

2014

STRATEGIC RESPONSE PLANNING

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Responding to the IASC Transformative Agenda and building on innovations in the field, this guidance and the accompanying template will assist Humanitarian Country Teams (HCTs) in preparing a **strategic response plan**. This stage of the programme cycle follows the finalization of the humanitarian needs overview.

A strategic response plan is prepared for any humanitarian crisis that requires international support from **more than one agency**. The plan must specify the shared vision or strategy to respond to the assessed needs, and serve as the basis for carrying out and monitoring the collective response.

The strategic response plan consists of two parts (the deadlines are for those countries that follow a calendar-year planning cycle):

- Country strategy, with narrative, strategic objectives and indicators – draft by 22 October, final by **29 October 2013**;
- Cluster plans (objectives, activities and accompanying projects) which detail how the strategy will be implemented and how much it will cost – draft by 22 November, final by **29 November 2013**.

The strategic response plan, along with the humanitarian needs overview, replaces the preparation and publication of the traditional CAP document. Previously, each HCT presented its humanitarian plan in the common humanitarian action plan (CHAP) section of a CAP. The plans' quality has improved in recent years, but most strategies still have not sufficiently built on needs analysis and prioritization or stated meaningful objectives to allow humanitarian action to be sufficiently focused, incisive and measurable. The IASC has therefore changed the product and process.

In line with the IASC Transformative Agenda, these changes should improve the sequencing and inter-connectedness between each part of the humanitarian programme cycle—from the assessment and analysis of needs, to the planning of the strategic response, resource mobilization, implementation monitoring and evaluation of operations—in order to achieve more evidence-based, strategic and prioritized humanitarian action.

Note on terminology: The term “cluster” refers to sectoral coordination that uses the ‘cluster approach’ introduced after 2005 as part of an effort to reform humanitarian response. However, the references to “cluster” in this guidance should be understood to refer to the range of sectoral coordination mechanisms that are in place in humanitarian response operations.

BACKGROUND INFORMATION

Template

The strategic response plan template is flexible and can be modified as required. It consists of two components: (i) the country strategy and (ii) the cluster plans. The template does not include a section on “2013 in review”; the IASC will provide additional information on response monitoring and reporting in the coming months, including the format for reporting on 2013 results.

While the template contains a comprehensive set of headings to structure the document, not all parts need to be drafted in every situation and additional headings may be required depending on the context. Humanitarian Coordinators (HCs) and HCTs should exercise judgment in determining which sections are relevant for their context. The minimum information required is the strategic framework (objectives, indicators, targets) and an explanation of how the plan will be carried out. The plan is published online and therefore serves as the primary public planning document for the HCT. For this reason, it must be kept relatively concise and readable by an informed public.

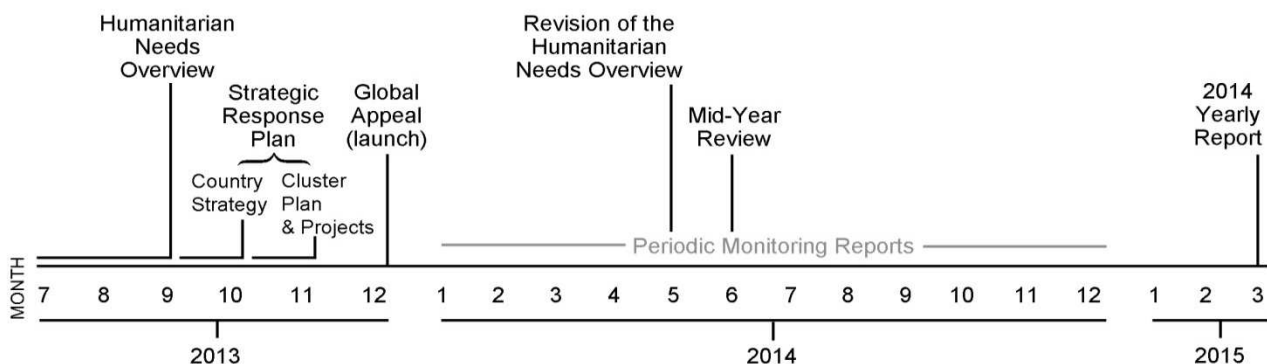
Timeframe

Most HCTs develop their strategic response plans on a yearly basis, in the last quarter of the year for the following calendar year, and usually cover a calendar year, January-December. Where needed, the planning timeframe can be adapted to operational requirements. For example, a plan’s period may start before or after January if it is necessary to take into account a country’s hazard cycle or harvest. Also, a HCT can elaborate a multi-year plan if needs and planned responses change little from year to year or to justify resources for multi-year programming like resilience-building actions. The HC/HCT must decide the timeframe of the strategic response plan in advance as this will directly affect the direction of the strategy.

Factors to consider when deciding whether to adopt a multi-year approach:

- Degree of political stability.
- Sufficient information on cropping cycles.
- The likelihood of humanitarian needs continuing to exist in the planning years.
- Indications that donors will fund multi-year implementation.
- A context in which preparedness and resilience actions are possible.
- Sufficient monitoring methods in place.

Timeline for Protracted Emergencies
(Sample using calendar year planning horizon)



Note on timeline: For non-calendar-year plans, OCHA-Geneva will provide the HC/HCT with individual guidance and a suggested timeline. While the timing may differ, the sequence of processes/products remains the same for any protracted crisis: a humanitarian needs overview is developed first; next comes the development of a country strategy; and the strategy governs the development of cluster plans and accompanying projects. A revision of the humanitarian needs overview and strategic response plan usually take place six months after the finalization of each. Any support for global-level advocacy and resource mobilization should be discussed further with OCHA-Geneva.

Links to the humanitarian needs overview¹

As a precursor to the strategic planning process, the HC/HCT produces a humanitarian needs overview. This overview outlines the shared understanding of the evolution and impact of the crisis through analysis of existing needs data and expert knowledge. More specifically, it sets out the basic parameters for and drivers of the crisis, identifies the magnitude (people in need) and the priority needs, based on a consultative process. It therefore informs the strategic response plan by comprehensively analysing the crisis and the associated needs. A direct link between the overview's priority needs and the plan's response actions should be established.

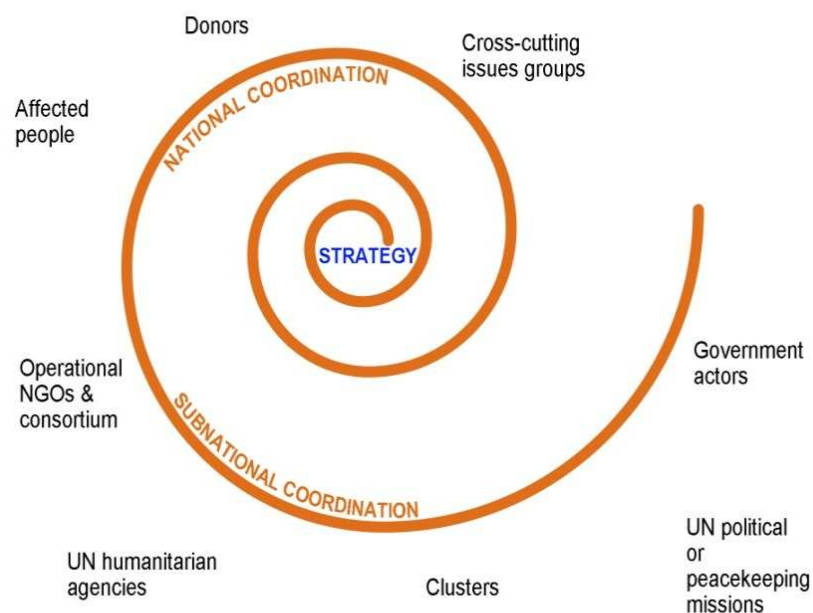
In some countries, an optional prioritization tool is used to support inter-cluster analysis. For these contexts, the prioritization tool can support the establishment of response boundaries and, within those boundaries, the priority actions – in line with the priority needs identified in the humanitarian needs overview. The vulnerability indicators or criteria of severity per sector (which are part of the optional prioritization tool) should be referenced when developing the strategic objectives and indicators.

Participation²

The strategic planning process must strive to be inclusive, involving all IASC members and other humanitarian actors—including national and local authorities—and the affected people, in order to best determine response priorities, map out coverage and determine gaps or duplication. Outreach to non-governmental organizations (NGOs) is particularly important given their contextual expertise, knowledge, and reach, which are critical in defining the strategy. If there is a NGO consortium present in country, it should be invited to participate in the process, along with key national and international operational NGOs. The HC/HCT should also promote collaboration with protection and cross-cutting issues' groups and donors. Where there is a UN political or peacekeeping mission, relevant mission personnel should be invited to participate in the planning process, as required.³

In terms of the affected people, and in support of efforts made by each individual agency, it is important to establish a more direct and responsible relationship between humanitarian actors and aid recipients. Affected communities need to be engaged in the strategy development process, their views incorporated into the plan, and the plans

Participation in the strategy development process



¹ For guidance and templates on the humanitarian needs overview, please see: <https://assessments.humanitarianresponse.info/>

² In contexts where there are clusters at the national and sub-national levels, they are integral to the strategy development process and should channel the views of the affected people and NGOs to the inter-cluster coordination group and the HCT.

³ See the *UN Policy on Integrated Assessment and Planning*, dated 9 April 2013.

shared with them. Good communication between aid workers and the affected communities leads to meaningful dialogue, thereby improving the quality of the strategy and the actions linked to it.⁴

Reviews and revisions

If there are changes to the humanitarian situation that affect the direction of the collective operational response, or if actions are not achieving the necessary effects, the HCT and clusters should review the strategic response plan, including the funding requirements, and revise as needed. Any revision to the strategic response plan may require review or revision of the humanitarian needs overview. Mid-year reviews of the strategic response plan will take place in 2014; additional guidance will be provided before that process. (Minor adjustments to activities, projects, budgets, and priority ratings can and should be done frequently; these are easily re-published on line.)

Funding requirements for the plan

The total funding requirement (or “price tag”) of the strategic response plan is derived through coordinated project planning or by budgeting cluster activities based on a standard or estimated beneficiary/unit cost as is done in Afghanistan and DRC. To the extent possible, the funding requirements should reflect all planned humanitarian action linked to the strategic objectives. The government’s funding requirements for its part in humanitarian response are not included in the plan, but they should be engaged in the process as appropriate to that context. For multi-year strategic response plans, it is recommended that costs be separated by year, as most humanitarian funding has a one-year spending limit.

Appealing for funds

The strategic response plan is primarily a strategy- and priority-setting document for the response and an advocacy tool, which can also be used in support of resource mobilization. Organizations, as always, should approach donors directly, citing their agreed parts in the plan. In terms of appealing for funds, as with past practice, OCHA-Geneva will produce (likely in December) an annual consolidated appeal, compiling all the strategic response plans, for inter-agency advocacy and fundraising purposes. This document will summarize the strategic response plans and list the estimated funding requirements per crisis. The HC/HCT may wish to prepare other material for local resource mobilization and advocacy purposes, with support from OCHA and other organizations’ headquarters, as needed. When appealing for resources, the HCT should carefully consider which strategic response plan organizations wish to be included in a local appeal.

Links to other planning frameworks⁵

The strategic response plan should ensure coherence with national recovery, durable solutions, and development frameworks, if present in the context. This may include an United Nations Development Assistance Framework (UNDAF), developed jointly with the national government, or a specific UN recovery or transition plan. There are also national frameworks developed by the government, such as poverty reduction strategies, compacts, and transitional results frameworks. The names, time horizons, geographical focuses (national or sub-national) and contents (long-term development, or transitional) may vary but they represent the vision and priorities of national actors for a transition out of crisis. Experience indicates that failure to establish and articulate synergies and distinctions between different planning frameworks misses opportunities and generates confusion over the process, roles, responsibilities and accountability. When developing the strategic response plan, the humanitarian community should consider: (i) what are the relevant programmatic frameworks guiding humanitarian, recovery and development interventions? (ii) which coordination structure has the responsibility for developing and/or monitoring the implementation of each programmatic framework? (iii) what implications would other plans have on the design, implementation and monitoring of the strategic response plan.

⁴ Elements of accountable practice have been promoted through various guidelines, codes of conduct, standards and tools of each individual agency, as well as through the IASC’s five commitments to accountability to affected populations (see <http://www.humanitarianinfo.org/iasc/>). These should be used to guide the humanitarian system in placing affected people at the center of response operations.

⁵ See *Lessons Learned and Good Practice Tool: Adapting Coordination Mechanisms to Support National Transitions*, dated October 2012 (UNDP, DOCO, OCHA).

Roles and responsibilities

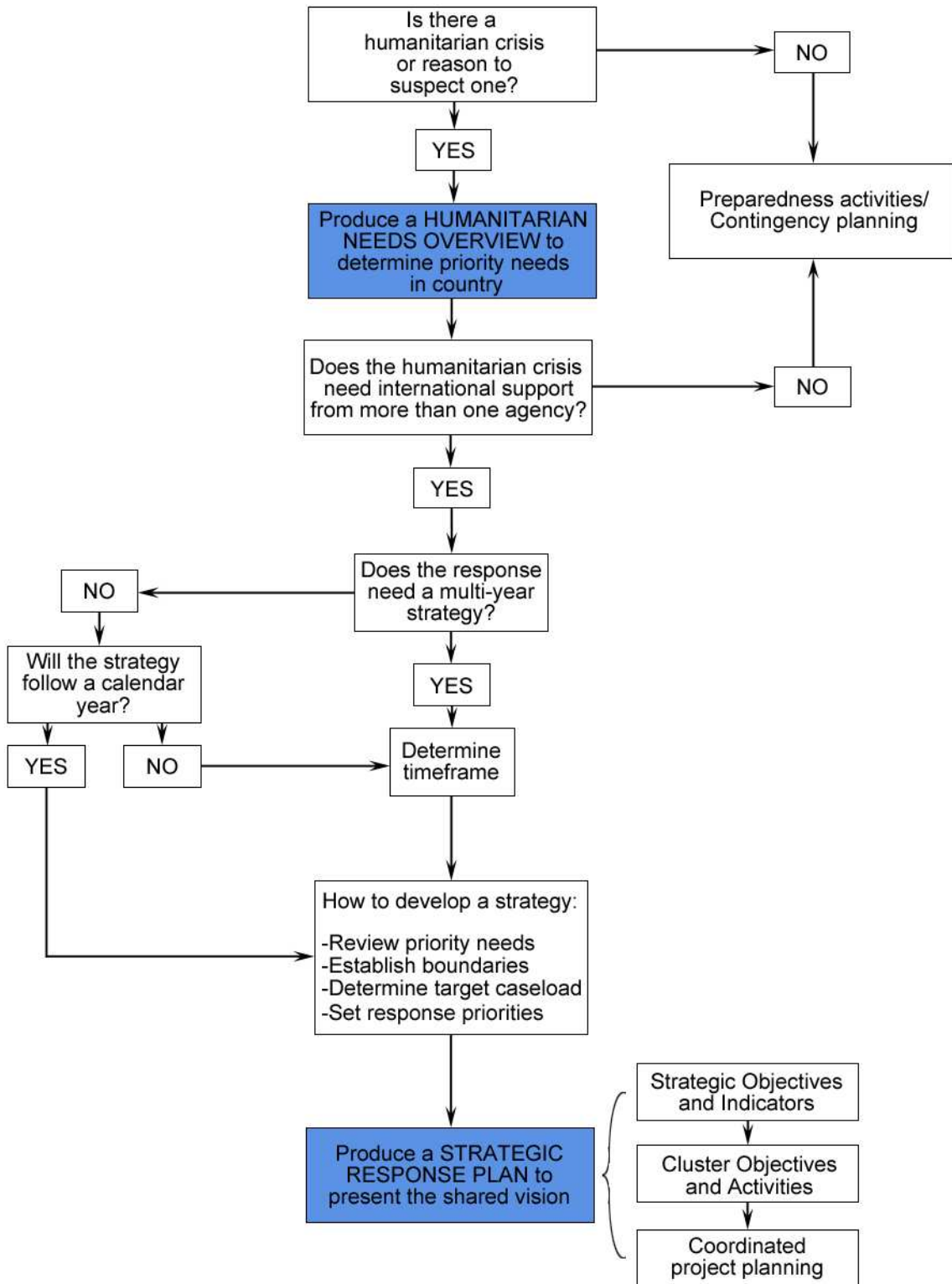
Successful strategic response planning depends on effective coordination, information management and data analysis, and a commitment to set response priorities based on need. Developing a plan is also a matter of process management. The sections below clarify how the HC, HCT, OCHA and cluster coordinators can manage the process.

HC/HCT	
<p>The HC is responsible for providing leadership to the strategic planning process and, together with the HCT, for defining the overall vision and prioritization for humanitarian action. The HC/HCT should ensure the strategy is based on a thorough protection analysis and developed through consultation with the broadest range of humanitarian actors, and then implemented and monitored. (The IASC will give additional guidance on monitoring in the coming months.)</p>	
OCHA	Cluster Coordinator ⁶ (with support, inputs and engagement of cluster partners)
<ul style="list-style-type: none"> Coordinates the establishment of an agreed set of planning figures (IDPs, refugees, host families, etc.) which serve as the basis for the strategy development process. Facilitates the development (or revision) and subsequent monitoring of the strategy and leads the process for its production, including development of a timetable and organizing a workshop or meeting(s) of the HCT. Prepares a draft country strategy (strategic objectives and indicators) based on HCT decisions and inputs from agencies and clusters. Supports clusters as needed in identifying cluster objectives and activities (and accompanying projects) and in ensuring that they are in line with the strategic objectives. Finalizes the strategic response plan (country strategy and cluster plans) in coordination with agencies and clusters, and submits to the HC and HCT for approval. Keeps a complete and up-to-date 'who does what where (when)' (3 or 4Ws) database to better identify coverage, gaps and overlap. Conveys funding information from donors or agencies to the Financial Tracking Service (FTS)⁷ (fts@un.org). 	<ul style="list-style-type: none"> Participates in elaborating the process for completing the strategic response plan (reviews the guidance, adapts templates, agrees to timelines, etc.). Engages with cluster partners and other humanitarian actors on the strategic objectives and cluster plan to ensure inclusiveness of all partners. Gives the HCT inputs for the country strategy, as needed, and reviews the overall strategic response plan, as required. Drafts cluster objectives and activities necessary to fulfil the cluster's part of the strategic objectives; ensures cross-sectoral collaboration and the mainstreaming of protection and cross-cutting issues; and takes into account coverage by government and other actors that are not part of the plan to ensure the most efficient set of activities (and related projects) to meet response priorities. Prepares an internal division of labor, oversees the peer-review process for the selection and prioritization of projects, and supports the HC in the review and endorsement of projects. Keeps a complete and up-to-date 'who does what where (when)' (3 or 4Ws) database to better identify coverage, gaps and overlap.

⁶ Please see [Guidance: Role of Cluster Coordinators in the Consolidated Appeal Process](#), dated September 2011.

⁷ FTS receives funding information from agencies' and donors' headquarters as standard practice, but field information is usually necessary to complement information communicated through the usual reporting mechanisms.

Flowchart of strategic response planning decisions



COUNTRY STRATEGY

Effective strategic planning outlines the direction where the humanitarian community has to go and the actions needed to make progress, and also how it will know if it is succeeding.

Strategic planning is a management tool to help the humanitarian community do a better job – to focus its energy, to ensure that organizations are working toward the same goals, to assess and adjust the humanitarian community’s direction in response to a changing environment. The process is “strategic” because it involves being clear about the longer-term goals and the medium-term objectives, being aware of the resources and capacity, and incorporating both into being responsive to a dynamic environment. The process is about planning because it involves setting goals, developing an approach to achieve those goals, and assigning responsibility as much as possible.

The plan is ultimately a set of decisions that shape and guide what the collective response operation is, what it does (and will not do), and why it does it, with a focus on the future. As it is impossible to do everything that needs to be done, strategic planning requires exclusion of various possible actions, and prioritization of some actions among the selected ones. Much of the “strategy” lies in making the tough decisions about what is critical to do and how to do it.

Generally, there are four steps to strategy development:

1. Establish a process.
2. Collect data and analyse the crisis, including from a protection perspective, to set the parameters of the strategy.
3. Draft the strategy (keeping in mind the planning assumptions).
4. Review and endorse it.

The sections below elaborate on these steps, but first some quality standards are presented for consideration when developing a strategy.



What are the quality standards of a good humanitarian strategy?

- It should be governed by the humanitarian needs overview. Its priority actions should squarely address the humanitarian needs overview’s priority needs, and its boundaries and target population should be within (and usually more selective than) the scope of needs reliably identified in the humanitarian needs overview.
- It should be results-based—committing itself explicitly to improvements in the conditions of people in need, not just enumerating the actions collectively taken by humanitarian actors.
- Its objectives, taken together with their indicators, should be ‘SMART’ (specific – measurable – attainable – relevant – time-bound).
- It should be bounded. Many protracted crises happen in contexts of general poverty and deprivation. In such contexts, humanitarian need can be detected almost anywhere. The strategy must draw the line so as to be clear about what needs it will address, and what it will have to omit.
- It should be prioritized. There are almost always more necessary or desirable actions to be done than capacity and resources allow, and it is permissible to plan to address as many as possible, up to full capacity—i.e. drawing the boundaries as wide as implementation capacity allows. However, this has to be accompanied by prioritization within those boundaries. The humanitarian imperative demands that the humanitarian community identify and address the top-priority needs first.

How to establish a process

Strategy development takes time. It is a consultative process, which may require deciding one direction among various possible courses of action. Under the leadership of the HC, the HCT is responsible for setting common objectives and priorities. While the key decisions are made by the HC and HCT, with support from the inter-cluster

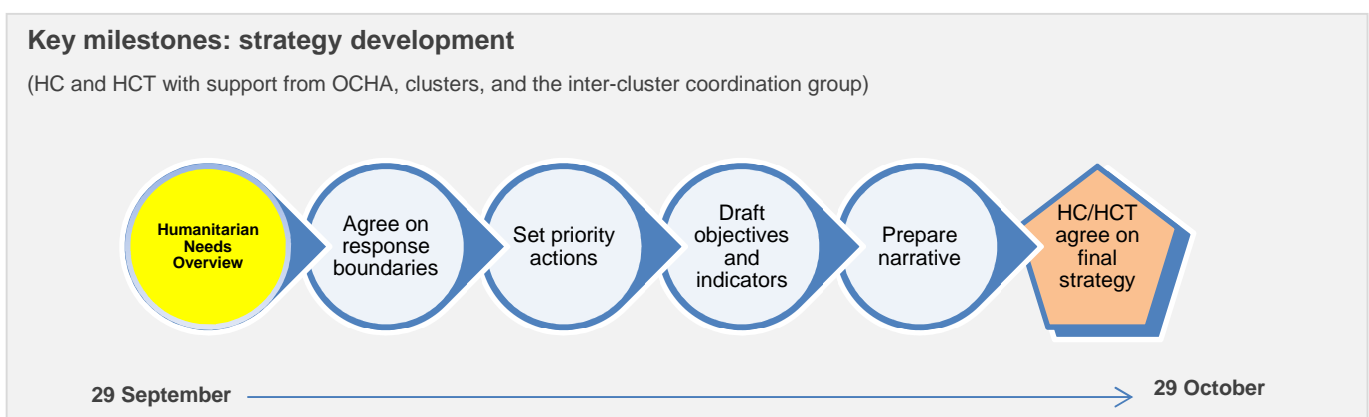
coordination group as needed, it is recommended that a dedicated team be established to manage the process and to undertake the practical actions needed to reach and implement those decisions.

There is no “one size fits all” approach to the type of strategy development process needed for each country. Each country’s steps, methods and timeline used must be based on the crisis, hazard cycle, actors and coordination structures in that country. To be successful, there needs to be widespread commitment and ownership of the process, among both international and national actors; clearly identified roles and responsibilities; and agreement on data sources, consultation methods and timelines in advance. Also, broad consultation and feedback opportunities throughout the development and drafting of the strategy are needed.

It is generally recommended that the HC set the direction by holding a workshop or meeting—with all relevant humanitarian partners in attendance—and establishing a small working group to develop the initial strategic objectives and indicators for the broader humanitarian community to review. These drafts are circulated electronically for review (sometimes followed by another meeting) to finalize the strategy. OCHA supports this process by facilitating the consultations, collecting inputs and preparing a draft of the strategy. Consultations with affected women and men need to be done to ensure their views are represented in the strategy. National and local authorities should be in the lead and their capacity strengthened wherever possible.

Based on the context, the HCT needs to consider how best to engage sub-national levels in the strategy development process, or how to ensure more complementary and coordinated humanitarian, recovery and development assistance planning and delivery in order to build national capacity to prepare for and manage crises and to contribute to post-crisis recovery.

A suggested timetable will be provided as a separate accompaniment to this guidance. Below are key milestones in the strategy development process.



How to set the parameters of the strategy

The quality of the strategy will only be as good as the understanding and analysis of the context. The context is important in designing the response. The humanitarian needs overview forms the basis of the contextual analysis, supplemented by data from other sources as needed. Consultations with a wide range of stakeholders at both the subnational and national levels inform the analysis. It is important to weigh the benefits of an extensive consultation or comprehensive analysis with the need for a condensed product and a shorter process.

In the analysis of the context and to help set the parameters of the strategy, the following steps should be taken:

- Review the **priority needs** and inter-sectoral analysis in the final humanitarian needs overview. This will determine the direction of response operations (though the strategy will likely go beyond the top-priority needs outlined in order to ensure a holistic response to the crisis).
- Establish the scope or **boundaries** of the collective humanitarian response, because humanitarian actors cannot cover all the needs in country, particularly in contexts with general vulnerability and poor social services. These boundaries can be geographic, demographic, sectoral, temporal, or other measures of vulnerability to draw the line between what the HCT must achieve (which is included in the strategy) and what is secondary. Previous funding coverage or future funding forecasts and capacity are not factored

into the scope of the strategy. In other words, it is not trimmed in line with expected funding, though it should certainly be prioritized (see point below).

- Take into account those needs being **addressed by others**, including the affected government and non-humanitarian actors, as well as what actions relevant to the strategy are planned in other programming tools such as national recovery plans, UNDAF, poverty reduction programmes, or bilateral aid programmes. The strategic response plan should be complementary and coherent with the various other planning or programming frameworks.
- Determine the **target caseload**⁸ (number, type and location of people to be helped, perhaps broken down by cluster/sector) based on the different types of need, boundaries of the response, and the initial planning figures. The number of target beneficiaries is usually less than the number of people in need listed in the humanitarian needs overview.
- Describe the **response priorities**. Prioritization at strategic level is difficult—hard to decide, and hard to articulate. The clusters' activities (and eventually projects) are later to be triaged into two clear categories, top-priority and all other—see cluster response plan section below. That is because it's important for prioritization to have practical results—specific actions, visibly linked to the HNO's top-priority needs. But first, at this strategy-setting stage, prioritization at the strategic level consists of (1) setting and justifying the boundaries for the SRP overall, as described above; (2) describing how the HCT has translated the needs analysis with its top-priority needs into the strategic objectives; and (3) setting the criteria for clusters to prioritize specific activities (and consequently projects).



Though it may seem logical and rigorous to rank the strategic objectives into different levels of priority, this is not required, because it is difficult to articulate the objectives in a way that makes them purely one priority level or another. But an HCT may so rank its strategic objectives if it wishes.

The strategy needs to reflect protection and other cross-cutting issues, which may include gender, environment, age, disability, HIV/AIDS and mental health, among other issues relevant to the specific context. Evidence of gender-aware planning needs to be seen in the overarching strategy, ensuring a more equitable participation and fair distribution of humanitarian benefits. The strategy should also be based on sound protection analysis and contribute to building resilience⁹ by supporting the affected people's coping mechanisms and capacities, and aiming to reduce chronic vulnerability. Building resilience can be done by the use of both programmatic principles ("do no harm", etc.) or other approaches and innovations (e.g. cash transfers¹⁰). An approach that focuses on strengthening the resilience of communities and households can increase the impact and cost effectiveness of humanitarian aid.

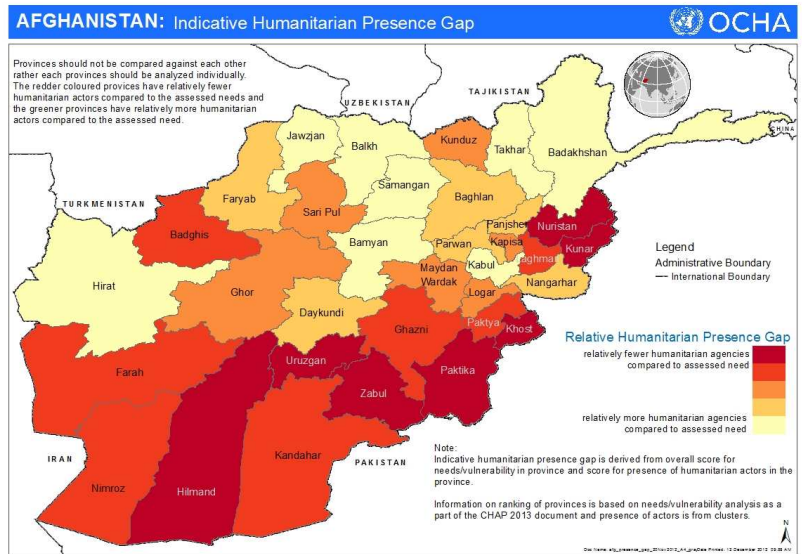
⁸ For some priority action (e.g. advocacy), it may be difficult to identify the exact target caseload. This absence of such figures should be explained in the strategy.

⁹ Resilience focuses on the ability of households, communities and systems to withstand, adapt and recover from stresses and shocks. Communities and households are resilient when they are able to meet their basic needs in a sustainable way and without reliance on external assistance. Resilience is therefore a goal, rather than an approach or activity in itself. Disaster risk management, conflict-sensitive programming, peacebuilding and climate change adaptation are recognized by many governments and partners as key strategies to build resilience.

¹⁰ Cash-based modalities (cash and vouchers) for delivering humanitarian aid have risen in prominence over recent years. Cash transfers or vouchers can be used alone or in combination with in-kind responses. It is important to note that cash transfers are not programmes within themselves, but are the tools used to achieving programme objectives. When using cash modalities, HCTs should consider local markets and evaluate intervention impacts to ensure meeting the "do no harm" principle.

Example: Afghanistan – humanitarian needs versus humanitarian presence

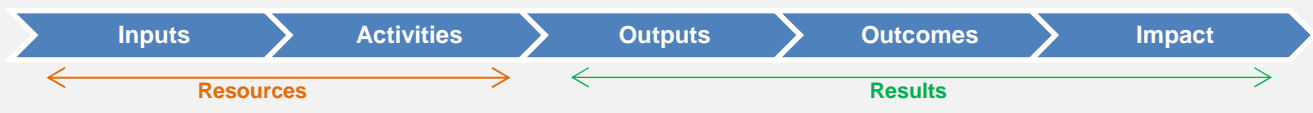
The 2013 Afghanistan Common Humanitarian Action Plan used a tool to analyse the humanitarian needs and vulnerabilities. In addition, each cluster and the Humanitarian Regional Teams collected information on humanitarian organizations working in their cluster by province. The presence of humanitarian actors per province was ranked on a scale of one to five, with a score of five indicating the highest number of actors. This was then compared to the needs in order to get a rough determination of provinces with gaps in coverage. This analysis did not compare the provinces against each other, but was used to understand the needs versus the number of humanitarian agencies working in the provinces. A large number of actors did not necessarily mean all the needs were covered, and the prevalence of conflict as well as access and security issues were considered when analysing those provinces with a high number of needs and a low number of actors. This information was plotted on a map to obtain a more comprehensive understanding of needs versus presence, and used to help set the response direction and priorities.



It is important to note that any tool should not be used in isolation, but must be properly used alongside inter-sectoral analysis of the crisis and review of the operating environment.

Background information on the planning hierarchy

The combination of resources (inputs) and actions/tasks (activities) result in delivery of products, goods, or services (outputs), which over time leads to short- or medium-term effects of the outputs (outcomes), resulting in a change in the humanitarian situation (impact). The graphic below illustrates this interlinked chain which explains the basis of planning and response monitoring.



(See definitions in Annex 2.)

How to write the strategy

The strategy articulates the humanitarian community's shared vision or direction for the response. It outlines the decisions regarding the boundaries – and within those boundaries the key priorities – of humanitarian action. Priorities may be codified, and applied to planned actions, through the establishment of criteria, usually specific to the context.

The strategy clearly notes what the plan is relying on non-humanitarian actors or mechanisms (like UNDAF) to achieve as part of a durable resolution of the

Drafting Tips:

- * Avoid using complicated language or UN jargon.
- * Don't have too many people or only one person drafting the document.
- * Present a compelling case for the direction chosen.
- * Ensure that the conclusions of the consultation process, particularly with affected people, are represented in the strategy.

humanitarian crisis. While the majority of humanitarian action remains outside of the scope of integrated missions, any elements of the strategic response plan that support peace consolidation must be aligned with the Integrated Strategic Framework,¹¹ if one exists.

The strategy is not funding-driven or limited by expected funding supply (though actions within the strategy must be clearly prioritized, as full funding is unlikely). It strives to ensure coverage of the highest-priority needs, addresses the interactions and root causes of needs, and builds affected people's resilience. The strategy addresses the distinct needs of females and males, and takes into account specific vulnerabilities (e.g. age, disabilities), risks (mines, natural hazards), and cross-cutting issues like protection.

The strategy is codified in the logical framework ("logframe"), which details the strategic objectives and indicators. This establishes the "frame" for all detailed planning and programming, and for monitoring the results of the plan and the evolution of the crisis on which it is based. A review of previous common humanitarian action plans in 2013 indicated that this "frame" is the weakest part of the strategy and that improvement is needed in defining the strategic objectives, selecting relevant and measurable indicators and targets, and the connections between these and the cluster objectives/activities.

Specific (to what it is supposed to measure)
Measurable
Achievable
Relevant
Time-bound (within the planning period)

The table below gives an example of a well-formulated strategic objective and indicators. Strategic objectives are usually inter-cluster by nature, though they can be cluster-specific if the problem they address rises to the level of a strategic priority. The indicators need to relate directly to the strategic objective. The objectives and indicators together must meet the SMART criteria. The proper formulation of strategic objectives and indicators, along with cluster activities, is essential for response monitoring later on. The sections below provide guidance on how to write strategic objectives and indicators.

Strategic objective: Mortality and morbidity among the 2.7 million displaced people is reduced to sub-emergency levels.

Indicator	Baseline and target	Monitoring method
Global acute malnutrition	<ul style="list-style-type: none"> Reduced from high (>15%) to moderate (5-9%) among under-fives 	<ul style="list-style-type: none"> Rapid nutritional assessments Bi-annual nutrition surveillance
Crude mortality rate among IDPs	<ul style="list-style-type: none"> Reduced from current 1.7 / 10,000 / day to <1 / 10,000 / day 	<ul style="list-style-type: none"> IDP camp health center reports
Communicable disease incidence among IDPs and other war-affected people	<ul style="list-style-type: none"> Reduced from current 490 / 1,000 / year to 250 / 1000 / year 	<ul style="list-style-type: none"> Health Management Information System
Number of acute malnourished boys and girls under five, pregnant and lactating women admitted and treated in line with Sphere standards.	<ul style="list-style-type: none"> 115,000 	<ul style="list-style-type: none"> Partner monthly statistical reports Bi-annual nutrition surveillance WASH Cluster monthly reports
Percentage of the population adopting measures to reduce vector-borne disease risk.	<ul style="list-style-type: none"> 90% 	
Percentage of 3.5 million war-affected people accessing up to 2,100 kcal per person per day each month	<ul style="list-style-type: none"> Baseline 45%; target 80% 	<ul style="list-style-type: none"> Semi-annual food security survey
Case fatality rate / CFR (disaggregated by age and sex) during outbreaks reduced to internationally agreed standards and	<ul style="list-style-type: none"> CFR cholera <1% CFR measles <5% 	<ul style="list-style-type: none"> Health Management Information System Monthly epidemiological bulletin
Percentage of the population covered by pre-positioned medical supplies.	<ul style="list-style-type: none"> 50% 	<ul style="list-style-type: none"> Weekly disease surveillance and reporting system
Number of war-affected people (disaggregated by sex) who gain access to safe water	<ul style="list-style-type: none"> 835,000 (out of 1.3 million currently lacking it) 	<ul style="list-style-type: none"> WASH Cluster partner reports Monthly field visits and reports

¹¹ See the *UN Policy on Integrated Assessment and Planning*, dated 9 April 2013.

Strategic Objectives

The strategy should contain three to five strategic objectives. A strategic objective is a higher-level, medium-term result or change that the humanitarian community needs to achieve over a certain period to move closer to achieving its goal. It focuses planning and programming, and (with its indicators and targets) details how to measure if they are having the necessary effect.

Each strategic objective must be specific enough (at least in terms of caseloads and places) to help focus the response, and clear and compelling to affect programming and funding decisions. (It should not, however, be so specific that it resembles an activity; that would put the focus wrongly on what we do instead what we want our effects to be.) A strategic objective has to be comprehensive, addressing a broader aim in terms of scope, while at the same time remaining precise. It has to be achievable and focus at the outcome level (rather than output). Developing the right strategic objectives is no easy task. Getting the appropriate level of abstraction is crucial.

Strategic objectives should be SMART, but as a practical matter they usually become too long and hard to read if the writer tries to put all specificity into them. It is understood that the indicators and targets should be read together with their objective to make it fully SMART (as in the example above).

Writing tips and examples of both good and bad objectives are given below for reference.

Tip: A well-formulated objective summarizes *what* the result of our actions should be and *who* will benefit from the result. It need not describe *how* it will be achieved, as this is illustrated more by the indicators, targets and cluster activities. The right indicators and targets make the objective measurable and ensure it remains specific to be able to govern the response and demonstrate effect.

Tip: Poorly-formulated objectives are usually too abstract or express broad ‘mission’ statements, like “Prepare and respond to emergencies in time”. Of course humanitarian actors will try to save the lives of the most vulnerable and prepare and respond to emergencies. The point of an objective is to apply that general mission to this specific context and planning period and to demonstrate what is the intended result.

Examples of well-formulated strategic objectives (the period of the plan normally supplies their time-bound element):

- Mortality and morbidity rates among the displaced men, women, boys and girls are reduced to sub-emergency levels.
- Basic social infrastructure, in compliance with the minimum SPHERE standard, functions for returnees and host communities living in post-conflict settings in Regions x, y, z.
- The prevalence of severe food insecurity declines to the pre-disaster level. *[Note: depending on the context, pre-disaster levels may not be appropriate.]*
- Male and female pastoralists and farmers in critical flood-affected areas restore their livelihoods and resilience.

For multi-year strategies, strategic objectives may span the entire period of the plan (with phased indicators measuring yearly results), or be phased themselves in a multi-year sequence. Multi-year strategies also should include more early recovery actions; identify specific interventions to develop national and local capacities for emergency preparedness and response; and focus more on building the resilience of affected people.

Strategic indicators and targets¹²

Strategic indicators specify *how* the humanitarian community intends to measure progress towards strategic objectives, usually at the outcome (or less often, at the output) level. Each strategic objective should have three to five indicators, with accompanying targets (and baselines) to monitor results achieved. It is not necessary to choose a indicator from every cluster or cross-cutting issue in order to represent all humanitarian action; only enough indicators to meaningfully measure and illustrate progress towards the objective are needed.

Generally, strategic objectives are measured by **outcome-level indicators**, for example “percentage decrease of global acute malnutrition in [location]”. Occasionally, strategic objectives may be illustrated in part by output-level indicators (e.g. “number of children receiving supplementary food”) or situational indicators which assess worsening or improving conditions in affected areas (e.g. “number of newly displaced women, girls, boys and men”). However

¹² Indicators form the basis of the monitoring framework. It is important to measure and review the implementation and success of the strategy in order to know whether progress is being made, and whether revisions are needed. The actual monitoring and reporting of progress happens only once implementation has begun, so the details about how to monitor indicators will be provided in upcoming monitoring guidance.

in most cases the cluster plans are the place for output indicators (see cluster response plan section below). Except for the service clusters of emergency telecommunications and the logistics, strategic indicators are not used to measure workload or functional statistics (number of meetings held, trainings implemented, reports produced), or otherwise refer back solely to the work of humanitarian implementers.

Tip: In terms of syntax, indicators are usually written in quantitative terms, expressed as a number, percentage, rate or frequency. Qualitative indicators can be more telling, but they usually require surveys or studies to verify progress (e.g. “Percentage of beneficiaries satisfied with healthcare services”). A combination of quantitative and qualitative indicators is recommended.

When formulating indicators, some key questions that the HCT may wish to consider include: (i) what should the condition of the affected population to be at the end of the planning period, and what indicators and targets best encapsulate and measure that? (ii) what can be feasibly monitored and analysed given resources and capacity constraints? (iii) what information will be useful for decision-making and learning?¹³

Strategic indicators must directly relate to the concerned strategic objective, and together fulfil the SMART criteria. No indicator is or is not SMART by nature as this depends on the context and the capacity to measure results. For example, a reduction in morbidity rates at the scale of an entire country is a difficult indicator to measure, therefore not SMART. However, that same indicator is measurable and SMART when applied to the population of a refugee camp or specific geographical location.

There is also the possibility of using indirect (or proxy) indicators as an alternative means of measuring abstract results, or when it is difficult to measure directly due to cost, complexity and timeliness of data. Proxy indicators can supplement unavailable information by obtaining data from related topics or different sources, but their validity can be easily challenged. For example, when assessing government officials’ respect for humanitarian principles following a sensitization campaign, a proxy indicator can be: “Number of agencies providing assistance beyond the government-controlled area.” However, even where reliable data on access are available, it is often difficult to establish a clear cause-and-effect relationship to demonstrate that the sensitization campaign has resulted in improved knowledge and behaviour change.

Indicators have to be selected with consideration for their feasibility and the cost of data collection: who will measure the indicators, how often, when, and what resources are available for doing this. A manageable and measurable list of indicators that best represent the humanitarian situation and the desired impact of humanitarian actions must be selected for the plan. These should be disaggregated for males and females, allowing comparisons of respective benefits to each.

A limited amount of accurate data on a few key indicators is better than lots of poor quality data on many or poorly defined indicators. Baseline data are also needed to be able to measure progress; otherwise the indicator becomes meaningless. The planned data collection tool or sources¹⁴ for strategic indicators are to be specified under the “monitoring method and responsibility” in the template.

Finally, targets express what is considered necessary and realistically feasible by the humanitarian community within the period of the plan. In most cases, the target will not be the same as the overall estimated need, or the total affected population. Reasons for this commonly include coverage by others, lack of access, boundaries or thresholds of need, or cost inefficiency. However, a lack of resources (human or financial) is not a reason for diminishing the target. An intervention considered necessary and feasible must be included in the plan and in the target, even if resourcing prospects are poor. Finally, setting targets is necessary in order to properly undertake response monitoring—measuring the actual results obtained and comparing them with the targets throughout the year.

Planning assumptions

Regardless of how thoroughly a strategic response plan is prepared, unexpected events or external factors outside the control of the HCT—such as an economic recession, fast-breaking health crisis (like cholera) or a flare-up of armed conflict—may impact the operations and subsequently require a revision of the plan. The strategy should

¹³ As a future resource, an online humanitarian indicators registry (ir.humanitarianresponse.info) is being developed by the global clusters. The registry will serve as a menu of commonly-used indicators corresponding to most humanitarian activities, and it will provide standard definitions, explanations and applications of indicators. Please consult the relevant Global Cluster Coordinator if additional support and guidance is needed in the meantime.

¹⁴ Data collection tools vary across the humanitarian community, with household surveys, national information management systems, assessments, and a range of reports from humanitarian actors and clusters likely serving as ways to measure results.

consider what approaches could be adopted to allow it to be robust yet flexible enough to adapt it to any significant unforeseen events.

Specifically, the HCT should list in the strategic response plan the major variables or factors about which they have to make guesses or assumptions in order to plan and budget a year of action. They should outline any key projections about the evolution of needs on which the number of people targeted and the rest of the strategy are based. (For example, the food insecurity caseload might increase at mid-year, judging by historical patterns, or the number of refugees might decrease.)

Only significant and likely external factors risks should be identified and translated into planning assumptions. (Usually only three to five assumptions need to be stated.) An assumption describes an external factor/risk as a positive statement or condition needed for the plan to meet its objectives, or on which its objectives and targets are based. For example, an assumption for a context where there is a risk of a flare-up in conflict could be: "Political and security situation remains stable". Only those likely factors with significant potential effects need to be mentioned; this is not the place for speculation on all conceivable risks. Context monitoring should then track those factors or variables, and if they start to differ importantly from the planning assumptions, the HCT should update the humanitarian needs overview plus revise the strategic response plan if needed. (Minor adjustments to activities, projects, budgets, and priority ratings can and should be done frequently; these usually don't necessitate a strategic revision and are easily re-published on line.)

How to review and endorse the strategy

The quick finalization of the strategy depends on how well the strategy development process is established at the outset (step 1) and whether there is wide-spread agreement on the data and consultation method used as the basis of the strategy (step 2). It is important to structure the review process, assigning clear responsibilities to individuals or groups for review of specific sections of the final document, and to ensure that all stakeholders understand the process and timelines. Ultimate responsibility for determining the direction of the response rests with the HC, who is charged with endorsing the document, prepared in consultation with the HCT.

After the strategy is endorsed, it governs the cluster plan and coordinated project planning (see next sections), is published (with the title "Strategic Response Plan," replacing the previous consolidated appeal) and then implemented, monitored and revised as needed.

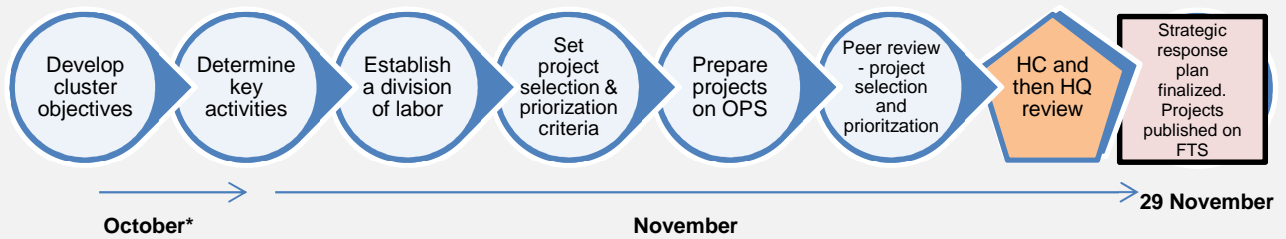
CLUSTER RESPONSE PLAN

Based on stakeholder feedback and in line with the simplified cluster logframes previously used in CAP documents, the content of cluster response plans includes the essential components of cluster objectives, activities with targets, and planned projects. This information is presented as an accompaniment to the country strategy.

In terms of process, each cluster develops its plan only after the initial draft of the country strategy is developed. (Waiting for the final strategy would be better, but time is tight between now and November 29, so clusters can start their planning based on the strategy draft to gain time.) Cluster plans must conform to the strategy and also outline plans for protection mainstreaming. Each cluster coordinator should convene its partners and other relevant actors to determine what the cluster's objectives should be to best support the strategic objectives, and what activities it needs to do to fulfil the objectives. A second meeting usually finalizes the cluster objectives and lists of activities, and agrees on a division of labor as the basis for coordinated project planning (see next section). The cluster coordinator should prepare and circulate the cluster objectives and activities to partners for comment, before finalising it for the inter-cluster coordination group and the HC/HCT to review.

A suggested timetable will be provided as a separate accompaniment to this guidance. Below are key milestones in the cluster planning process.

Key milestones: cluster planning and coordinated project planning



* To save time, clusters can begin working on their plans based on a draft of the strategy (likely produced around 22 October). The cluster plan must be strictly linked to the strategic objectives.

Cluster objectives

Based on the strategic objectives and on the humanitarian needs overview (especially its priority needs), the cluster should agree on three to five objectives and the corresponding activities to be achieved in 2014. Cluster objectives should be restricted by the boundaries and caseload (number and type of beneficiaries) agreed by the HCT as part of the strategy.

Like strategic objectives (see previous section), cluster objectives should articulate **the outcome or result** that the cluster intends to achieve. For example, “Incidence of communicable diseases reduced among IDPs living in x, y, z” (results-oriented). Cluster objectives should not be formulated as activities; those are described below each cluster objective. Thus, the cluster objective should not be formulated like these: “Pre-position medicines and medical supplies” or “Provide supplies and operational support to primary healthcare clinics”. The outcome-level objectives can be accompanied by specific, measurable indicators.

Cluster activities

Proposed activities must relate to and be justified by the context and the specific analysis of needs. Each cluster should specify the actions, beneficiaries, locations and targets necessary for each cluster objective. This serves to make the strategic response plan more concrete, and makes clear the reasons for the accompanying projects.

Among the planned activities, the cluster must specify which are “top-priority”. This is to make visible the connection to the priority needs, and it will also make the subsequent project prioritization easy—projects that consist mainly of top-priority activities are designated as top-priority projects. (Because the exact method of choosing and communicating the priorities will vary according to needs analysis method and planning method, full guidance on prioritization is coming separately.)

Activities do not only need to be “life-saving”; they can also support response operations (e.g. coordination), or avert irrecoverable harm in a time-critical way (e.g. crop pest prevention). They can be designed with resilience objectives in mind, to enable communities to resist future shocks and reduce aid dependence. (These include building infrastructure, supporting livelihoods, contributing to knowledge and capacities of women and men to cope and manage future shocks like drought and floods.) Activities should adhere to the principles of “do no harm”, “build back better”, promote environmental sustainability, and focus on the most vulnerable. They must also respond to the distinct needs of women, girls, boys and men or justify its focus on one group.

When developing its activities, the cluster should account for planned actions by all partners to avoid duplication and to ensure even coverage. The activities must include all actions needed for the humanitarian community to fulfil its strategic objectives, taking into account capacity to implement and subtracting those actions to be covered by the affected government or other actors not counted in the plan.

Tip: Cluster activities describe an action needed in order to obtain an output, or indeed may just state the output itself, like water points, vaccinations or therapeutic feeding centres. Activities usually start with a verb and provide quantitative information. A cluster does not need to list every minor activity it plans to do; the list should consist of a reasonably complete and specific summary of the core activities to achieve the objectives—a fair representation of the cluster’s plan and costs plus the key implementation targets to be monitored.

Activities are accompanied by defined (output) indicators and targets in order to measure progress when monitoring response. An activity may often be attached to two indicators with targets: one in terms of a material result, and one in terms of the assisted population. See the two examples presented below:

Example 1.

Part of the Nutrition Cluster plan:			Part of the monitoring report:	
Activity	Indicator	Target	Result by xxxx	Achievement / coverage
Treat severely acutely malnourished children in Province ABC	# of TFC open	5	3	60%
	# of SAM children treated	5,000	4,000	80%

Note: In this example, the activity has a specific target in material results and a specific target in beneficiaries.

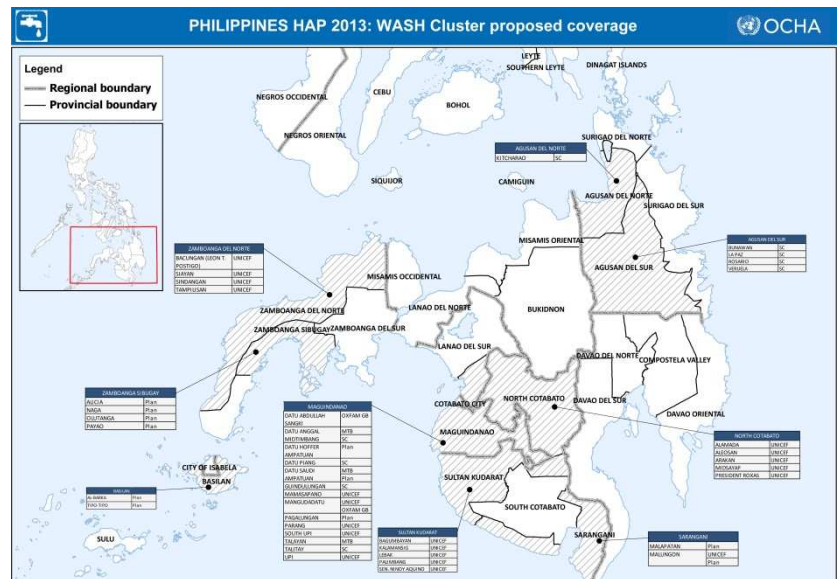
Example 2.

Part of the Logistics Cluster plan:			Part of the monitoring report:	
Activity	Indicator	Target	Result by xxxx	Achievement / coverage
Repair roads and bridges in X, Y, Z	Number of kilometres of rehabilitated roads	600	900	150%

Note: In this example, there are no beneficiaries, because the activity benefits the entire community without having a specific number of beneficiaries.

COORDINATED PROJECT PLANNING

‘Coordinated project planning’ is another way of saying coordinated planning of implementation responsibilities within the cluster, with reference to the cluster’s key activities and collective targets. Projects have two main purposes: as a means to detail and exchange planning information (who is proposing to do what where) within clusters, and for presenting the peer-reviewed implementation responsibilities and resulting budgets per organization to donors. In other words, they are a means to ensure an optimal coverage of needs with no gaps or duplication and convey to donors information that they can act on. They also serve as one method of compiling and vetting the cluster’s and strategic response plan’s funding requirements.



Projects should be strictly tied to the strategic objectives, planning boundaries and agreed cluster objectives and activities. They should avoid gaps or duplication; reflect a proper division of labour; be within the proposing organization’s capacity; show good programming practice; and meet agreed criteria for project selection and prioritization set by the cluster before the drafting and review process. The sections below provide further detail on coordinated project planning.

Timing and process

Coordinated project planning takes place only after the strategy is developed to ensure that the strategy is built on needs analysis and inter-sectoral prioritization, unaffected by organizations’ fundraising concerns. Moreover, clusters should first determine their cluster objectives and key activities, linked strictly to the strategic objectives; these then serve as the basis for project development.

Project planning does not start by soliciting proposals. Instead, cluster members should draft projects to cover the cluster’s planned collective outputs effectively, with an efficient division of labour, and in line with strategy. Projects are a reflection of each cluster member’s part in the cluster plan. There are eight suggested steps to coordinated project planning:

1. Based on the assessed needs, response boundaries, strategic objectives and cluster objectives/activities, the cluster agrees to an internal division of labor in order to coordinate implementation responsibilities to ensure the greatest coverage of needs. This division of labor should take into account those humanitarian actors that do not register their planned actions on the Online Planning/Projects System (OPS), to avoid duplication. While government projects are not included in the plan, their activities should be specified in the division of labor to have a proper mapping of coverage.
2. The cluster establishes criteria for the selection and prioritization of projects, with guidance provided by the HC/HCT as needed. The selection criteria should reflect the boundaries of the response and strategic objectives, and be strictly linked to the cluster objectives and activities. The prioritization criteria should be based on the top-priority activities agreed in the cluster, which in turn derive from the strategic objectives and the priority needs in the humanitarian needs overview, among other considerations. It is important to establish these criteria in advance to set the direction for the process (i.e. establish the “rules of the game”).
3. Organizations¹⁵ prepare projects on OPS based on the agreed internal division of labor, and keeping the selection criteria in mind. The project description should be minimal—a brief narrative, activities, locations, number of beneficiaries, and costs. Concise project information makes it easier for the organization to provide,

¹⁵ For multi-agency projects, each organization should separate their component and budget requirements and upload them onto OPS as separate project sheets.

and for peers to review. Also, many donors require a longer proposal in their own format, so the OPS project sheet need only serve as a brief overview. Projects should normally not be small, splintered and many in number; the information is easier to handle if projects are more aggregated and encompassing. However, for organizations whose planned actions cover different priority levels, it is best to group actions of similar priority into separate projects so that prioritization of projects is reliable and credible. Each project should list the Gender Marker (part of peer review—see section below), and the geographical areas of implementation.

4. Clusters (as a whole or through a review team or by the cluster coordinator¹⁶) peer-review the projects, comparing them to the cluster's agreed division of labour and using the established selection criteria as a basis for vetting. Projects are selected and endorsed only if they address assessed needs, correspond to the agreed division of labour, are feasible for the proposing organization (expertise, duration, capacity, access), and are reasonably budgeted in relation to the agreed implementation responsibilities, among other criteria.
5. The selected cluster projects are then prioritized based on established criteria and through a second peer-review process (with the priority ranking noted on OPS, thus allowing FTS to track funding per priority level). Setting priorities enable donors to fund the most urgent (or time-sensitive) requirements first. It is suggested that projects amounting to only 20-30% of each cluster's funding requirements be designated as "top-priority"; more than this dilutes the meaning and weakens the usefulness to donors and implementers. (Inter-cluster prioritization is not required but may be needed in some contexts.) The cluster coordinator, backed up by the HC, is responsible for ensuring that the projects are well-prioritized.
6. The HC reviews the cluster's selected projects, including the priority levels, and makes any necessary adjustments in consultation with the cluster coordinators and the agencies concerned.
7. Agency headquarters staff review the projects and make any necessary adjustments. Any amendments at the headquarters level may require a second and final review of the project by the HC.
8. OCHA-Geneva publishes the approved projects electronically on the FTS website, where donors can view them.

Proposed projects can have any start or end date within the plan's period. Multi-year projects should only include requirements for 2014, splitting the budget into the (approximate) portion per year, unless a HCT has determined that multi-year funding is likely to be available. Separate projects on cluster coordination requirements (coordination and information management staff, transport, workshops/training, and cluster functioning costs) may be included; cluster coordinators need to prepare their cluster coordination projects by calculating the resources needed, based on consultations with their agency country office and headquarters.¹⁷

NGOs may list their own proposals directly, or be represented (if they agree) in "umbrella" proposals by UN agencies. Whatever the arrangement, the cluster must avoid double-counting (i.e. listing a funding request both as a direct proposal by the NGO and as part of a larger UN project). OPS' enhanced geographical fields should make clear any potential such overlap in the drafting and peer review stages.

Projects can be revised anytime on OPS as the situation evolves and the division of labour shifts.¹⁸ Funding received against the projects will be recorded on FTS.

OPS

Projects should be developed and peer-reviewed through the web-based database, OPS. Each organization is responsible for uploading their draft projects onto OPS, and then subsequently revising them as needed. The project should specify every location in which it will operate, using OPS' enhanced geographical feature for planning purposes. OPS also enables cluster members to transparently view each other's draft projects, and for cluster coordinators to approve or reject draft projects online based on the outcomes of the peer review in the cluster. The HC and agency headquarters also review cluster-approved projects on OPS and edit them as needed. As noted above, approved projects will be published electronically on the FTS website, after final review by the

¹⁶ Peer review can be burdensome if done by all members of a large cluster, so clusters are free to decide to entrust the peer review to a smaller sub-group.

¹⁷ For a more detailed overview of funding cluster coordination costs in protracted emergencies, please see the *Framework on Cluster Coordination Costs and Functions in Humanitarian Emergencies at the Country Level*, May 2011.

¹⁸ HC approval is needed for a revised project if there is a budget increase or decrease of 50% or more than \$1 million.

agency headquarters and the HC. For more information on OPS, including how to register as a user and how to upload or revise projects please see: <http://ops.unocha.org>.

Gender Marker

All projects must include a Gender Marker code. The Gender Marker is a tool that codes, on a scale of 2 to 0, whether a humanitarian project is designed to ensure women/girls and men/boys will benefit equally from it or that it will advance gender equality in another way. If the project has the potential to contribute to gender equality, the marker predicts whether the results are likely to be limited or significant. The Gender Marker also helps donors identify and fund gender-informed projects that help ensure that all segments of the affected population have equal access to quality services. It places attention on the need for advancing gender equality.

Cluster coordinators (or project vetting teams) should ensure that each project is coded correctly and consistently, and that project designers receive guidance as needed. A gender code is assigned based on three critical components: (i) there is gender analysis in the needs assessment that provides relevant sex and age-disaggregated data and gives insights into local gender issues; (ii) this needs assessment is used to identify activities; and, (iii) gender-related outcomes.

In addition to support provided by IASC GenCap Advisers located at headquarters or in the field, more information on the Gender Marker, including a detailed description of the coding, a guidance note, cluster-specific tip sheets, and other useful tools, can be found on:

<http://www.humanitarianresponse.info/themes/gender/the-iasc-gender-marker>

Code	Description
2B	Targeted Action: Project's principal purpose is to advance gender equality
2A	Gender Mainstreaming: Potential to contribute significantly to gender equality
1	Potential to contribute in some limited way to gender equality
0	No visible potential to contribute to gender equality
N/A	Not Applicable: The project does not have direct contact with affected populations, including through their employment, and does not directly affect or determine the selection or use of resources, goods or services accessed by affected populations

RESPONSE MONITORING AND REPORTING

Humanitarian response monitoring fundamentally means answering the questions 'are we doing what we said we would do, and is it having the necessary effect for people in need?' Practically, it is about recording the aid that is actually delivered to the affected population and the aid's primary effects. This includes tracking the inputs (funds, humanitarian actors, projects), the outputs delivered by the projects, the outcome of the clusters' planned activities, and measuring progress made towards fulfilling the strategic objectives. Successful monitoring of the humanitarian response relies on having precisely defined indicators, targets and beneficiaries; clearly outlined roles and responsibilities for monitoring tasks; and the appropriate resources to do it. Previous plans lacked timeframes for monitoring and reporting as well as concomitant responsibilities at various levels, thus making monitoring a weak area of strategic planning. Detailed guidance on setting up a country response monitoring framework, as well reporting on 2013 results, will be provided in the coming months by the IASC. The modalities of field monitoring activities will vary depending on the context, available resources and capacities on the ground.

ANNEX 1: KEY THINGS TO KNOW ABOUT THE STRATEGIC PLANNING PROCESS

Topic	Key Points
Rationale for change	Previously, each HCT presented its strategic plan in the common humanitarian action plan (CHAP) section of the CAP document. While the plans have steadily improved in quality, most strategies did not sufficiently build on needs analysis/prioritization and state meaningful objectives to allow humanitarian action to be sufficiently incisive and measurable. Changes to the process and deliverables are being introduced to shift the focus from preparing appeal documents to ensuring a more strategic response in country.
Applicability	For a humanitarian crisis that requires international support from more than one agency.
Purpose	The strategic response plan sets the course of the HCT for the period of the plan (one or more years). This document is primarily a strategy- and priority-setting document for carrying out and monitoring response operations. It can also be used in support of advocacy and resource mobilization.
Format	See the strategic response plan template. It is published online.
Components	The strategic response plan consists of two parts: (i) a country strategy which lists the strategic objectives and indicators, and (ii) cluster plans and projects , which detail how the strategy will be implemented and how much it will cost..
Timing	The strategic response plan should be drafted following the finalization of the humanitarian needs overview. Strategy development follows needs analysis.
Deadlines	For those contexts where the plan is aligned to the calendar year, the deadlines are as follows: <ul style="list-style-type: none"> ▪ By 29 October 2013: country strategy with strategic objectives and indicators. ▪ By 29 November 2013: cluster objectives, activities and projects.
Revision	If there are changes to the humanitarian situation that affect the direction of response operations, the HCT and clusters should revise the strategic response plan as needed. A mid-year review of the plan takes place in 2014.
Responsibilities	The HC determines the direction of the humanitarian strategy. The HCT develops the strategy. Clusters determine cluster objectives and activities and prepare corresponding projects. OCHA supports these efforts.
Process Management	Following the finalization of the humanitarian needs overview, the HC/HCT sets the strategic response boundaries and priorities (and the corresponding strategic objectives and indicators), usually by holding a workshop or meeting or establishing a small working group to develop initial strategic objectives and indicators. These are circulated electronically before the HCT meets to finalize the strategy. (HQs contribute to the review.) Following the strategy finalization, cluster coordinators bring partners together (perhaps in a series of meetings or consultations) to determine cluster objectives and key activities—in line with the strategic objectives—and then prepare projects according to an agreed division of labor.
Participation	All humanitarian actors, including national and local authorities and national and international NGOs, are invited to participate. Views and opinions of the affected population are included in the design of the strategy.

ANNEX 2: KEY DEFINITIONS

Activities	Actions that need to be done within a defined period of time to produce outputs.
Impact	Positive and negative, primary and secondary long-term effects produced by an intervention, directly or indirectly, intended or unintended.
Indicator	A unit of measure that helps determine what progress is being made towards the achievement of an intended result. Indicators can measure any point in the planning hierarchy (needs, input, output and outcomes).
Inputs	Financial, human, material, technological and information resources needed to carry out the proposed activities.
Objective	Intermediate results or changes that the humanitarian community needs to achieve over the designated period of the plan to move closer to achieving its goal.
Outcome	Short- and medium-term changes, benefits, learning or other effects that happen as results of outputs (e.g. the decrease in the malnutrition rate among a population that received a food distribution).
Outputs	Products, installations, goods or services delivered as a result of the implementation of activities and which may result in changes relevant to the achievement of outcomes (e.g. the quantity of food distributed).
Planning	Process of defining an intervention's intended results (objectives), the inputs and activities needed to accomplish them, the indicators to measure their achievement, responsibility for implementation (as far as possible), and the key assumptions that can affect the achievement of the intended results.