**2.4 Strategy Development**

**Day 2: 11:30-12:15 (45 minutes)**

**Session Purpose:**

To explore the roles, responsibilities and accountabilities of cluster/sector coordinators, partners and stakeholders at this stage of the Humanitarian Programme Cycle.

**Learning Objectives:**

By the end of this session, participants will be able to:

* Identify the features of a Flash Appeal and Humanitarian Response Plan and explain their functions.
* Describe the role of the cluster in developing a Flash Appeal and HRP
* Describe the different processes for developing a response to sudden-onset or protracted crises.

|  |  |  |
| --- | --- | --- |
| **Topic** | **Time** | **Guidance note for facilitator** |
| Introduction to the Flash Appeal and the Humanitarian Response Plan  | 15’ | * Presentation covering the purpose, function and format of Flash Appeals and HRPs
* Review of the steps in creating a plan
 |
| Response Analysis  | 5’ | * Describe response analysis used to develop an HRP
 |
| HRP Structure and Costing   | 10’ | * Explain overall strategic objectives of the response set by HC/HCT and their relation to the cluster response objectives
* Project and Activity-based costing
 |
| Group Work: The Role of the SNCC in Strategy Development | 15’ | * Group discussion on the role of SNCC in development of the HRP
 |

**Session Materials:**

|  |  |  |
| --- | --- | --- |
| **General** | **HO=Handouts (1 per person) and** **R =Resources (copy per instructions)** | **Electronic References** |
| * PowerPoint presentation
 | * 2.4 HO Costing of the NiECG Response
 | * HRP Guidance Templates
* CBPF Operational Handbook
* CERF-Rapid Response Window
* Challenges Developing Cluster Strategy
* Nutrition Cluster HRP Logframe
* Nutrition Cluster HRP Tips
* Nutrition Cluster Indicator Registry
 |

**Facilitator Notes:**

**Introduction of the Flash Appeal and Humanitarian Response Plan (15 minutes)**

Introduction to strategic response. Some may be familiar with the former Strategic Response Plan, now called HRP. Strategic *planning* is the phase on the HPC – bit confusing!

Show HPC slide

Gauge participants’ current understanding and experience of using Flash Appeals through asking some questions to the plenary.

Using the PowerPoints, describe the features of a **Flash Appeal**:

* Outline what the Flash Appeal is for: top-line analysis of the scope and severity of the humanitarian crisis and sets out priority actions and preliminary requirements for the response.  It’s a very short document, maximum 10 pages, it’s a fundraising document. This is what happened, impact, how much money we need in this period of time. It’s not a funding instrument, all partners submit through OPS their projects for this.
* Issued three to five days after a sudden onset emergency, or if/when the HC and HCT determine a need in protracted or slow onset crises facing a significant and unforeseen ‘spike’ in needs or a change in the context.
* 3-6 month duration to deal with new needs. Project-based with financial requirements – used as a fundraising tool. Can be revised as new information emerges. A catalogue of response activities essentially – very easy for donors to fund specific projects – quickly.
* A Flash Appeal may sit separately to an existing country HRP. Large-scale sudden onset disasters which have issued a Flash Appeal are required to issue a HRP for that emergency within 30 days.
* May be developed in conjunction with MIRA or another rapid assessment tool.
* Some of the disadvantages are:
	+ Short time frame (most emergencies are longer than 6 months)
	+ Tendency for donors to selectively "pick" activities or sectors, rather than look at needs holistically
	+ Tendency to work towards original assessment priorities, and not look at flexibility to adapt to changing situations.

After 30 days (sudden onset) the HRP is developed. Used to be called the CAP (consolidated appeal plan). Present further slides on the HRP and steps in creating ensure participants understand it.

**The Humanitarian Response Plan**

* The Humanitarian Response plan sets the overall strategic direction of the response and what each cluster will do to assist affected people. Or can continue with (updated) Flash Appeal .
* In protracted crisis the HNO is developed in September followed by an HRP in November.
* If something is in the HNO and not HRP, it will raise questions. One should lead on from the other. There should be logic between the two documents.
* The HRP responds to identified and prioritised needs (needs assessment phase- HNO) by targeting those who can be reached within the plan’s lifetime.  Start thinking and discussions in the cluster while HNO is going on, what things you might address.
* It is developed by HCT/HC, informed by the ICCG and clusters. GNC has developed a letter that can be used to advocate for Nutrition in HRPs.
* What: it has 2 parts: country strategy and the plan (what each cluster will be doing).

Present the flow chart of steps for creating an HRP of the analysis to develop response priorities, SDR, capacity mapping, needs analysis.

1. Identify gaps
2. Review priority needs
3. Define scope and boundaries
4. Identify and take into account work being done by other such as Red Cross and MSF
5. Determine the target caseload
6. Describe the response priorities

Then you do your advocacy, resource mobilisation and response implementation

**Response Analysis (5 minutes)**

Show slide with the Response Analysis graphic followed by the slide with Response Analysis.

1. How many people live in the affected area, including counting the host community elements
2. Identify who, including those in host community that are affected by the crisis
3. Within that identify who are the people in need for your nutrition services. E.g. children 0-59 months. If the bureau of stats/MOH don’t have data can take about 20% as a starting figure.
4. To calculate PIN you have to define services you will provide.
5. PIN, requires a caseload calculation.
	1. 0-59 months (IYCF services)
	2. 6-59 months (prevention)
	3. Children who have malnutrition now (prevalence at this time)
	4. PLW
	5. Elderly
	6. Vit A supplementation 6-59 months

(If OCHA insists on one figure could use PLW + children under 5.) But ideally don’t use one figure.

After identifying the needs then you determine your target groups, based on your capacity. You cannot target everyone in most cases. If you can reach 100% then it would be your PIN. But if that is not the case, the Sphere standards can be used to reach minimum settings for camps and if not in camps. This gives you an indication but you must work with partners to determine what you can realistically target. The CCCs can also inform for UNICEF intervention minimums but for clusters, Sphere or government document (with higher standards) should be used. Sphere is a minimum. Important to make use of and seek out government documentation, please use these targets 9as long as above Sphere).

**HRP Structure and Costing (10 minutes)**

Show the slide on the HRP Structure and explain how the HRP looks. It is a document where we first have a country strategy. The HCT sets 3-4 strategic objectives

* In defining objectives, they are outcome-based language. Based on these, each cluster develops its own plans and objectives and you show how these contribute to the higher-level objectives.
* All should be SMART. Ask participants to share what SMART means (Specific, Measurable, Achievable, Relevant and Timebound)
* Then the targets you will set up.

Move on to a discussion on costing the Cluster Response Plan. Explain that partners may have varied priorities but cluster needs to bring partners together to help align this and come to mutual agreement.

Two methods are used to raise funds:

* **Project based costing.**

Each partner is committed to certain projects. These are costed. They say we have $ to cover XX number of people in various locations. The combination is $xxx. These are calculated through OPS data. Cluster needs to have a technical review panel to review all projects against priorities, criteria, AAP, gender etc. Once finally approved, that’s the amount for the response. Can have integrated project sheets, only submitted once not individually by each partner in the integrated project to avoid duplication. To get common funds, your project has to be in the OPS. Cluster \coordinator has to organise the cluster (SAG or review team to review and vet the projects).

* **Activity based costing**.
No project sheet submission at the beginning. You say how much it costs for us to treat one child with SAM for example. It’s agreed with partners. Then your target is XXX people x that figure. It looks easier but it’s complicated in the details. E.g. the logistics, location costs, the salaries vary across locations, type or organisation etc. Getting it wrong can negatively affect amounts of money available. Its not endorsed by all agencies, UNICEF advocates for project based for now.

**Group Work: Role of the Sub-national Cluster Coordinator in Strategy Development (15 minutes)**

Divide participants into four groups and ensure they have an opportunity to work with some new people, if possible.

Show the side with discussion questions

* What is the role of a Sub-national nutrition cluster coordinator in preparing the HRP?
* How do we ensure cluster partners are engaged in this process?

Give groups five minutes to discuss and ask each group to share one idea. Following groups can add to what has already been said.

Considerations in resource mobilisation (Making it Work slide)

* Partners need to be equally represented
* Must be evidence based
* Need regular consultations and plans
* Need to be flexible to adapt to changes in needs, access.
* Need to be based on realistic targets
* Sometimes there will be donor pressure for certain locations or interventions

You need to be aware of the possible constraints, even if it’s not possible to overcome them.

**Key messages:**

* Flash Appeal and HRP are strategic planning documents for a humanitarian response.
* They both designed to address priority needs in a coordinated manner led by the HC and supported by OCHA and the clusters/sectors.
* Both are based on assessed, analysed and prioritized need.
* Clusters are instrumental in bridging the operational and the strategic.
* The Sub-national Cluster Coordinator will need to be an advocate for the needs and priorities of affected people, and of partners to ensure resources are allocated and distributed consistently with the **principle of impartiality**.