and between the HRP and the UN Sustainable Development Cooperation Framework (UNSDCF) should be identified at the time of launching the HPC. Dates and status of preparation/ finalisation of the CCA, UNSDCF and other possible plans (e.g. COVID-19 Preparation and Response Plan, UN socio-economic plans for response to COVID-19, other development plans, etc.) should be referenced at the outset to pinpoint opportunities for: (i) sharing data and analysis with mutual benefits on the depth of the needs analysis, particularly causal analysis, (ii) aligning the humanitarian response with other ongoing or planned responses to avoid duplication and identify areas/groups for whom development responses may be more appropriate.

¹ Complementary guidance has been developed includes: [Response Analysis](#); [Disability Inclusion](#); [Gender Analysis](#), Cluster-specific guidance and others.

1.1 Organization of the Document

The document consists of **three primary sections**.

- The **Process Overview** presents an indicative timeline for the development of the HNO and HRP, alongside key dates associated with the Global Humanitarian Overview (GHO) and Global Humanitarian Response Plan (GHRP) monthly progress reports (until end 2020). It, further, provides a brief summary of each of the steps of the HPC. More detailed information on facilitation, technical guidance and 'how do' can be found in the Step by Step's companion documents.

It is important to note that the steps are not always linear, although for simplicity they are presented as such, nor will every country follow the same timeline. What we provide is indicative and it is assumed that each country operation will modify based on their unique situation and contexts. For example, some country operations will require fewer or more consultations with government counterparts, or at the sub-national level. Some country offices may prefer to 'kick off' the HPC with a HCT discussion to tentatively set the scope, and there may be additional HCT check in's or discussions throughout the process beyond that which is suggested within the Step by Step Guide.

- The **Glossary** provides definitions of key terms and terminology found within the document.
- The **Appendices** include a matrix of key activities, roles and responsibilities for the various actors involved in the HPC.

In countries with a refugee population, a specific the refugee chapter, led by UNHCR should be included in accordance with the OCHA/UNHCR joint note from 2014.

2. Process Overview

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	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Step 1 Agree on scope of the analysis and costing approach 1.1 Adapt HNO analysis framework to context and develop an analysis plan based on key questions needed to inform planning and decision-making 1.2 Decide on most appropriate costing methodology for 2021 1.3 Present analysis framework and costing plan to Humanitarian Country Team for endorsement							
Step 2 Undertake secondary data review 2.1 Compile evidence base 2.2 Further refine timeline for delivery of the analysis results and agree on roles and responsibilities 2.3 Undertake secondary data review 2.4 Identify and determine how to bridge critical information gaps							
Step 3 Collect primary data							
Step 4 Conduct joint inter-sectoral needs analysis 4.1 Conduct inter-sectoral needs and severity analysis based on relevant data, indicators and other information 4.2 Analyze risk and arrive at projections, identify indicators to monitor situation and needs 4.3 Calculate current and projected number of people in need (PiN) 4.4 Write up the draft analysis results 4.5 Present to and seek endorsement and validation from the HCT (and government counterparts, where appropriate) on the analysis results and monitoring requirements							
Step 5 Define the scope of the HRP and formulate initial objectives 5.1 Determine the scope of the HRP based on the results of the analysis of needs and risks 5.2 Draft preliminary (inter-sectoral) strategic and specific objectives							
Step 6 Conduct response analysis 6.1 Review appropriateness, relevance, and feasibility of different responses 6.2 Articulate inter-sectoral and multi-sectoral response approaches based on the results from the response analysis, and prioritise (based on severity, time-criticality, and complementarities/synergies) 6.3 Estimate target population number							
Step 7 Finalize strategic and specific objectives and indicators and prioritise 7.1 Finalize formulation of strategic and specific objectives 7.2 Identify indicators to monitor strategic and specific objectives 7.3 Cluster/sectors develop response plans and define cluster objectives 7.4 Sub-national and/or government consultation/review draft HRP response parameters 7.5 Present and seek endorsement by the HCT of the strategic objective and approach, number of people targeted, and response monitoring framework							
Step 8 Formulate projects/activities and estimate cost of the response plan 8.1 Initiate drafting of HRP 8.2 Project development, vetting and upload 8.3 Estimate the cost of the response 8.4 Secure HC/HCT endorsement 8.5 Finalize and draft response plan							
Step 9 Conduct After Action Review							

Step 1

Agree on scope of the analysis and costing approach

HNO

HRP

Indicative timeline

June 2021

Key activity 1

Initial HPC kick-off workshop

Key participants

Inter-Cluster Coordination Group (ICCG), Cluster/sector planning and programming stakeholders, IM/data, analysts, subject matter experts²

Key outputs

- Present updates to 2021 HPC and explain the relationship between 2021 HPC, GHRP, development plans and GH0
- Agree on HPC timelines, roles and responsibilities, how to engage with development actors, process (i.e. sub-national) roles, responsibilities, approach to community engagement, inclusivity, and modalities
- It is highly recommended to establish an Analysis Team inclusive of gender expertise to conduct the inter-sectoral needs analysis³
- Review achievements and challenges from last year and discuss how the context has changed including COVID-19 pandemic and other shocks and stresses
- Consolidate and map information about various completed and/or planned data collection activities
- Identify how risk analysis will be included⁴
- Agree on affected geographical areas and population groups based on initial what is known about context, shocks and impacts
- Decide on costing methodology for the HRP

Example: HPC Workshop agendas [can be found here](#).

Key activity 2

Sub-national consultations (as appropriate)

Key outputs

- Review national HPC workshop recommendations
- Elicit inputs on scope of analysis and response, key questions, required data and information
- Engage local NGOs, CBOs and community actors

Key activity 3

HCT endorsement

Key output

- Present agreed framework, scope, initial analysis and costing approach to HCT for endorsement

² In those countries where an ICCG does not exist, it is assumed that a coordination body that serves a similar function will be used or established for this work. Subject matter experts consist of those with specific knowledge of gender considerations, disability inclusion, cash coordination, etc.

³ This team is expected to be part of an existing IMWG or AWG. See [JIAF Guidance](#) p. 15.

⁴ Please refer to [Emergency Response Preparedness Package](#).

1.1

Adapt HNO analysis framework to context and develop analysis plan based on key questions needed to inform planning and decision making⁵

What is it and why is it important?

The **analysis framework** and analysis plan will be used to facilitate systematic thinking by identifying the data and information required, how to organize and make sense of it, and the processes. This will require a decision on what variables are most relevant, therefore reducing the amount of information that will be collected and examined to the most essential. For the HNO, the [Joint Inter-Sectoral Analysis Framework \(JIAF\)](#) should be used.

The framework should address the **key analysis and planning questions** identified, which may include:

- What has changed in the humanitarian context, including overarching protection environment/risks⁶ since last year, including elements related to COVID-19?
- What does this mean in terms of people identified as experiencing humanitarian consequences last year, locations, drivers and causes of needs?
- Does this warrant changes in the scope of analysis in the HNO (which population groups, geographic areas and humanitarian challenges to focus on)?
- What information gaps identified in last year's HNOs remain relevant and what additional information will be needed? How can these gaps be filled and how can agency/sectoral/cluster assessments be harmonized so that the various pieces of information can be combined (e.g. in terms of definition of population groups, geographic areas, operational datasets etc.)?
- What gender analysis and gender related information exists, are there gaps and what are the plans to strengthen the gender analysis?
- At what level (i.e. household, community, individual) is analysis feasible and data available this year?

- How will affected populations be engaged, including hard to reach populations?
- Are appropriate and sufficient staff resources required for the HNO, including IMO, analysts and coordinators, at agency, sector/cluster and OCHA in place?

Ultimately, we wish to determine:

- Which geographical areas and population groups are most affected or at-risk by the crisis and shocks?
- Who and how many people will face severe, critical and catastrophic needs over the time period the HNO covers?
- Where are these people located?
- What are their survival and livelihood problems, and how are they coping?
- Why are these problems occurring (at immediate and underlying/structural levels)?
- How are the needs expected to evolve in the future, based on ongoing and planned responses and other potential risks/shocks?
- The gender dimensions to the needs, impacts and responses must be core to the overall analysis.

The **plan** will outline the steps to be taken and roles and responsibilities, with timeline, to arrive at the analytical conclusions in a transparent and efficient manner. It will include information on consolidating and mapping various completed and/or planned data collection activities. It is advised to capture the scope, objectives, methodology, geographical and population group coverage; indicators collected and/or being collected and timeline of data collection, data processing and analysis.

⁵ Please refer to the [Multi-Sector Initial Rapid Assessment Guidance](#) and the [Joint Inter-Sectoral Analysis Framework](#).

⁶ Please refer to the [IASC Policy on Protection in Humanitarian Action](#).

1.2

Decide on most appropriate costing methodology for 2021

- While costing is not part of the analysis plan and initial scoping, it is a critical element for planning. Some elements of costing can be time consuming, such as identifying unit costs. As such, it is of benefit to agencies and clusters to have agreement from the ICCG and HCT at the outset of the HPC process on what methodology will be used.
- Discuss if there is a need/rationale to look at another costing methodology and decide on parameters based on chosen methodology.

1.3

Present to HCT for endorsement

Step 2

Secondary data review

HNO

Indicative timeline
July-August 2021

Key activity

Secondary data review

Key participants

Assessment and Analysis Working Group with IMOs. Sector/clusters, specialized working groups

Key outputs

- Based on the agreed scope of analysis, review existing data, indicators and other information to answer key questions related to the specific population groups, geographical areas, or other thematic issues. Identify which data, indicators and other information require updating
- Sectors/clusters and specialized working groups should also be engaged in analysis that goes into depth on their area of expertise

It must be emphasized that gender analysis with consideration to age, disability and other factors should be a core feature of the review and analysis.

2.1

Compile the evidence base

- Identify which institutions (including government ministries and local authorities), agencies, cluster/sectors, specialized working groups,⁷ I/NGOs have data, indicators, information, analysis that can contribute to answering the key questions.
- Identify what information is available from community engagement and two-way communications processes between the affected population and humanitarian actors, as well as organizations specializing in gender, disability and elderly person inclusion.

2.2

Further refine timeline for delivery of the analysis results and agree on agencies' and clusters/sectors' roles and responsibilities

- Identify who will process and consolidate the data, indicators and information gathered from institutions, agencies, clusters/sectors, I/NGOs and affected groups, and who will participate in the joint analysis including, where feasible, the affected population itself.⁸

2.3

Undertake secondary data review

- Review existing data, indicators and other information, including development/assessments data, that answer the key analysis questions and enable vulnerability and risk projections.
- Assess the timeliness and reliability of the data.

2.4

Identify and determine how to bridge critical information gaps

- Identify whether gaps are specific to a thematic issue, sector/cluster, or are multi-sectoral or cross-cutting. To what extent do the gaps prevent answering the key questions?
- Determine how to bridge the critical data and information gaps.

⁷ These may include groups on cash coordination, disability inclusion, gender equality, and others.

⁸ It is advisable that the joint analysis group includes multiple skill sets: IM/data, subject-matter experts, and others. See [Grand Bargain EDUAAAR tools document](#).

⁹ Please refer to the [Recovery and Peacebuilding Assessment \(RPBA\)](#), the [Post-Disaster Needs Assessment \(PDNA\)](#) and the [Common Country Analysis \(CCA\)](#) for the [UN Sustainable Development Cooperation Framework \(UNSDCF\)](#).

Step 3

Collect primary data

HNO

Indicative timeline
July-August 2021

Key activity
Coordinated primary data collection

Key participants

All entities and gender specialist through inter-cluster/sector (and/or cluster/sector level, where appropriate) Assessment and Analysis Working Group (AAWG)

Key outputs

- As agreed in the *IASC Operational Guidance on Coordinated Assessments in Humanitarian Crises*, look to harmonize data collection activities and/or jointly agree on methodology, expected outputs and approaches. Sectors/clusters and specialized working groups should also be engaged in analysis that goes into depth on their area of expertise
- Where a multi-sector needs assessment (MSNA) is being done, this is under the direction of the HCT

- Due to COVID-19, limited primary data collection at household level is expected. Maximum use should be made of area-based data and available secondary information.¹⁰
- Increased reliance on expert discussions / judgement as a method to conduct needs and severity analysis is anticipated.
- Clusters or sectors may require a discussion of their plans to fill in the missing data, particularly those whose specific methodologies do not marry well with multi-sectoral assessments (i.e. nutrition). This should include how they will coordinate with other clusters to identify what can effectively be explored at the inter-cluster level.

¹⁰ A number of briefs on primary data collection given COVID-19 have been developed across sectors, for example <https://gtam.nutritioncluster.net/node/34>.

Step 4

Conduct joint inter-sectoral needs analysis

HNO

Indicative timeline
July-September 2021

Key activity 1

Joint intersectoral analysis workshops
 (also at sub-national where possible and relevant)

Key participants

Analysis Team as part of ICCG and AWG, with expertise from Data and IM staff, analysts, subject-matter and cultural experts, planning and programming staff, affected communities

Key outputs

- Undertake joint inter-sectoral analysis of relevant data from variety of sources, i.e. MSNA if one was conducted, government, NGO, agency, sector/cluster
- As much as possible, specialized task forces consolidate data and provide supplemental analysis on cross cutting issues (e.g. cash, gender, disabilities, older persons)
- Agree on intersectoral analysis results, including humanitarian consequences and severity of needs by population groups and geographical areas
- After conducting analysis, calculate inter-sectoral and sectoral people in need figures
- Agree on needs monitoring requirements and indicators

Key activity 2

HCT endorsement

Key outputs

- Present to HCT for endorsement the joint intersectoral analysis results and monitoring requirements

4.1

Conduct intersectoral needs and severity analysis using relevant data, indicators and other information

- Through the joint inter-sectoral analysis workshops, use an inter-sectoral analysis approach to explore, evaluate and validate the collected evidence as per the analysis plan to answer the key questions and identify associated factors (i.e. vulnerabilities and capacities).
- This analysis should highlight protection risks, violations and harms.¹¹
- Describe the humanitarian conditions presented by different population groups and sub-groups, causes associated and severity.
- The severity of Humanitarian Conditions is estimated by taking into account three levels of humanitarian consequences: Living standards, Coping Mechanisms and Physical and Mental Wellbeing.¹² The measure of Intersectoral Severity of needs (the degree of harmfulness of the humanitarian consequences) is a central function of the JIAF and is applied using the JIAF Severity Model. Evidence of humanitarian needs, in the form of humanitarian indicators, is entered into the model and classified using a common severity scale. The severity classification process allows for the designation of a severity 'phase' for a given area and / or population.

¹¹ As set-out in [IASC Policy on Protection in Humanitarian Action](#). For more information, see Section 3.3 of the JIAF Guidance.

¹² See Glossary for definitions and detailed explanation of each.

4.2

Analyze risk and arrive at projections

- Analyze risks and potential shocks to determine the most likely evolution of the humanitarian situation. Risk analysis identifies the main drivers in a given humanitarian context, both positive (opportunities) and negative (shocks and stresses), their likelihood and potential severity. The risk analysis clarifies which and why changes are expected to occur, the most likely evolution, and projections on who will be affected and how.
- This will inform planning of the most likely scenario in the HRP as well as risk analysis undertaken to prepare for or anticipate hazards outside of the scope of the ongoing response, be that in the context of preparedness plans, contingency plans and mitigation or anticipatory action plans, or a combination of all three.¹³
- Identify indicators to monitor changes in the humanitarian situation and needs during the planning period.

4.3

Calculate current and projected number of people in need (PiN)

- Depending on the data scenario, different methods are recommended to calculate the total number of people in need by severity phase classification for each geographical area or group. The main output is a preliminary calculation for review, interpretation and validation of humanitarian stakeholders.

4.4

Write up the draft analysis results

- Validate draft with ICCG and share analysis results with planning and programming staff for the HRP.
- Use the HNO template as a guide to draft the analysis results. A shorter version can also be used for regular monitoring updates.

4.5

Present to and seek endorsement and validation from the HCT (and government counterparts, where appropriate) on the analysis results and monitoring requirements

¹³ The [IASC Emergency Response and Preparedness \(ERP\) and IASC ERP on COVID-19](#) approach offers a simple methodology to identify and rank hazards (see above 1.4 above) and to help Humanitarian Country Team to prepare for potential high-impact events outside the scope of the HRP.

Step 5

Define the scope of the HRP and formulate initial objectives

HRP

Indicative timeline
August-September 2021

Key activity

Response analysis workshops
 (also at sub-national were appropriate)

Key participants

Analysis Team as part of ICCG and AWG, with expertise from data and IM staff, analysts, subject-matter and cultural experts, planning and programming staff, affected communities

Key outputs

- Determine the scope of the HRP
- Draft preliminary strategic objectives. Identify initial specific objectives based on draft strategic objectives

5.1

Determine the scope of the HRP based on the analysis of needs and risks¹⁴

- All people in need identified in the HNO should be considered when starting the planning process given their needs are 'humanitarian' by definition and their severity has been determined through the analysis in the HNO. The initial scope of the HRP is thus derived from the population groups and sub-groups in need, based on the principle of humanity, impartiality, neutrality and independence.
- Based on the HNO, review the type and severity of needs identified for the affected population groups and geographic areas at intersectoral and sectoral levels and decide on the scope of the HRP.
- Decisions on the scope should be based on consideration of:
 - Magnitude based on the number of people facing different humanitarian conditions and needs, their severity, and location;
 - Extent to which humanitarian conditions and needs overlap and potentially compound each other - particularly where some needs will not be solved unless others are addressed in the best sequence;¹⁵
 - Potential evolution of the situation, risks and projections of effects on the population groups;¹⁶
 - Immediate, underlying and root causes of the various humanitarian consequences, including overarching protection risks/ impacts. Causes that are not directly related to the crisis may indicate that the problems are structural or outside the scope of a humanitarian response; and
 - The needs prioritised by affected population groups, other humanitarian plans and development plans which could address some of the humanitarian needs and their causes.

¹⁴ Please refer to [Guidance on Response Analysis, Formulation of Strategic and Specific Objectives and Targeting](#).

¹⁵ For example, food requires water, cash transfers require functioning markets, resumption of cultivation requires security of access to fields etc.

¹⁶ What may seem as a less severe problem, such as for example deprivation of basic needs, could evolve into acute humanitarian needs during the planning period.

5.2

Draft preliminary (inter-sectoral) strategic and specific objectives

- Draft initial **strategic** objectives that articulate the intended improvements in people's lives and livelihoods that ensure full respect for their rights. These should be outcome-based and reflect the short- to medium-term end result or changes in the lives of targeted individuals that are the result of the humanitarian response during the HRP period. They should also be informed and build on the HCT Protection Strategies.¹⁷
- Formulate an initial set of **specific** objectives that articulate intermediate changes in people's lives. Specific Objectives are formulated for each strategic objective and offer specificity on how the strategic objective will be achieved.¹⁸
- When formulating the objectives, to the extent possible identify potential complementarity between the HRP objectives and the UN Sustainable Development Cooperation Framework (UNSDCF), Integrated Strategic Frameworks, government national plan(s), and/or relevant strategic plans of financial institutions and relevant bilateral donors.

¹⁷ Protection mainstreaming and protection integration are both essential to the centrality of protection in practice.

¹⁸ Both strategic and specific objectives are typically intersectoral in nature.

Step 6

Conduct response analysis

HRP

Indicative timeline
September-October 2021

Key activity

Response analysis workshops

(also at sub-national were appropriate)

Key participants

Analysis Team as part of ICCG and AWG, with expertise from data and IM staff, analysts, subject-matter and cultural experts, planning and programming staff, affected communities

Key outputs

- Review the appropriateness, relevance and feasibility of interventions
- Estimate number of people to be targeted

The response analysis is required to review the **appropriateness, relevance and feasibility** of different interventions for each specific objective. This will result in the identification of which interventions should be implemented and who will eventually benefit from them, based on criteria of appropriateness, relevance and feasibility, against the different characteristics of humanitarian needs (5.1 above). While appropriateness, relevance and feasibility are presented as separate sub-steps, in practice it is acknowledged that these are generally conducted simultaneously.¹⁹

6.1

Review appropriateness, relevance and feasibility of different responses

- **Appropriateness** is the first response analysis step to identify interventions that are:
 - The most likely to meet the humanitarian needs given their severity, magnitude, causes and trends;
 - Non duplicative of, or complementary to, other plans by the government (humanitarian and development), the Red Cross and Red Crescent Movement, and development actors; and
 - Contributing to accountability to affected people by considering their own prioritization of needs and response.

The result of the response appropriateness review is a refinement of the population and geographic targets for different types of interventions: who, where, with what. At this point, the number of people targeted is not quantified yet. It may be the same as the number of people in need, or it may be lower already if the appropriateness review has identified other humanitarian or development plans that can cater for some of the humanitarian needs.

- **Relevance** refers to the extent to which interventions address populations' own priorities and preferences.
- **Feasibility** analysis is based on logistical, market functionality and support systems, capacity, legal, political, security, cultural, etc. constraints. The result of the feasibility review is a clear understanding of what interventions can be delivered within the timeframe of the response plan, and how.
- Balancing aspirations with reality is critical. Prioritisation may be required according to severity, magnitude, trends and projections, associated factors, and time-criticality of the required interventions to ensure that the population derives maximum benefits from what are limited resources.

¹⁹ See [Guidance on Response Analysis, Formulation of Strategic and Specific Objectives and Targeting](#).

- **It is expected that people with severe humanitarian needs will always be prioritized** for a response, although it may still not be possible to reach all of them with the most appropriate interventions due to different constraints.

6.2

Articulate inter-sectoral and multi-sectoral response approaches based on results from response analysis and prioritise (based on severity, time-criticality, and complementarities/synergies)

6.3

Estimate target population number

- **A quantification of the number of people eventually targeted is made** as an outcome of the appropriateness, relevance and feasibility review. As such, people targeted is a subset of PiN and represents the number of people humanitarian actors aim to assist during the planning period.
- It is expected that the number of people targeted will be equal to the number of people reached once the response is completed, unless the situation and needs change and/or new operational or funding constraints materialise.
- Estimate population initial targets per specific objective.
- Review or identify requirements for [contingency planning](#) based on projections and risk analysis.

Step 7

Finalize strategic and specific objectives and associated indicators

HRP

Indicative timeline October 2021

Key activity 1

Key participants

Led by the ICCG and/or a dedicated task force consisting of programming, analytical and monitoring experts. The information management working group should be consulted on the SMART formulation of strategic and specific objectives while the inter-sector group should lead on the formulation inter and multi-sectoral response

Key outputs

- Finalization of the formulation of strategic and specific objectives
- Finalization of inter- and multi-sectoral response approaches

Key activity 2 Sub-national and/ or government consultations

Key outputs

- Sub-national inter-sectoral groups review the proposed response parameters and provide feedback

Key activity 3 HCT endorsement

Key outputs

- Present strategic and specific objectives, estimated target population number,²² monitoring indicators and adjustments to contingency planning requirements to HCT for endorsement

7.1 Finalize formulation of strategic and specific objectives

- Adjust previous or identify and define new and limited number of SMART specific objectives based on the findings of the response analysis.
- Update or adjust initial strategic objectives as necessary based on finalised specific objectives to ensure they are realistic and achievable.
- Indicate how different sectoral interventions will be sequenced, layered or combined to maximize impact.

- If applicable, identify which strategic objectives require complementary action by development actors, or contribute to 'collective outcomes' that may have already been defined through work on the 'humanitarian-development nexus'.

7.2 Identify indicators to monitor strategic and specific objectives

- Define a limited number of measurable indicators that enable progress towards each strategic objective to be monitored. As with the objectives themselves, these should be strictly at the outcome level.

²² Please note that this figure will have to be updated following project registration and/or activity vetting.

- Agree on roles and responsibilities, frequency of monitoring, and resources required.

7.3

Clusters/sectors develop response plans and identify cluster objectives

- Guided by the inter-cluster coordination group, clusters/sectors identify cluster objectives required to achieve HRP strategic and specific objectives and indicators.
- Clusters/sectors formulate the necessary activities. This should consist of a response strategy, including priority intervention areas, target population and monitoring indicators on the basis of HRP strategic objectives, and response parameters agreed by HCT. Specify, to the extent possible, who will implement which activities and where.

7.4

Sub-national and/or government consultation/review draft HRP response parameters (where appropriate)

- Sub-national inter-sectoral groups review the proposed response parameters and provide feedback.

7.5

Validate document with ICCG and present and seek endorsement by the HCT of the strategic objectives and approach, number of people targeted, and response monitoring framework

Step 8

Formulate projects/activities and estimate cost of the response plan

HRP

Indicative timeline
November 2021

Key activity 1

Project development, vetting and upload

Key participants

Clusters/sectors and partners

Key outputs

- Share cluster/sector response plans with partners
- Develop projects
- Upload and vet projects

Key activity 2

HCT endorsement of estimated cost of response plan

Key outputs

- Present estimated cost of the response and modalities to HCT for endorsement

Key activity 3

Draft response plan

8.1

Initiate drafting of HRP

- Start drafting the HRP according to template, including response analysis, prioritisation, strategic and specific objectives, number of people reached in the previous planning period, number of people targeted in the next planning period.
- Review sector/cluster response plans and inter-sector narrative reviewed to ensure convergence.

8.2

Project development, vetting and upload

- Share sector/cluster response plans with partners to guide project development.
- If project costing/uploading has been decided, organizations should upload their projects to <https://projects.hpc.tools>.
- When uploading projects, be sure to select [Areas of Responsibilities \(AoRs\)](#)²³ under the cluster/sector dropdown list and tag the integrated AoR programmes under multiple sectors. If the option is not available, request that OCHA makes it available.
- Agree on uploading and vetting of multi-purpose cash projects, where appropriate.
- Vet projects at sector/cluster and inter-sectoral level (and sub-national, where applicable) to ensure projects contribute to achievement of strategic and specific objectives in a complementary manner.

²³ For example: Child Protection, Gender-Based Violence, Housing, Mine Action, Housing, Land and Property.

8.3

Estimate the cost of the response

- Using the [IASC-endorsed costing guidance](#), calculate the total cost of the response based on clusters'/sectors' and other stakeholders' estimates according to their relative contributions and response modalities.

8.4

Secure endorsement of HCT on estimated cost of the response

8.5

Finalize and write -up the draft response plan

- Use the HRP template as a guide to finalise the drafting of the humanitarian response plan.

Step 9

Conduct After Action Review

HNO

HRP

Indicative timeline

December 2021 - January 2022

Key activity

After Action Review (AAR)

Key participants

Inter Cluster Coordination Group (ICCG), with OCHA providing or coordinating facilitation. The AAR may be linked with other annual processes such as the ICCG Performance Monitoring Review. Individual clusters may wish to link the annual Cluster Coordination Performance Monitoring exercise, and other bodies such as an Information Management Working Group (IMWG) may wish to hold similar exercises and utilize that information to inform the ICCG AAR.

Key outputs

- Discussion of strengths and weaknesses from the 2021 process to streamline for coming year
- Summary report shared with OCHA Assessment, Planning and Monitoring Branch (APMB)

The AAR offers country teams the opportunity to discuss strengths and weaknesses in the enhanced HPC approach itself, and collectively problem solve on methods for improving on or streamlining the process for the coming year. The tool is centered on bringing the relevant group together and the following themes:

- What was expected or supposed to happen?
- What actually occurred?
- What did and did not go well and why?
- What can be improved and how?

A facilitation package is [available here](#).

A **Quality Review** of the HNO and HRP documents is undertaken annually at the headquarters level by scoring teams composed of UN Agencies and donors. The quality standards articulate the requirements, specifications, guidelines and characteristics that can be **applied consistently** to ensure the products and processes are **relevant, credible and useful**. These standards are not intended for use to critique or grade the work of country operations. Information is used to:

- Identify areas for additional or strengthened support or guidance by OCHA, clusters, agencies and/or donors;
- Serve as a benchmark against which future progress will be measured;
- Report against indicators within the DFID Payment by Results (PbR) Programme;
- Report against indicators the Grand Bargain on Needs Assessments; and
- Other reporting requirements.

The [scoring criteria](#) may be used as a reference for your AAR, and throughout the development of your documents to ensure all critical elements are included.

Annex 1

Glossary

BOUNDARIES/ BOUNDARY-SETTING

See also prioritization

The boundaries of an HRP are represented by the population groups or sub-groups, geographic areas and timeframe that have been identified as requiring humanitarian assistance during the planning period (annual or multi-year) of the HRP.

CENTRALITY OF PROTECTION IN HUMANITARIAN ACTION

Protection is “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL)).”

The [IASC Policy on Protection in Humanitarian Action](#) established that all humanitarian actors have a responsibility to place protection at the centre of humanitarian action through a system-wide commitment to preparedness and immediate and life-saving activities throughout the duration of a crisis and beyond, driven by the needs and perspectives of affected persons. The IASC Protection Policy commits to a people-centred approach to protection and emphasizes the joint responsibility of all sectors to integrate and mainstream protection into activities, advocate, analyse risks and engage with actors influencing protection outcomes outside the humanitarian sector, including development, human rights, peace and security actors.

COLLECTIVE OUTCOMES

A collective outcome is a concrete and measurable result that humanitarian, development and other relevant actors want to achieve jointly over a period of three- to five years to reduce people's needs, risks and vulnerabilities and increase their resilience. They reflect the desired results or changes to be obtained through a joined-up response by humanitarian, development and, where relevant, peace actors. Working towards collective outcomes is central to the New Way of Working approach between humanitarian and development actors.

If collective outcomes have been agreed upon in a country, the HRP Strategic Objectives should connect or align. If they have not yet been agreed, the HRP Strategic Objectives, along with those of development plans such as the UNSDCF, should inform the collective outcomes defined.

DECISION-MAKERS

Decision-makers in the context of the humanitarian programme cycle include:

- Cluster leads and members who decide jointly on (a) the scope of the analysis, humanitarian consequences, and monitoring requirements for the HNO, and (b) priority strategic and specific objectives, response approach, and monitoring and accountability elements of the HRP; and
- Resident/Humanitarian Coordinator (RC/HC), Heads of Agencies of the Humanitarian Country Team (HCT) who endorse key outputs for the HNO and HRP.

DISABILITY

Based on the Convention of the Rights of Persons with Disabilities, [IASC](#) and [Guidance on strengthening disability inclusion in Humanitarian Response Plans](#), people with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” Understood this way, disability is not synonymous with ‘impairment’. Disability is the result of an interaction between a person with an impairment and barriers in their environment that hinder his or her full and effective inclusion and participation in society.

GENDER-BASED VIOLENCE

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many – but not all – forms of GBV are illegal and criminal acts in national laws and policies. The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include, but are not limited to sexual violence, including sexual exploitation/abuse and forced prostitution; domestic violence; trafficking; forced/early marriage; harmful traditional practices such as female genital mutilation, honour killings, and widow inheritance.

GENDER MAINSTREAMING

[Gender mainstreaming](#) means integrating a gender equality perspective at all stages and levels of policies, programmes and projects. Women and men have different needs and living conditions and circumstances, including unequal access to and control over power, resources, human rights and institutions, including the justice system. The situations of women and men also differ according to country, region, age, ethnic or social origin, or other factors. The aim of gender mainstreaming is to consider these differences when designing, implementing and evaluating policies, programmes and projects, so that they benefit both women and men and do not increase inequality but enhance gender equality. Gender mainstreaming aims to solve –sometimes hidden- gender inequalities and serves as an important tool for achieving gender equality.

HUMANITARIAN CONDITIONS

As defined in the JIAF, humanitarian conditions refer to the analysis of the consequences of the shock/event on the affected population and an estimation of their severity. The severity of humanitarian conditions is estimated by taking into account three levels of consequences:

Living standards: As a result of the shock/event impact, the ability of the affected population to meet their basic needs, including essential goods and services such as water, shelter, food, healthcare, education, protection, etc. Basic needs may vary from one context to the other and are contextually defined. Living standards are measured by assessing accessibility, availability, quality, use and awareness of/to essential goods and services. For example: 60% of affected households are unable to meet their basic needs.

Coping mechanisms: Degree to which individuals, households (including those individuals and households with specific needs), communities and systems are coping or facing challenges with impact recovery, disaggregated by relevant diversity considerations. Coping mechanisms can be positive or negative (e.g. displacement, child marriage, survival sex), sustainable or unsustainable (e.g.

reliance on humanitarian aid). For example: 50% of affected households are hosted by family members and friends; 25% have received temporary shelter, the remainder resides in collective shelters.

Physical and Mental Wellbeing: As a result of low living standards and inappropriate adaptive strategies, the final humanitarian consequence is measured by assessing the physical health of the affected population as well as its mental wellbeing, e.g. excess morbidity or mortality, malnutrition, psychosocial trauma, etc. In addition, grave human rights violations such as killing, maiming, rape, arbitrary detention and disappearances are considered in this category.

Understanding humanitarian conditions allows us to estimate the number of people in need across the three consequences, estimate the severity of conditions and categorize the number of people in each severity class. The JIAF severity scale is used to categorize households' conditions in the relevant severity class.

HUMANITARIAN- DEVELOPMENT-PEACE NEXUS (“TRIPLE NEXUS”)

The triple nexus refers to efforts to strengthen the linkage between humanitarian, development and peace assistance, prioritizing the needs and vulnerabilities of those who have been left furthest behind by development progress. While contributing to collective outcomes, humanitarian action remains guided by humanitarian principles and focused on its objectives of saving lives, alleviating suffering and maintaining human dignity during and in the aftermath of crises. It is about:

- responding to emergencies in a way that strengthens capacities and existing systems;
- implementing development programmes based on a common risk assessment that builds resilience and reduces risk for communities by strengthening social service systems most subject to shocks and stresses;
- being well prepared for residual risks with contingency plans, prepositioned supplies, hiring of responders, etc., and;
- convergence of different sectoral programmes in geographical areas for populations of greatest vulnerability and lowest capacity.

HUMANITARIAN OUTCOMES

[Humanitarian outcomes](#) are the desired improvements in people's lives, livelihoods and resilience that speak to the identified humanitarian consequences.

IMPACT (OF THE CRISIS)

Within the framework of the humanitarian programme cycle, “impact” refers to the primary effects of the event/shock on the population, systems and services in the affected area.

Impact on people may refer to losses and damages to assets and capital, displacement, violence, mobility issues and livelihoods, etc. These impacts may result in various humanitarian consequences (see above) that require humanitarian intervention.

Impact on systems and services may encompass damages to infrastructure or means of communication, disruption of social cohesion, markets, prices, services, etc.

Impact on humanitarian access refers to the ability to deliver effective humanitarian assistance without restrictions or limitations. It entails an understanding of obstacles or challenges for people in need to access relief actors, for relief actors to access people in need and other physical constraints.

This list is not exhaustive and can be complemented as relevant. Understanding impact allows for the estimation of the number of people affected, as defined in the 2016 IASC Humanitarian Profile Support Guidance.

INTERSECTIONALITY

How aspects of one's social and political identities (gender, race, class, sexuality, ability, height etc.) might combine, overlap or intersect to create unique modes of discrimination, especially in the experiences of marginalized individuals or groups.

Intersectional approaches offer a way to understand and respond to the ways different factors, such as gender, age, disability and ethnicity, intersect to shape individual identities, thereby enhancing awareness of people's needs, interests, capacities and experiences. This in turn will help in targeting policies and programmes.

Social groups are neither homogenous nor static, and intersectional approaches recognise this complexity by taking historical, social, cultural and political contexts into account. Intersectional approaches help us understand the differentiated nature of vulnerability and resilience. They also draw attention to the social root causes of vulnerability, creating a more nuanced picture.

INTER-SECTORAL

Approaches that highlight the importance of system thinking and considering issues across sectors, and the range of factors that collectively influences humanitarian conditions or how situations in one sector influences or impact upon one or more other sectors. Outcome oriented, focused on understanding of compounding issues and underlying factors as well as collective interventions and coordination (SDGs 2030, health 2020). Objective is to build synergies across sectors to tackle complex issues using inter/cross sectors interventions and achieving inter-related humanitarian/development goals and targets, e.g. MPC.

JOINT INTERSECTORAL NEEDS ANALYSIS

Joint inter-sectoral needs analysis is the combination of multiple sectoral and cross-cutting data and information on people, geographic areas and time periods to reach a common understanding of the overlapping needs that people are facing and the causes of these needs.

All clusters and other relevant actors (e.g. UNHCR in refugee contexts, national and local actors, including NGOs, and cross-cutting issues experts such as gender and disability, etc.) should participate in the joint inter-sectoral needs analysis.

JOINT INTER-SECTORAL ANALYSIS FRAMEWORK

The [Joint Inter-Sectoral Analysis Framework \(JIAF\)](#) includes structured processes, methods, and tools to combine multiple sectoral and cross-cutting data and information on people, geographic areas and time periods, to undertake the joint inter-sectoral analysis in a predictable and systematic manner.

JOINT INTER-SECTORAL RESPONSE ANALYSIS

Joint inter-sectoral response analysis is a coordinated process identifying which responses will address the humanitarian consequences considering appropriateness and feasibility. It also determines how the response should be carried out using different response modalities such as cash/in kind, conditional/unconditional, sectoral/multi-sectoral, to meet the prioritized humanitarian consequences.

All clusters and other relevant actors (e.g. UNHCR in refugee contexts, national and local actors, including NGOs, etc.) should participate in the joint inter-sectoral response analysis.

LIVING STANDARDS CONSEQUENCES

See Humanitarian Conditions.

MONITORING

Within the framework of the humanitarian programme cycle, monitoring is the combined follow-up of changes in the context, situation and humanitarian consequences, achievements of the humanitarian response and remaining gaps.

Monitoring is based on a few selected quantitative and qualitative indicators which are identified during the preparation of the HNO and of the HRP, including the frequency, and roles and responsibilities of clusters and other stakeholders to collect and analyse the various data in combination. It should build on existing monitoring mechanisms as much as possible and take fully into account the perspective and feedback from the affected population.

All clusters and other relevant actors (e.g. UNHCR in refugee contexts, local NGOs etc.) should participate in the design of the monitoring framework and its implementation

MULTI-SECTORAL RESPONSE

A multisectoral response can be:

- An integrated intersectoral response such as a multi-purpose cash transfer programme that enables to address different sectoral needs.
- A layered sectoral response such as a health response implemented at the same time and in the same geographic location as a WASH response that has embedded GBV risk mitigation and disability access considerations. These sectoral responses can take place at the same time or not and can target the exact same population groups or not.
- A sequenced sectoral response such as a food assistance response followed by a shelter response and by an education response.

The decision on which multisectoral response approach is the most appropriate is based on:

- The nature of the humanitarian needs and which sectors are concerned.
- The articulation between the needs: are some sectoral needs more urgent to address than others (i.e. life-threatening health needs before education); must some needs be addressed before others can be addressed (i.e. protection before basic livelihoods).
- The feasibility to integrate, layer or sequence the relevant sectors.

Joint response analysis is an effective tool to generate multi-sectoral responses. For instance, using a structured response analysis approach (see upcoming guidance), one can identify how different sectors can complement each other. In particular, multi-purpose cash has the potential to meet several needs at once. If market conditions and financial service provider capacities allow, then the response analysis discussion should consider if a variety of needs can be met using this response modality involving multiple sectors. In other circumstances, cash alone will not be sufficient as, for instance, specialized nutrition assistance, health and gender-based violence services cannot be easily obtained and require specialized human resources that humanitarian agencies provide. In such circumstances, the response can be layered by providing first health services, nutrition assistance and then gender-based violence services in the same location, i.e. a health centre or a specialized centre.

PEOPLE AFFECTED

Based on the [2016 IASC guidance](#), people affected include all those whose lives and livelihoods have been impacted as a direct result of the shock or stress. Characteristics of the category People Affected must include:

- being in close geographical proximity to a crisis;
- physically or emotionally impacted, including exposed to a human rights violation/protection incident;
- experiencing personal loss or loss of capital and assets as a direct result of the crisis (family member;
- house/roof, livestock or any other asset);
- being faced with an immediate threat from a crisis.

PEOPLE COVERED

People covered are the sub-set of people who have received a given type of assistance within a given timeframe. The estimation of the number of people covered is derived from monitoring information.

PEOPLE IN NEED

The IASC defines People in Need as a subset of the affected population and are defined as those members:

- whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, AND
- whose current level of access to basic services, goods and social protection is inadequate to reestablish normal living conditions with their accustomed means in a timely manner without additional assistance.

This category is further broken down into sub-categories or by sector/cluster to provide additional detail about the intensity, severity or type of need (e.g., need of urgent life-saving assistance, food insecure population, people in need of shelter). The definition of People in Need will need to be monitored and adjusted over time. At the onset or continuation of a shock, needs are more likely to be centred on sustaining lives; the more protracted the crisis, the more needs will be centred on re-establishing and sustaining normal living and livelihood conditions.

Example: In the most populous provinces, where 5 million people out of the 6 million People Affected reside, 90% of the buildings and infrastructure were destroyed in the earthquake, and roads rendered inaccessible. Those people are in need of assistance. Out of the 5 million, the number of those who have sustained critical injuries, are inaccessible or living in dwellings at risk of collapsing is estimated at 2 million. They are in need of immediate assistance.

PEOPLE TARGETED

Based on the [2016 IASC guidance](#) people targeted include the number of people in need that the humanitarian actors aim or plan to assist through the HRP.

PHYSICAL AND MENTAL WELLBEING CONSEQUENCES

See Humanitarian Conditions.

POPULATION GROUPS AND SUB-GROUPS

Population groups represent usual categories of people defined by one or several standard characteristics, such as their displacement status (e.g. Internally Displaced Persons-IDPs, IDPs in camps, refugees, economic migrants, host communities, non-host resident communities etc.), their type of livelihoods (e.g. farmers, pastoralists, traders, civil servants etc.), their sociodemographic characteristics or vulnerabilities (e.g. female-headed households, large families, unaccompanied and separated children, older persons, etc.), their physical or physiological status (e.g. persons with disability, pregnant and lactating, etc.), their ethnicity, their physical ability etc.

While population groups share broadly similar vulnerabilities, capacities, risks and face broadly similar humanitarian consequences of stresses and shocks, there are generally differences within each group which result in different types and severity of humanitarian consequences.

These variations reflect the diversity of vulnerabilities, capacities and risks within each population group. The joint intersectoral needs analysis should examine these differences to identify specific humanitarian consequences by relevant sub-group of the population according to the country context.

PRIORITIZATION

Prioritization is the final identification of the population (and sub-population) groups and locations that will be targeted by the response based on the response analysis.

RESILIENCE

Resilience consequences in the framework of the humanitarian programme cycle are those humanitarian consequences that reflect the ability of people to withstand future stresses and shocks on the short and longer term. Resilience capacities and associated causes are analyzed notably as part of the humanitarian-development-peace nexus and to inform joined-up planning between humanitarian, development and peace actors as appropriate. In light of COVID-19, analysis of resilience will be of particular importance for 2021.

RISK ANALYSIS

Risk analysis identifies the main drivers in a given humanitarian context, both positive (opportunities) and negative (shocks and stresses), their likelihood and potential severity. The risk analysis clarifies which and why changes are expected to occur, where, when and who will benefit or be affected.

**SELF-SUSTENANCE OR
SELF-MAINTENANCE**

Self-sustenance or self-maintenance is the ability of people to meet their basic survival, productive and social requirements by their own means, without having to employ negative or irreversible coping mechanisms.

**SEVERITY OF
NEEDS**

The severity of needs is defined by the type of humanitarian consequences for people, including the degree of harm to their lives and livelihoods. It is based on the combined analysis of the effects on survival and ability to meet essential needs and expenditures, and of the factors causing these effects (acute and chronic).

**SEXUAL
ABUSE**

The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**SEXUAL
EXPLOITATION**

Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

**SPECIFIC
OBJECTIVE**

A Specific Objective represents the *intermediate changes* in the lives of target populations that are the result of the humanitarian response during the HRP period.

It is a tangible, realistic and measurable expression of a desired result (what?) within a given population (who?), delimited by time (when?) and in space (where?), measured with qualitative and quantitative indicators, to satisfy a determined need (why?).

Specific Objectives are formulated for each Strategic Objective (see below) and *offer specificity on how the Strategic Objective will be achieved*. Like the Strategic Objectives, most Specific Objectives are inter-sectoral where appropriate.

**STRATEGIC
OBJECTIVE**

A Strategic Objective is *outcome-based and is the short- to medium-term end result* or changes in the lives of targeted individuals that are the result of the humanitarian response during the HRP period.

Most Strategic Objectives are inter-sectoral in nature and require combined response outputs from multiple clusters. A Strategic Objective is achieved through the realization of several Specific Objectives (see above).

TARGETING

Targeting is the selection and identification of people who will be assisted as part of humanitarian response. The process of targeting is based on an assessment and analysis of needs and capacities of the population in need, as well as defining eligibility criteria and identifying eligible beneficiaries.

Targeting is based on the outputs of the needs assessment and analysis and is refined at the response analysis stage by specifying the characteristics of people prioritised for the response, selecting an appropriate targeting approach and quantifying the number of people who will benefit from the planned interventions.

People targeted is a subset of people in need and represents the number of people humanitarian actors aim or plan to assist. This projected number is often smaller than the number of People in Need, given the response analysis considerations such as humanitarian needs being addressed by actors not participating in the HRP, including government and local authorities, the Red Cross Red Crescent Movement or development actors, security, humanitarian access and other constraints deemed unsurmountable. The number of people targeted should be calculated using the people in need dataset and the conclusions of the response analysis.

**VULNERABILITY/
VULNERABLE
GROUPS**

Vulnerable groups are people who present characteristics that make them more susceptible to suffer negative consequences from shocks or stresses, such as due to their age, gender, physical and mental ability, displacement status, type of livelihood, belonging to a certain religious, ethnic, caste or political group, living in certain areas etc.

Vulnerable groups will be harmed by the shock or stress and suffer humanitarian consequences if they are not able to cope (by themselves or thanks to the assistance they receive).

Annex 2

2021 Humanitarian Programme Cycle: Matrix of Roles and Responsibilities.

The annex is a working level document without prejudice to existing mandates, policies or accountability framework, including the Joint OCHA-UNHCR Note on Mixed Situations.²⁴

Responsible

Those who do the work to complete the step/action.

Accountable

Those ultimately answerable for the correct and thorough completion of the deliverable or task, those who ensure the prerequisites of the task are met and who delegate the work to those responsible. The accountable person/group must sign off (approve) the work of the responsible person/group.

Consulted

Those whose input and advice are sought to inform the completion of the steps/actions.

Informed

Those who are kept up to date on progress, often only upon the completion of the task or deliverable; and with whom there is only a one-way communication.

Note: Often the person/group accountable for a task or deliverable may also be responsible for its completion. Apart from this exception, it is recommended that each role receives only one type of participation in the step or activity.

Key stakeholders in the HNO and HRP process

Humanitarian Coordinator

The Humanitarian Coordinator is the senior-most United Nations official in a country experiencing a humanitarian emergency. The Humanitarian Coordinator is appointed by the United Nations [Emergency Relief Coordinator](#) and responsible for leading and coordinating the efforts of humanitarian organizations (both UN and non-UN) with a view to ensuring that they are principled, timely, effective and efficient, and contribute to longer-term recovery.

Humanitarian Country Team

The [Humanitarian Country Team \(HCT\)](#) is led and chaired by the Humanitarian Coordinator (HC). The HCT's overall goal is to ensure that inter-agency humanitarian action alleviates human suffering and protects the lives, the livelihoods and dignity of people in need. As the top inter-agency humanitarian leadership body in a country, the HCT's primary purpose is to provide strategic direction for collective inter-agency humanitarian response. The HCT makes decisions to ensure that country-level humanitarian action is well-coordinated, principled, timely, effective and efficient. It also ensures that adequate prevention, preparedness, risk and security management measures are in place and functioning.

Implementing Organization or Agency (Cluster/Sector Member)

National and international organizations who implement humanitarian programme activities and who have chosen to participate in the IASC Cluster/Sector Approach in a given context.

Inter-Cluster/Sector Coordination Group (ICCG/ISCG)

The group of IASC Cluster/Sector Coordinators assigned by Lead/Co-Lead Agencies tasked with facilitating cooperation among sectors/clusters to assure coherence in achieving common objectives, avoiding duplication and ensuring areas of need are

²⁴ Where a refugee population is concerned, UNHCR maintains responsibility and accountability for the steps and actions outlined herein, proceeding in consultation and with the HC/HCT and concerned technical working groups throughout.

prioritized. Inter-cluster coordination takes place at the national and sub-national level, to coordinate the implementation of the response through each step of the humanitarian programme cycle. A representative of OCHA serves as the Chair.

Cluster/Sector Lead and or Co-Lead Agency (Cluster/Sector Coordinator)

A cluster is a group of organizations that gather to work together towards common objectives within a particular sector of emergency response. A “cluster lead” is an agency/organization that formally commits to take on a leadership role in a particular sector/area of activity to ensure adequate response and high standards of predictability, and works on behalf of the cluster as a whole, facilitating all cluster activities and developing and maintaining a strategic vision and operational response plan. He/she also coordinates with other clusters in relation to inter-cluster activities and cross-cutting issues, and in accordance with the Principles of Partnership. Cluster coordination should support national responsibilities and leadership in the respective sectors.

Thematic Technical Working Groups (TWG)

The group of technical experts in assessment and analysis, covering critical fields of activity, constituted by (and with the endorsement of) the Inter-Cluster/Sector Coordination Group. These groups may include: Assessment & Analysis Working Group, an Information Management Working Group, a Response Analysis Group, Cash Working Group, Gender Working Group, Disability Inclusion Working Group. ²⁵

²⁵ Development analysts and programme staff should also be included in the TWGs where appropriate, to encourage coherence and synergies across the nexus.

Matrix of responsibilities

Step 1

Agree on scope of the analysis and costing approach

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
1.0	Agree on the scope and focus of the analysis and costing approach	Consulted to provide inputs on scope and focus of the joint analysis for the HNO, and on approach to costing	Responsible for the development of the joint analysis plan for the HNO	Responsible for the agreement on scope and focus of the joint analysis plan for the HNO, and proposed approach to costing	Accountable for endorsing the scope and focus of the joint analysis plan for the HNO, key questions, and costing approach
1.1	Adapt HNO analysis framework to context and develop and analysis plan based on key questions needed to inform planning and decision making	Consulted to suggest the key questions to answer to A&A Working Group (or equivalent)	Responsible and accountable for the formulation of the joint analysis plan	Endorse the joint analysis plan	Accountable for endorsing and ensuring operational planning on the results of the joint analysis
1.2	Decide on most appropriate costing methodology for 2021	Consulted to identify advantages and challenges of different costing approaches	Consulted to identify advantages and challenges of different costing approaches	Responsible for developing proposal for costing approach	Accountable for endorsing and implementing proposed approach to costing
1.3	Present analysis framework and costing plans to Humanitarian Country Team for endorsement				Accountable for endorsing and ensuring use of analysis framework and implementation of proposed costing approach

Step 2

Undertake secondary data review

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
2.0	Undertake secondary data review	Responsible and accountable for contributing to data and information-gap filling	Responsible for revising existing data and identifying gaps	Responsible and accountable for the review and agreement on inter-sectoral analysis results	Informed about findings for advocacy and decision-making
2.1	Compile the evidence base	Responsible and accountable for contributing data and information	Responsible and accountable for contributing data and information	Responsible for recommending sources of data, information and indicators	Accountable for endorsing recommended data sources, information and indicators
2.2	Further refine timeline for delivery of the analysis results and agree on roles and responsibilities	Consulted on timeline and roles and responsibilities	Consulted on timeline and roles and responsibilities	Responsible for the timeline and to deliver the analysis results	Accountable for approving the timeline agreed by the ICCG/ISCG to deliver the analysis results.
2.3	Undertake secondary review	Responsible for inputs to joint secondary data review and cluster/sector-specific analysis	Responsible for inputs to joint secondary data review and cross-cutting/topic-specific analysis and assessing quality of data	Responsible and accountable for reviewing and agreeing on inter-sectoral analysis results.	
2.4	Identify and determine how to bridge critical information gaps	Responsible and accountable or filling in critical cluster/sector gaps and undertaking cluster/sector analysis	Responsible for filling critical gaps falling outside clusters/sectors or where specialized knowledge is an advantage	Responsible for advocating with HC/HCT for addressing information gap(s).	Accountable for bridging critical data and information gaps.

Step 3

Collect primary data

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
3.0	Collect primary data	Responsible and accountable for contributing to data and information-gap filling	Responsible and accountable for contributing to data and information-gap filling	Responsible for coordinated approach to filling data and information gaps	Responsible and accountable for ensuring resources available and required data obtained.

Step 4

Conduct joint inter-sectoral analysis requirements

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
4.0	Conduct joint inter-sectoral analysis	Responsible for inputs to joint inter-sectoral analysis	Responsible for inputs to joint inter-sectoral analysis	Responsible and accountable for joint inter-sectoral analysis	Accountable for endorsing analysis results and monitoring requirements.
4.1	Conduct inter-sectoral needs and severity analysis using relevant data, indicators and other information	Responsible for inputs to joint inter-sectoral analysis	Responsible for inputs to joint inter-sectoral analysis	Responsible and accountable for joint inter-sectoral analysis	
4.2	Analyze risk and arrive at projections	Responsible for inputs to joint inter-sectoral analysis	Responsible for inputs to joint inter-sectoral analysis	Responsible and accountable for joint inter-sectoral analysis	
4.3	Calculate current and projected number of people in need (PiN)	Responsible for inputs to joint inter-sectoral analysis	Responsible for inputs to joint inter-sectoral analysis	Responsible and accountable for joint inter-sectoral analysis	
4.4	Write up draft analysis results	Consulted on draft write up of inter-sectoral analysis	Consulted on draft write up of inter-sectoral analysis	Responsible for drafting inter-sectoral analysis results and draft HNO	
4.5	Present and seek validation and endorsement from the HCT (and government counterparts, where appropriate) on the analysis results and monitoring requirements				Accountable for endorsing analysis results and monitoring requirements

Step 5

Define the scope of the HRP and formulate initial objectives

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
5.0	Define the scope of the HRP and formulate initial objectives	Consulted on population groups/sub-groups and geographic areas to prioritise	Responsible for reviewing HNO results and proposing the population groups/sub-groups and geographic areas to prioritise	Responsible for agreeing on population groups/sub-groups and geographic areas to prioritise, and to submit to the HCT for endorsement	Accountable for approving the prioritized population groups/sub-groups and geographic areas
5.1	Determine the scope of the HRP based on the analysis of needs and risks	Consulted on population groups/sub-groups and geographic areas to prioritise	Responsible for reviewing HNO results and proposing the population groups/sub-groups and geographic areas to prioritise	Responsible for agreeing on population groups/sub-groups and geographic areas to prioritise, and to submit to the HCT for endorsement	
5.2	Draft preliminary (inter-sectoral) strategic and specific objectives	Consulted on proposed preliminary strategic and specific objectives	Responsible for proposing strategic and specific objectives	Responsible and accountable for reviewing and agreeing upon preliminary strategic and specific objectives	Accountable for approving the prioritized population groups/sub-groups and geographic areas

Step 6

Conduct response analysis

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
6.0	Conduct response analysis	Consulted on response options, strategic and specific objectives, monitoring indicators, response approach and modalities, and targeting figures	Responsible for analyzing response options and, strategic and specific objectives, monitoring indicators, and response approach and modalities, and targeting figures	Responsible for reviewing and agreeing upon response options, strategic and specific objectives, monitoring indicators, response approach and modalities, and people targeted figures, and present to HC/HCT for endorsement.	Accountable for reviewing and endorsing strategic objectives and proposed response approaches, especially insofar as they imply a change in coordination and response practice, and targeting figures
6.1	Review appropriateness, relevance and feasibility of different responses	Consulted on response options and feasibility	Responsible for analyzing appropriateness, relevance and feasibility of response options	Responsible and accountable for the reviewing analysis	
6.2	Articulate inter-sectoral and multi-sectoral response approaches based on results from response analysis, and prioritise	Consulted on response approaches and priorities that emanated from response analysis	Responsible for agreeing on proposed response options	Responsible and accountable to review and agree on response options	
6.3	Estimate target population number	Consulted on estimated targeting figures	Responsible for estimating population targets	Responsible and accountable for reviewing and agreeing on population targets	

Step 7

Finalize strategic and specific objectives and associated indicators

STEPS	ACTIONS	CLUSTER/SECTOR MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
7.0	Finalize strategic and specific objectives and associated indicators	Consulted on final strategic objectives and outcome-level indicators	Responsible for identifying monitoring requirements, roles and responsibilities	Responsible for presenting and seeking HC/HCT endorsement of strategic objectives.	Accountable for approving final strategic objectives, response approach and monitoring requirements, roles and responsibilities
7.1	Finalize formulation of strategic and specific objectives	Consulted on final strategic objectives	Responsible for proposing final strategic objectives		Accountable for approving strategic objectives and approach
7.2	Identify indicators to monitor strategic and specific objectives	Consulted on monitoring indicators	Responsible for proposing outcome-level indicators to monitor objectives	Responsible for reviewing monitoring requirements, roles and responsibilities	Accountable for approving final strategic objectives, response approach, and monitoring requirements, roles and responsibilities
7.3	Cluster/sectors develop response plans and identify cluster objectives	Responsible and accountable for developing cluster/sector response plans and objectives	Appropriate technical working groups consulted on cluster/sector response plans and objectives to ensure cross-cutting issues sufficiently integrated	Responsible for reviewing and agreeing on final strategic objectives	Accountable for approving strategic objectives
7.4	Sub-national and/or government consultations/review draft HRP response parameters (where appropriate)				
7.5	Validate document with ICCG and present and seek endorsement by HCT of the strategic objectives and approach, number of people targeted, and response monitoring framework				Accountable for approving final strategic objectives, response approach, and monitoring requirements, roles and responsibilities, and targeting estimates

Step 8

Formulate projects/activities and estimate cost of the response plan

STEPS	ACTIONS	CLUSTER COORDINATOR	CLUSTER MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
8.0	Formulate projects/ activities and estimate cost of the response plan	Responsible and accountable for elaborating sectoral objectives and activities that support the strategic objectives, and estimating total financial requirements	Responsible and accountable for elaborating and uploading projects	Consulted on clusters/ sectors activities that are aligned with strategic and specific objectives. Informed of estimated cost of activities. Responsible for drafting the HRP.	Informed of clusters/ sectors activities/projects. Responsible for reviewing and finalizing draft HRP and estimated cost	Accountable for reviewing and approving draft HRP and realistic total costs. Post-HRP and particularly as Cluster Lead Agency Representatives within the HCT, accountable for ensuring adequate support to response implementation in line with HRP (especially when changes in response patterns are required)
8.1	Initiate drafting of HRP	Responsible for drafting/ finalizing sectoral response plans. Consulted on draft HRP	-	Responsible for ensuring draft sectoral plans adequately link with HRP strategic objectives and related response approaches, and adequately address cross-sectoral concerns	Responsible to review draft HRO	Accountable for approving strategic objectives
8.2	Project development, vetting and upload	(or review committees, where existing Responsible and accountable for elaborating and uploading realistically implementable projects which are in line with strategic/specific objectives and related Cluster provisions for meeting them	Responsible and accountable for elaborating and uploading realistically implementable projects which are in line with strategic/specific objectives and related Cluster provisions for meeting them	Informed of vetted and uploaded projects	Informed of vetted and uploaded projects Responsible for ensuring inter-sector consistency of Cluster-vetted projects (e.g. duplication across Clusters)	

STEPS	ACTIONS	CLUSTER COORDINATOR	CLUSTER MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
8.3	Estimate the cost of the response	Responsible and accountable for providing total cost estimates by Cluster, either by estimating costs of prioritized cluster activities or by consolidating across projects	Responsible and accountable for estimating the cost of their projects, providing a budget breakdown, and taking into consideration their implementation capacity	Informed of clusters/ sectors cost of activities/ projects	Responsible for reviewing that total cluster/sector costs of activities/ projects are realistically implementable	Accountable for reviewing and approving consolidated financial requirements
8.4	Secure endorsement of the HCT on estimated cost of the response					Accountable for reviewing and approving consolidated financial requirements
8.5	Finalize and write-up the draft response plan	Responsible for drafting/ finalizing sectoral response plans. Consulted on draft HRP	-		Responsible to review draft HRO	Accountable for approving final strategic objectives, response approach, and monitoring requirements, roles and responsibilities, and targeting estimates

Step 9

Conduct After Action Review

STEPS	ACTIONS	CLUSTER COORDINATOR	CLUSTER MEMBERS	TECHNICAL WORKING GROUPS	ICCG/ISCG	HC/ HCT
9.0	Conduct After Action Review	Consulted and encouraged to provide feedback and information	Consulted and encouraged to provide feedback and information	Consulted and encouraged to provide feedback and information	Responsible for undertaking AAR to reflect on HPC 2021 process	Responsible for reviewing findings from AAR and ensuring they inform improvements to the 2022 HPC cycle

Global Humanitarian Overview 2021: Timeline

ACTION	RESPONSIBLE	DEADLINE
Identify thematic links to current state of humanitarian aid (Part 1) as well as lead/contributors.	OCHA	January-July
List of countries to be included in the GHO endorsed by OAD (end August) then sent to OUSG and approved by the USG	APMB/OAD/OUSG	15 September
Deadline for inputs on 2020 achievements (projections if need be) by Agencies and GCCs, if possible drawing from on-going HNO-HRP preparations	Agencies/GCCG	30 September
Deadline for field inputs (narrative and figures) for Part 2	OCHA COs/ROs	9 November
Green light by OUSG for whole document	OUSG	20-24 November
Embargoed GHO goes to media	ERPS/SCB	30 November
Launch of the GHO	ERPS/SCB	1 December