Welcome to this year’s edition of the CAP document template. It comes in a package of 3 documents:

1. 2013 CAP DOCUMENT TEMPLATE (blank, with no guidance text—WRITE IN THIS).dotx
2. 2013 CAP DOCUMENT TEMPLATE (with guidance text and examples).pdf
3. Guidelines on using OCHA MS Word template_20120321.pdf

To start writing, open the CAP Document Template in MS word, save a copy of this file and use it as your master appeal document. You should also open the “CAP template with guidance text” (PDF) alongside, to allow yourself to see the guidance text, examples and links to best practice as you draft the various sections of your appeal document.

(CAP Section now works in Office / Word 2010. However, if you only have Word 2003, you can download a “compatibility pack” free from Microsoft, which will allow editing and saving Word 2010 documents.)

To allow others (like cluster coordinators) to draft their sections in parallel, you should send them the original template (not your master document) and the PDF with guidance. They should open the template to create another document, write their parts, send it back to you, and you can copy-and-paste it into your master document.

In your appeal document, type where the Latin “filler” text appears (“Lorem ipsum dolor sit amet…“); this will ensure that your text has the right formatting, which will allow us to publish your CAP faster. If you copy and paste text, please paste it in the filler text. However, if you’re pasting tables or other parts with formatting different from the main text, Word may prompt you to “merge list” or “keep source formatting” – see below re pasting. Do whichever works.)

Follow these steps when pasting text:
1. Select the Latin “filler” you wish to paste your text
2. Right-click your mouse and select ‘Merge Formatting’ under the ‘Paste Options:’ (3rd icon)
In this version of your appeal, there are several CAP styles pre-set to ensure that your CAP document has a uniform look internally and vis-à-vis other CAPs. Please refer to the Templates and styles for MS Word documents – Usage tips document for further explanation. If you require additional format training, please send your request to livia.cheng@un.org.

To ensure fast HQ processing time for your CAP document, you should write according to these guidelines (click to open hyperlink):
- Style-checking Guidelines
- Writing and Editing Guide

NOTE: “Clusters” in this document refers equally to sectoral working groups or equivalents by any other name as well as formally activated clusters. For purposes of CAP planning, they all have the same function.

Writing tip: CAP documents should be thorough but concise. They can summarize and refer to more detailed information available elsewhere. If you are clear on what’s important to say, you’ll write more concisely.

Writing tip: Make your 2013 CAP less text-heavy – use tables, charts, graphics, and links to on-line resources to tell the story, present the evidence and outline the plan. Make your document visually appealing – see the on-line Best Practices page (part B, items 9-12) for examples of good graphics.

Writing tip: each paragraph should have a beginning, middle and end. The beginning introduces the paragraph’s subject. The middle presents all key facts and arguments. The end makes clear the point of the paragraph. (If you cannot define the point of the paragraph, consider omitting it.)

Writing tip: write in a lively, almost conversational style. Humanitarian crises, though tragic, are also interesting. It is not the purpose of this appeal document to make the crisis and planned response sound boring and bureaucratic; it is to convey the urgency, tragedy and complexity of the crisis and needs of the people caught up in it, and the focused, concerted, realistic, strategic, results-oriented, and ultimately optimistic nature of the response plan. Choose active-sounding, results-oriented words whenever possible—like “actions” instead of “activities.”
Note: CAP Section will make and insert cover. (This is a draft of the 2013 cover style.) But OCHA CO must provide cover photos ASAP. Here are the characteristics of a good cover photo:

1. They show humanitarian need and/or humanitarian action.
2. They show a person's face, or people's faces, clearly.
3. They are high-resolution.
Participants in 2013 Consolidated Appeal


Please note that appeals are revised regularly. The latest version of this document is available on http://unocha.org/cap. Full project details, continually updated, can be viewed, downloaded and printed from http://fts.unocha.org.
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REFERENCE MAP

STANDARD OCHA COUNTRY MAP, TO BE INSERTED BY CAP SECTION. WE WILL USE THE SAME AS IN THE 2012 CAP. IF YOU SEE A PROBLEM WITH THAT MAP, PLEASE SIGNAL IT TO CAP SECTION NOW
1. SUMMARY

- Overarching statement: main drivers of the crisis; most-affected areas; most-affected groups; main types of needs; top-priority needs, locations and beneficiaries.
- Strategic objectives
- 1 para on requirements
- Key parameters box

NO MORE THAN 1 page of exec summary.

**Best practice:**
South Sudan 2012

### 2013 Key parameters

<table>
<thead>
<tr>
<th>Planning and budgeting horizon</th>
<th>January – December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key milestones in 2013</td>
<td>e.g. planting (March), harvest (September), election (June), peacekeeping withdrawal (December)</td>
</tr>
<tr>
<td></td>
<td>Mmm: XXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>Mmm: XXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>Mmm: XXXXXXXX</td>
</tr>
<tr>
<td></td>
<td>Mmm – Mmm: XXXX</td>
</tr>
<tr>
<td>Target beneficiaries</td>
<td>Jkshafjh</td>
</tr>
<tr>
<td></td>
<td>Jhkabkfjhfah</td>
</tr>
<tr>
<td></td>
<td>Jalhsdfhdfsj</td>
</tr>
<tr>
<td></td>
<td>Jsdfljhfah</td>
</tr>
<tr>
<td></td>
<td>jkashdhfkjfdj</td>
</tr>
<tr>
<td>Total funding requested</td>
<td>US$ XX million</td>
</tr>
<tr>
<td>Funding requested per beneficiary</td>
<td>$ XXX</td>
</tr>
</tbody>
</table>
Humanitarian Dashboard

Crisis Description

Drivers of crisis:
1. Lorem ipsum dolor sit amet, consectetur
   Lorem ipsum dolor sit amet,
2. consectetur adipiscing elit, sed do
   eiusmod adipsicing eli, sed do eiusmod
3. Lorem ipsum dolor sit amet, consectetur
   adipiscing elit, sed do eiusmod

Needs Profile:
4. Lorem ipsum dolor sit amet, consectetur
   Lorem ipsum dolor sit amet,
5. consectetur adipiscing elit, sed do
   eiusmod adipsicing eli, sed do eiusmod
6. Lorem ipsum dolor sit amet, consectetur
   adipiscing elit, sed do eiusmod

Baseline

<table>
<thead>
<tr>
<th></th>
<th>XX m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (source 'YY)</td>
<td></td>
</tr>
<tr>
<td>GDP per capita (source 'YY)</td>
<td>$XXX</td>
</tr>
<tr>
<td>% pop. living less than $1.25 per day (source 'YY)</td>
<td>XX%</td>
</tr>
<tr>
<td>Life expectancy (source 'YY)</td>
<td>XX years</td>
</tr>
<tr>
<td>Under-five mortality (source 'YY)</td>
<td>XXX/1,000</td>
</tr>
<tr>
<td>Under-five global acute malnutrition rate (source 'YY)</td>
<td>XX%</td>
</tr>
<tr>
<td>% of pop. without sustainable access to an improved drinking water (source 'YY)</td>
<td>XX%</td>
</tr>
<tr>
<td>XXX (source 'YY)</td>
<td></td>
</tr>
</tbody>
</table>

Funding

2013 REQUIREMENTS
US$ XX million

2012 REQUIREMENTS

The baseline should disaggregate the data by sex and age, where possible, for life expectancy, under-5 mortality rate, and under-5 acute malnutrition rate. These disaggregated data are usually available at country level, thanks to the national surveys being conducted, but seldom reflected in important documents such as the dashboard and not always taken into account to inform programming.

Strategic Objectives

1. (Objective 1) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua

2. (Objective 2) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua

3. (Objective 3) Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua

The baseline should disaggregate the data by sex and age, where possible, for life expectancy, under-5 mortality rate, and under-5 acute malnutrition rate. These disaggregated data are usually available at country level, thanks to the national surveys being conducted, but seldom reflected in important documents such as the dashboard and not always taken into account to inform programming.

Source: XXXX

DISPLACEMENT

XX m internally displaced
XX thousand refugees
X thousand returnees

FOOD SECURITY

XX m
X thousand GAM cases (global acute malnutrition)
X thousand SAM cases (severe acute malnutrition)

Source: XXXX
2013 Planning Figures

Number of people in need and targeted by mid-year and end 2013 (in thousands)

<table>
<thead>
<tr>
<th>Cluster/sector</th>
<th>In need</th>
<th>Targeted end year</th>
<th>Funding requirements (in million US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td></td>
<td>3,000</td>
<td>4,045</td>
</tr>
<tr>
<td>Food Security</td>
<td></td>
<td></td>
<td>10.0</td>
</tr>
<tr>
<td>WASH</td>
<td></td>
<td></td>
<td>42.0</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td>12.0</td>
</tr>
<tr>
<td>Shelter</td>
<td></td>
<td>1,500</td>
<td>27.0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td>2,000</td>
<td>15.0</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>1,500</td>
<td>0.8</td>
</tr>
<tr>
<td>Protection</td>
<td>200</td>
<td>2,500</td>
<td>6.0</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>1,143</td>
<td>30.0</td>
<td>7.5</td>
</tr>
</tbody>
</table>

These graphs are samples. You can double-click them to open the Excel data, and edit it accordingly (cluster/sector names and numbers).

Results achieved in 2012

Number of people in need, targeted and reached during 2012 (in thousands)

<table>
<thead>
<tr>
<th>Cluster/sector</th>
<th>In need</th>
<th>Targeted</th>
<th>Reached</th>
<th>% funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCCM</td>
<td>98</td>
<td>3,014</td>
<td>3,014</td>
<td>10%</td>
</tr>
<tr>
<td>Food Security</td>
<td>571</td>
<td>2,600</td>
<td>2,600</td>
<td>25%</td>
</tr>
<tr>
<td>WASH</td>
<td>327</td>
<td>2,600</td>
<td>2,600</td>
<td>3%</td>
</tr>
<tr>
<td>Health</td>
<td>803</td>
<td>2,600</td>
<td>2,600</td>
<td>36%</td>
</tr>
<tr>
<td>Shelter</td>
<td>162</td>
<td>1,540</td>
<td>1,540</td>
<td>15%</td>
</tr>
<tr>
<td>Education</td>
<td>709</td>
<td>1,540</td>
<td>1,540</td>
<td>10%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>550</td>
<td>1,535</td>
<td>1,535</td>
<td>10%</td>
</tr>
<tr>
<td>Protection</td>
<td>1,142</td>
<td>1,142</td>
<td>1,142</td>
<td>10%</td>
</tr>
<tr>
<td>Early Recovery</td>
<td>1,143</td>
<td>1,143</td>
<td>1,143</td>
<td>10%</td>
</tr>
</tbody>
</table>

Proxy indicators for above charts: (e.g.)
- Food Sec: # of people receiving a food ration of any size for any period of time
- Health: # of outpatient consultations
- Shelter/NFI: # of beneficiaries receiving NFIs
- WASH: # of people with sustained access to safe & sufficient water
2013 Requirements per cluster

CAP Section will generate and insert these graphs once the figures are final. (What appears below are SAMPLES.) You can check running totals of draft projects on OPS, during project development and review.

![Graph showing requirements by cluster](image)

2013 Requirements per priority level

![Graph showing requirements by priority level](image)

2013 Requirements per organization
2. 2012 IN REVIEW

Achievement of 2012 strategic objectives and lessons learned

(max 3 pages)
Copy and paste in the shaded area and table below your 2012 CAP’s strategic objectives and indicators, and present the data on outputs and impact from humanitarian action in 2012 to date. (Stakeholders expect specific reporting on the effectiveness of collective humanitarian action, what was done with humanitarian funding, and lessons learned for strategic planning in 2013.) Several CAP countries now do end-of-year reports, so it is understood that the progress presented here is not final, but is a snapshot to inform next year’s strategy. NOTE: see Section 4.2 for guidance on selecting indicators for 2013. Here, you are only reproducing what the HCT already chose for 2012, and adding information on results. If the HCT has modified its objectives or indicators during the year, present the most recent here.

Note: this section would have to be modified if you have no 2012 CAP against whose strategic objectives to report. (As it happens, at this writing, all planned 2013 CAPs have 2012 predecessors.)

Best practice:
South Sudan 2012
Chad 2011 (mid-year review)

### Strategic objective #1

Insert 2012 CAP strategic objective #1 here, and its indicators and targets in the first two columns of the table below, plus the information on achievement in the last column. The achievement information should be disaggregated by sex and age where possible, to highlight how women, men, girls and boys have benefited from the assistance provided.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Targets</th>
<th>Achieved of October 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>[e.g.] Communicable disease incidence among IDPs</td>
<td>[e.g.] 5 per 10,000 people / day</td>
<td>[e.g.] 6.7 / 10,000 / day (male: 6.8; female: 6.6)</td>
</tr>
<tr>
<td>[e.g.] Global acute malnutrition rate among under-five IDP children prevalence among IDP children 6-59 months of age</td>
<td>[e.g.] &lt;15%</td>
<td>13% (male: 12.7; female: 13.3)</td>
</tr>
<tr>
<td>[e.g.] Mortality rate among IDPs</td>
<td>[e.g.] &lt; 1 per 10,000 people per day</td>
<td>0.9 / 10,000 / day</td>
</tr>
</tbody>
</table>

**Progress towards Objective 1 and challenges:**

Short narrative that explains why the objective was or was not achieved, whether the objective seems relevant and well-chosen in retrospect, and what it leads to for 2013

### Strategic objective #2

Insert 2012 strategic objective #2
Indicators | Targets | Achieved of October 2012
---|---|---
[e.g.] Communicable disease incidence among IDPs | [e.g.] 5 per 10,000 people / day | [e.g.] 6.7 / 10,000 / day
[e.g.] Global acute malnutrition rate among under-five IDP children | [e.g.] <15% | 13%
[e.g.] Mortality rate among IDPs | [e.g.] < 1 per 10,000 people per day | 0.9 / 10,000 / day

Progress towards Objective 2 and challenges:
Short narrative that explains why the objective was or was not achieved, whether the objective seems relevant and well-chosen in retrospect, and what it leads to for 2013

Strategic objective #3
Insert 2012 strategic objective #3

Indicators | Targets | Achieved of October 2013
---|---|---
[e.g.] Communicable disease incidence among IDPs | [e.g.] 5 per 10,000 people / day | [e.g.] 6.7 / 10,000 / day
[e.g.] Global acute malnutrition rate among under-five IDP children | [e.g.] <15% | 13%
[e.g.] Mortality rate among IDPs | [e.g.] < 1 per 10,000 people per day | 0.9 / 10,000 / day

Progress towards Objective 3 and challenges:
Short narrative that explains why the objective was or was not achieved, whether the objective seems relevant and well-chosen in retrospect, and what it leads to for 2013

Review of humanitarian funding
At a minimum, you should present and interpret the following statistics (all available on FTS):
- Requirements and funding per cluster or sector.
- Requirements and funding per priority level (BUT ONLY if the top-priority projects constitute less than 50% of the appeal’s requirements; otherwise this is not so meaningful).
- Amount of humanitarian funding inside the CAP vs. outside. Investigate and present specific reasons for any large amounts outside the CAP, and what the relevant clusters and donors are doing to rectify this disconnect for 2013.
- Funding as of late 2012 compared to the same point of previous years, inside CAP and overall (see previous CAPs for those figures), and brief exploration of the reasons for any major increase or decrease.

Also:
- Did clusters work with donors to direct funds to the most urgent projects?
- Did donors coordinate among themselves and with the clusters and/or HCT?
• Give highlights of the effects of under-funding in the various clusters, citing as specifically as possible planned actions that could not be done for lack of funds (and were not done by non-CAP actors).
• How were allocation decisions made for CERF or country-specific pooled funds?

We suggest that you include at least one graph that illustrates the key point(s) that you want to make about funding. Don’t hesitate to contact FTS for suggestions about how to present this information (fts@un.org).

Best practice:
CAR 2012
3. NEEDS ANALYSIS

For the 2013 CAP, the needs analysis is presented solely in this part of the document. Sector-specific needs analyses should be highlighted as part of this section only, and no longer repeated in the cluster response plans. This section should therefore be the outcome of inter-cluster discussions and analysis and should include cross-cutting issues and an overall risk analysis. The structure for this section follows the Needs Analysis Framework and the Framework for the Multi-Cluster Initial Rapid Assessment.

For guidance on the process and analyses behind the substance of this section, please refer to Part I, section 2 of the 2013 CAP Guidelines.

Examples of best practice:
Philippines 2012
Sudan 2012
West Africa 2011 (method to set thresholds for humanitarian action in context of general vulnerability and need)

Drivers of the emergency

• What are the main drivers and root causes of the humanitarian crisis?
• How are these phenomena inter-acting to cause humanitarian consequences?

Scope of the crisis and number of people in need

• How many people are affected (see note on definitions below); who and where are they; and what is their demographic profile?
• If, as is often the case, this crisis is situated in a context of generalized vulnerability and deprivation, what is the HCT’s threshold to distinguish humanitarian need?
• Of those affected how many people are in need, disaggregated by sex and age, combining all clusters?
• How many people in need are being reached currently (if applicable)?
• What is the geographic concentration or pattern of people in need?
• Table of people in need (below is an example from Philippines 2012).

<table>
<thead>
<tr>
<th>People in need</th>
<th>Male</th>
<th>Female</th>
<th>Armed conflicts</th>
<th>Natural disasters</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Province/City</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GJskl</td>
<td>724,784</td>
<td>455,434</td>
<td>455,434</td>
<td>4,543,355</td>
<td></td>
</tr>
<tr>
<td>Gkjsdfk</td>
<td>724,354</td>
<td>455,434</td>
<td>455,434</td>
<td>4,543,355</td>
<td></td>
</tr>
<tr>
<td>JHGjew</td>
<td>345,435</td>
<td>345,435</td>
<td>345,435</td>
<td>345,435</td>
<td></td>
</tr>
<tr>
<td>JBGahs</td>
<td>345,435</td>
<td>345,435</td>
<td>345,435</td>
<td>345,435</td>
<td></td>
</tr>
<tr>
<td>Grand total</td>
<td>23,434,243</td>
<td>2,423,425</td>
<td>234,234,234</td>
<td>52,353,245</td>
<td>43,254,355</td>
</tr>
</tbody>
</table>

Note on definitions for this table:
• **Affected people** (not shown on this table) include all people whose lives have been affected in some way by the crisis. Not all affected people need humanitarian aid.
People in need comprise those affected people who require humanitarian aid (of a type relevant to this cluster/sector) in some form. People in need are thus a sub-group of affected people.

Status of the people in need

- To what extent will local and national capacity cover the needs?
- What is the current status and trend in key humanitarian indicators (mortality, morbidity and dignity/quality of life) among people in need?
- What is the condition of people in need in terms of livelihoods, protection, and access to and use of basic services and goods?
- What are the local coping mechanisms of people in need?
- What are the key manifestations of humanitarian needs (summarize per sector)?
- How are the needs inter-related with one another? (Refer to the NAF’s “chevron” diagram, reproduced in the 2013 CAP Guidelines.)
- Are there differences of need among male, female, different age groups (young children, adolescent, adults)?

Priority humanitarian needs

- What humanitarian needs are causing excess mortality and morbidity and life without dignity, and which are the highest priority? (Note that needs that are time-critical may be priorities even if they are not currently causing excess mortality etc., like supporting a successful planting season to reduce food insecurity and malnutrition some months later at harvest.)

Map of people in need
We recommend presenting a map (or any other visual representation) showing the concentration of needs in the country according to severity and geographic location, like this example from Côte d’Ivoire.
4. THE 2013 COMMON HUMANITARIAN ACTION PLAN

NOTE: All of the following sections before the cluster response plans are to be developed jointly in the HCT, or discussed and endorsed by the HCT (if drafted first by a smaller team).

Planning scenario

The purpose of specifying the most likely scenario (hence the one on which planning is based) is to ensure that the response plan looks beyond current snapshots and anticipates key variables and developments (and the humanitarian consequences thereof), as any good strategy should. The CAP document should at least present the most likely scenario on which the strategy is based. If necessary and relevant for your context, you can include additional alternative scenarios. (Note: we no longer recommend that every CAP elaborate the ‘best-case’ and ‘worst-case’ scenarios in addition to the most likely—too time-consuming for little return. The best case rarely happens, and the worst case is spelled out elsewhere in contingency plans. For the CAP, in addition to the most likely scenario, it usually suffices to highlight the key variables or risks whose worsening would significantly worsen humanitarian needs, and therefore are to be closely monitored. You can present multiple scenarios if you think it is important to orient and explain the planning.)

TIP ON PROCESS MANAGEMENT: we suggest that the OCHA country office draft this scenario (or at least identifies the main drivers and forecasts) before the CAP workshop, and present them there for adjustment and finalization (or to identify the main humanitarian implications). If you try to get a plenary workshop to draft the scenario from scratch, it will take a long time, and it is difficult to explain the elements.

HOW TO IDENTIFY THE MOST LIKELY SCENARIO: you identify your main (most influential) drivers or variables, and the most likely trajectory or forecast for each. (To avoid unnecessary detail, cite only drivers that can importantly affect humanitarian needs.)

Best practice:
Yemen 2011 (older format, with best-case and worst-case as well as most likely, but still good example)

TEMPLATE

Drivers

Here are some generic possible examples of drivers:

Crisis context
Political: for example: Fighting, armed violence, ceasefire
Socio-economic context: for example: price evolution, economic sanctions
Climate or seasonal events: rainfall, temperatures, storms, and their related risks

The resilience and vulnerability of affected people:
Coping mechanisms, remittances, recurrence of shocks, structural vulnerabilities, social grievances, competition over scarce resources, community purchasing power, livelihood opportunities, endemic malnutrition

In-country (national or international) capacity to respond:
Number of actors compared to the scale of the crisis, call for external assistance, relief items contingency stocks, humanitarian access, government control, government capacity to respond to crisis, donor funding for humanitarian and development programmes

Forecasts

Predict the most likely trajectory of each driver for 2013, as specifically as is necessary to draw conclusions for planning. (If you are presenting multiple scenarios, this is where they diverge from the most likely scenario—different predictions or trajectories for these key variables.)

Examples:
- Signing of the peace agreements is delayed but ceasefire agreement is maintained.
- Intensified conflict leads to a deterioration of the security situation and displacements.
- Security and access rendered more problematic, especially for the protection and delivery of humanitarian aid to affected populations.
- Rainfall adequate for cultivation, but some extreme weather events sufficient to cause some displacement and infrastructure damage.

Humanitarian Implications

- Summarize the effects of this scenario on humanitarian needs (who would be affected, how many, and in what way). Don’t repeat what you’ve already put in the Needs Analysis section above; just say “As in Needs Analysis section above” or highlight if this differs from the number and types of people in need that you presented in the Needs Analysis section. (That would mean the number of people in need is expected to change during the year.) Example:
  - Conflict – Populations in conflict-affected areas (2.3 million people)—likely displacement and/or loss of livelihoods and/or loss of access to basic services.
  - Seasonal flooding – Rural and urban populations in low-lying areas (700,000 people based on historical flooding)—likely short-term displacement and moderate loss of assets, livelihoods and social infrastructure.

- Outline of how this would affect aid operations, or how response would be carried out in this environment.

Additional variables to monitor with potential to worsen or relieve humanitarian needs

NOTE: this replaces what used to be called the “worst-case scenario.” You don’t need to repeat the influential drivers you’ve already listed above—it’s obvious that if some or all of those worsen, you’re moving from most likely to worst-case scenario, and therefore they are to be closely monitored. Here is where you cite important risks that aren’t likely but must be considered. You can take these from contingency plans if they are up to date.

Examples:
- Seismic or volcanic activity
- Spontaneous refugee or IDP return
- Winter temperatures
- Events in neighbouring countries

Critical events timeline

Summarize on a timeline the main critical events and risks occurring in the next 12 months influencing the needs of the affected people. Shade the table cells under each month to show timing and duration. Below is an example from the Philippines.
<table>
<thead>
<tr>
<th>Events</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maize production in upland areas</td>
<td></td>
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<tr>
<td>Maize production in lowland areas</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Rice production</td>
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<td></td>
<td></td>
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<tr>
<td>Monsoon rains and typhoon risk</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Rainy season</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dry season</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Election</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Humanitarian access**

- What are the logistic considerations for the response?
- What are the security considerations?
- What other factors are restricting access?
- What proportion of the affected population is reachable for humanitarian action?
- What inter-agency mechanisms are in place to facilitate access?

**The humanitarian strategy**

**Explanation of strategy**

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

- What are the overall visionary goals of humanitarian action in this crisis, including cross-cutting issues? This should normally take a multi-year view, because it takes more than one year to durably resolve a major crisis.
- Which needs are being addressed by the affected country government and other actors, and how are these leaving gaps which the organizations in this appeal will fill? (Cluster response plans will further detail this for each sector, so just summarize here.) (Ensure that this section addresses cross-cutting issues, like HIV/AIDS).
- What therefore are the boundaries (or ‘parameters,’ or ‘scope’) of this CAP? Specify the caseload (number, type and locations of people to be helped), types of need, and types of intervention that humanitarians will make under this plan. Do not pretend that you will reach everyone and cover all needs in 2013 if (as is usually the case) you cannot. Instead, with reference to the Needs Analysis section, state the boundaries, which will begin to explain the strategic objectives for 2013.
- Outline the phased, multi-year approach to the final goal, and summarize how the strategic objectives specified in the next section will lead to the longer-term goals. (For example: “Goal for 2013 – 90% of affected people will have an environment for safe and healthy living. Three-
year goal: 80% of affected people will have acquired sufficient resilience to ensure for themselves safe and healthy living with minimal humanitarian aid."

- How will the HCT and clusters ensure coverage of the highest-priority needs, address the interactions and root causes of needs, and build affected people’s resilience so as to create a path out of crisis even if some root causes persist?
- What are the dilemmas regarding how to best use humanitarian resources in this situation, and what is the HCT’s decision on each dilemma? (This is important. Every large-scale humanitarian response faces dilemmas, because you can’t do everything that needs to be done at once. A strategy loses credibility if it ignores the dilemmas it faces.)
- How will the HCT mitigate key challenges like access, security, or capacity gaps?
- How will the strategy address the distinct needs of females and males?
- What actions relevant to humanitarian strategy are planned in other programming tools such as national recovery plans, a Common Country Assessment or UN Development Assistance Framework, World Bank poverty reduction programmes, or bilateral aid programmes?

Best practice:
Somalia 2012 (narrative explanation of strategy)
Zimbabwe 2012 (table clarifying the boundaries of CAP and humanitarian action vis-à-vis recovery etc.)

**Strategic objectives and indicators for 2013**

For detailed guidance on how to formulate strategic objectives, please refer to Part I, section 4 of the 2013 CAP Guidelines.

Present your specific, measurable, achievable, relevant and time-bound (SMART) strategic objectives in the format below, with your selected indicators and their baselines and targets, plus a few words on monitoring responsibilities (who will collect the data, how often, and how often will the HCT review and act upon the strategic monitoring information). You can add brief explanatory text for each as needed.

The indicators you select to match your strategic objectives should normally include (in addition to situation-specific indicators) most or all of the IASC-agreed “top-level outcome indicators”:
TL1 – Crude mortality rate
TL2 – Under-5 mortality rate
TL3 – Under-5 global acute malnutrition prevalence
TL4 – Under-5 severe acute malnutrition prevalence
TL5 – % of population in worst quintile of functioning, including those with severe or extreme difficulties in functioning.

You will probably also want to add indicators that are less health-focused, and/or more qualitative (though still measurable), and/or addressing cross-cutting issues.

Note: if you are experimenting with a multi-year appeal, discuss with CAP Section how to adapt this section’s logframe accordingly. Probably, you will not state specific measurable multi-year objectives, but only for the immediate planning period (one year or otherwise). Subsequent objectives and their general phasing is better described in narrative form in the section above.

Note: if a strategic objective is very SMART, it contains its own indicator and target – for example, “Reduce the crude mortality rate among IDPs in camps to <1 / 10,000 / day.” Less SMART strategic objectives need

---

1 Ensure that cross-cutting issues are included, e.g. “Goal for 2013 – 80% of pregnant women living with HIV and affected by humanitarian emergencies previously on preventing-mother-to-child-transmission (PMTCT) treatment are reached and continue treatment for PMTCT.”
complementary indicators and targets to define their achievement. See 2013 CAP Guidelines for details, and the following best-practice examples for strategic indicators:
Somalia 2010 (in the logframe starting page 9)
Central African Republic 2010

### Strategic objective #1

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current</th>
<th>Target</th>
<th>Monitoring responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>[e.g.] Global acute malnutrition prevalence among IDP children 6-59 months of age</td>
<td>[e.g.] 16.5%</td>
<td>[e.g.] &lt;15%</td>
<td>Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum. Stet clita kasd gubergren</td>
</tr>
</tbody>
</table>

Lorem ipsum dolor sit amet

### Strategic objective #2

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current</th>
<th>Target</th>
<th>Monitoring responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
</tr>
</tbody>
</table>

### Strategic objective #3

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Current</th>
<th>Target</th>
<th>Monitoring responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
<td>Lorem ipsum dolor sit amet</td>
</tr>
</tbody>
</table>

Copy and paste the above sections for additional strategic objectives as needed.

Criteria for selection and prioritization of projects
Selection criteria

The following is a compilation of best practice:

1. The needs that the project plans to address must be confirmed by evidence that is solid by reason of first-hand assessment on the ground, or triangulation (multiple independent sources).
2. The project must contribute to the cluster objectives, and thus towards the achievement of at least one of the strategic objectives agreed at the HAP 2012 Workshop for the humanitarian operation in 2012.
3. The project must present a clear target in specified operational areas and should not duplicate actions implemented by other organizations.
4. The implementing agency must have a recognized capacity to implement the project.
5. The project must identify and respond to the distinct needs of women, girls, boys and men as well as vulnerable groups including the elderly and people with disabilities, or justify its focus on one group (i.e. targeted action).
6. The proposing organization must be part of existing coordination structures (cluster working group member).
7. The implementation of the project or part thereof must be feasible within the 12-month timeframe (considering access as well as organizational capacity).
8. The project must be cost-effective in terms of the number of beneficiaries and the needs to which the project intends to respond.
9. Wherever possible, the project shall include national NGOs and other national partners.
10. Projects should avoid repetition with projects in 2012; where such repetition is unavoidable, the proposing organization should justify why the particular project is needed for another year.
11. Projects should have a Gender Marker code of at least 1, with priority to projects that code 2a or 2b.
12. Projects should also be specific to cross-cutting issues (e.g. HIV/AIDS). If cross-cutting issues are included in other projects, this should be done in a meaningful way and not as an add-on.

Prioritization criteria

NOTE: See new guidance on prioritization in the CAP 2013 Guidelines. Most HCTs give well over 75% of their CAP projects (by dollar amount) the top-priority rating. This is of limited use as a guide to donors, so unless the HCT and clusters find ways to use this method more rigorously, it is probably not worth using. Instead, each cluster should specify a limited list of top-priority caseloads, locations, and activities. The confluence of these three—the top-priority actions for the top-priority people in the top-priority locations—forms the cluster’s top priorities. If the cluster wants to take the further step of signalling which projects address these top priorities, that would be useful, and can be recorded on OPS in the usual way.

In this section, just summarize whether the clusters are using this modified method, or other method.
Cluster/sector response plans

Copy the section structure below and paste it under the additional cluster/sector headings further below, adjusting cluster/sector names as needed.

[Cluster icon] Cluster/sector name

<table>
<thead>
<tr>
<th>Cluster lead agency</th>
<th>UNITED NATIONS CHILDREN’S FUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds required</td>
<td>$3,046,000 for 7 projects [take from OPS]</td>
</tr>
<tr>
<td>Contact information</td>
<td>Tim Grieve (<a href="mailto:tgrieve@unicef.org">tgrieve@unicef.org</a>)</td>
</tr>
</tbody>
</table>

People in need and target beneficiaries

<table>
<thead>
<tr>
<th>Category of people in need</th>
<th>People with needs relevant to this cluster</th>
<th>Beneficiaries targeted in cluster’s CAP projects (end-year target)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>e.g. IDPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. Returnees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note on definitions for this table:

- **Affected people** (not shown on this table) include all people whose lives have been affected (in ways relevant to this cluster) by the crisis. Not all affected people need humanitarian aid.
- **People in need** comprise those affected people who require humanitarian aid (of a type relevant to this cluster/sector) in some form. People in need are thus a sub-group of affected people.
- **People targeted** comprise all people the cluster is trying to assist. This will likely be a sub-group of people in need, as there are many actors providing aid that do not participate in the cluster system (affected communities, national authorities, Red Cross/Red Crescent movement, and some NGOs). You can explain the difference between number of people in need and number the cluster is targeting in the next sub-section.

NOTE: in last year’s template, the sectoral needs analysis appeared here. These will now be grouped in Section 3.

Explanation of number of beneficiaries targeted

With reference to the table above, explain briefly any difference between number of people in need and number the cluster is targeting. Usually this involves one or both of two things: (1) collective capacity and access of cluster member organizations, and (2) the planned coverage of needs by actors whose projects are not counted in this cluster response plan and CAP. Being clear on this will reassure donors that your cluster’s projects are not overlapping with others, and are within your capacity (and thus you are not asking
for more funding than you can use). Be brief, but specific enough to give this reassurance. If you do not have information about these other actors’ plans, explain what you are doing to get more of this information.

How the cluster response plan will contribute to the strategic objectives

Optional—only include if not self-evident in the table of cluster objectives below.

Cluster objectives and output targets

This is the core of the cluster response plan, so the guidance text below is long. For even more detailed guidance, please refer to 2013 CAP Guidelines, Part I, section 5.

Cluster objectives should be bounded by the strategic objectives, and by the boundaries and caseload (number and type of beneficiaries) agreed by the HCT as part of the strategy.

DO CLUSTERS NEED TO STATE OBJECTIVES AT THE LEVEL OF OUTCOMES, OR ONLY AGGREGATE OUTPUT TARGETS? Previous CAP templates have prompted clusters to state a set of objectives of which at least some are outcome-level, and the others output-level. (See box below for definitions.) The current thinking is that, given the strategic objectives (which are expressed at the higher level of outcomes), it is not always necessary for a cluster to formulate its own outcome-level objectives. Clusters can state their objectives or targets in terms of aggregate outputs (like “construct 300 water points reaching XXXX people” or “treat 7,400 acutely malnourished children”), specify which outputs contribute to which strategic objective, and leave it at that. However there may be cases where a cluster feels the need to also state outcome-level objectives, either to group a set of outputs into a coherent effort (like “Provide sufficient potable water by various means to the 26 IDP sites reaching XXXX people,” comprising outputs like “construct 300 water points” and “truck 60 cubic meters of water per week reaching XXXX people”), or to make sure that they are achieving a meaningful result and measuring an important outcome even if it is not among the strategic objectives (e.g. “IDP households consume 20 litres per person per day of potable water”).

If the cluster feels strongly that it needs to crystallize objectives at outcome level, those objectives should be as ‘SMART’ as possible—specific, measurable, achievable, relevant, and time-bound. Outcome-level objectives usually need indicators to measure their attainment. Note that desired outcomes phrased in a specific SMART way (like “the 19,000 IDP households consume 20 litres per person per day of potable water, from sources within 500 meters of residences”) serve as their own indicators—you don’t need a separate indicator. If an objective is not so specific, then it should be accompanied by specific, measurable indicators, which the cluster can draw from the IASC standard indicators per cluster, or define spontaneously.

By contrast, output-level targets like “300 water points capable of at least 10 litres per minute reaching XXXX people” are often straightforward enough to serve as their own indicators (though some may need to be illustrated with indicators). Note that some clusters may want to state their targets in terms of coverage of target population with services, rather than service delivery itself (therefore “X% of target population of 99,000 covered with primary health care services” rather than “XYZ primary health care patient consultations”).

Between three and six objectives per cluster is a rule of thumb. For each objective (if they are outcome-level), the cluster should choose a limited selection of key collective output targets whose implementation
the cluster will monitor and which summarize the cluster’s key steps towards its objectives and collective contribution to the strategic objectives.

Keep your objectives and output targets as simple as possible—say what the cluster wants to achieve, and how—while still allowing you to measure and demonstrate progress towards output targets and meaningful outcomes, or to detect and take action when implementation or results go off track.

On the table below, the cluster should match each of its objectives with the strategic objective to which it contributes.

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**USEFUL DEFINITIONS FOR PLANNING AND MONITORING**

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

- **Inputs** are the financial, human, material, technological and information resources used for a humanitarian action. Example: trucks, wages, funds, staff, materials.

- **Outputs** are the products, goods or services that are the direct results of a humanitarian action, preferably also expressing the number of people reached by the outputs. Example: Number (or % of target population) reached with NFI kits, water, or sanitation facilities.

- **An outcome** is the proximate, first-order, short-term or medium-term effect of a humanitarian action on the affected population. Outcomes often are the results of multiple outputs; each outcome in your planning may therefore correspond to more than one output. Example: increase in household consumption of potable water.

- **An impact** is the positive and negative, primary and secondary long-term effects produced by humanitarian actions, directly or indirectly, intended or unintended. Example: reduction in child mortality.

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

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

- **A target** can refer to outputs or indicators, for example “300 water points,” or “GAM < 10%.” A target should refer to the number of affected population that your intervention wants to meet, e.g. 100,000 people, or 10,000 under-five children.

State your objectives in this table format. Start by pasting the strategic objective to which each cluster objective relates, and group the cluster objectives (with their output targets) accordingly. If you want to illustrate your outcome-level cluster objectives with outcome-level indicators, just add them in the same cell as the cluster objective—otherwise, the table will have too many columns. But don’t add them if you won’t measure them.

---

**Strategic objective #X**

People affected by conflict and other humanitarian crises have access to basic services and respect for
their fundamental human rights.

**Cluster objective #X-1:**

Save lives and improve the security and the physical integrity of people of concern, and the property of civilians affected by conflicts and other humanitarian crises.  

(Optional: Outcome indicators:…)

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>2013 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of advocacy interventions for the safety of PoC and freedom of movement</td>
<td>XXX</td>
</tr>
<tr>
<td>Number of people having received ID documents in 2012</td>
<td>XXX</td>
</tr>
<tr>
<td>Number of advocacy interventions for the safety of PoC and freedom of movement</td>
<td>XXX</td>
</tr>
</tbody>
</table>

(Add more rows as needed, but be selective about the objectives you state and the outputs you list. They should encompass the cluster’s key actions, but not every miscellaneous action. They will form the core of the cluster’s collective implementation monitoring, and therefore the cluster coordinator will want to monitor them frequently, so the list should be a manageable size.)

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>2013 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IDP profilings carried out with shared results</td>
<td>XXX</td>
</tr>
<tr>
<td>Number of people of concern profiled (disaggregate by age (&lt;18) and sex)</td>
<td>XXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>2013 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of advocacy interventions and # of technical advice for the (re) establishment of state authority in conflict-affected areas</td>
<td>XXX</td>
</tr>
<tr>
<td>Number of passengers transported against planned.</td>
<td>XXX</td>
</tr>
</tbody>
</table>

**Cluster objective #X-2:**

Facilitate the implementation of durable solutions, particularly the return, the integration and the reintegration of IDPs, including GBV victims and CAAFG.

Output: ER and agro pastoral programmes aimed at self-sufficiency of PoCs are supported through protection programmes (inclusion of victims of SGBV and other violence and human rights violations into groups and protection mainstreaming (introduction of protection elements into programmes from other sectors).

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>2013 target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of advocacy interventions and # of technical advice for the (re) establishment of state authority in conflict-affected areas</td>
<td>XXX</td>
</tr>
<tr>
<td>Number of passengers transported against planned.</td>
<td>XXX</td>
</tr>
</tbody>
</table>

Output: Demobilized children are integrated in the formal education sector and vocational programmes
### Percentage of demobilized children integrated in the formal education system or into vocational training programmes

XXX

### Percentage of children having access to basic services including education.

XXXX

---

**Strategic objective #Y**

If your cluster objectives are addressing more than one strategic objective, copy the table format above as needed, and group the cluster objectives under the relevant strategic objective.

Best practice of clear cluster strategies, objectives and indicators:

- **Somalia 2012**
- **Central African Republic 2010 (clear definition of indicators with corresponding target)**

**NOTE:** Customarily, clusters express objectives and targets for the end of the planning year. If you want to break them down into mid-year and end-year targets, feel free to do so.

As a matter of programmatic quality of the planned humanitarian action, cluster objectives should cover both the direct relief and life/livelihoods-sustaining dimensions, as appropriate.

Conflicts and natural disasters have different impacts on women, girls, boys and men. Risks, vulnerabilities, and access to services and resources vary across contexts. Cluster objectives should be gender-sensitive, taking into account and aiming to meet the different needs of women, men, boys, and girls. The IASC Gender Marker is a tool that codes, on a 2-0 scale, whether or not a humanitarian project is designed to ensure that women, men, boys and girls of all ages will benefit equally from it, and that it will contribute to increasing gender equality. The IASC Gender Marker is required for all Consolidated Appeals Processes (CAPs) and other humanitarian appeals and funding mechanisms. Cluster/Sector Leads should support their partners in the use of the Gender Marker so that the cluster’s projects ensure that ALL members of affected populations have equal access to services and that targeted action to advance gender equality is based on a gender and age analysis.

The **ADAPT and ACT-C Gender Equality Framework** (detailed in the Gender Marker Overview Tip Sheet) outlines basic actions that can be used when designing or vetting a gender integrated project, and can be a useful reference in designing minimum gender commitments.

---

**Top-priority actions, beneficiaries, and locations**

We are recommending a new prioritization method that may be both simpler and more effective. Most HCTs give well over 75% of their CAP projects (by dollar amount) the top-priority rating. This is of limited use as a guide to donors, so unless the HCT and clusters find ways to use this method more rigorously, it is probably not worth doing. Instead, each cluster should specify a limited list of top-priority caseloads, locations, and activities. The confluences of these three—the top-priority actions for the top-priority people in the top-priority locations—form the cluster’s top priorities. Projects that plan to do top-priority actions for top-priority beneficiaries in top-priority locations receive the top-priority rating (even if, as is usually the case, they also do other things). Signalling which projects address these top priorities is useful as a guide to donors, and can be recorded on OPS in the usual way (with two simple categories—the project either includes responsibility for one or more top-priority outputs-locations-beneficiaries, or does not).
This very brief section will explain your project prioritization ratings in specific terms and in three simple bullet points. You want donors to understand that they need to fund these top-priority projects immediately and without fail; this is where you convince them why this is true. We recognize that three bullet points is an imperfect format to represent the confluence of these three items, but we don’t want you to have to attempt a complex three-dimensional figure. Add explanatory text if necessary to explain the confluence better.

- Actions:
- Beneficiaries:
- Locations:

### Table of planned coverage per location

This is useful to show stakeholders that the cluster has rationally and optimally arranged coverage of needs. OPS now automatically generates an Excel table of organizations per location for each cluster, according to project information. Copy and paste that table here, once the project information on OPS is final or near final. You can manually add the planned coverage of non-CAP actors if you have that degree of detail from them.

Here is where to find the link on OPS to generate the Excel table:

You can choose admin level 1 or 2. We recommend level 1, unless you especially want to present the more detailed level 2. Here is an example of the table for admin level 1, copied and pasted directly from OPS:
## Organization Matrix by state (South Sudan)

<table>
<thead>
<tr>
<th>Geographic Location</th>
<th>State</th>
<th>Education</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Equatoria</td>
<td>CDAS, IBIS, Plan, UNHCR, UNICEF, WCH, UNESCO</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Eastern Equatoria</td>
<td>Caritas Switzerland, Plan, UNHCR, UNICEF, UNESCO</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Jonglei</td>
<td>BRAC, SPEDP, CCOSS, CDAS, FH, HCO, INTERSOS, NHDF, SC, Stromme Foundation, UNHCR, UNICEF, WVS, UNYMPDA, HDC, CMD, UNESCO</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Lakes</td>
<td>BRAC, SC, UNHCR, UNICEF, UNESCO</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Northern Bahr el Ghazal</td>
<td>AMURT International, Chr. Aid, NRC, Samaritan's Purse, UNHCR, UNICEF, UNESCO</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Unity</td>
<td>IBIS, INTERSOS, Mercy Corps, SC, Samaritan's Purse, UNHCR, UNICEF, WVS, UNESCO</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Upper Nile</td>
<td>Chr. Aid, FH, INTERSOS, NHDF, UNHCR, UNICEF, WVS, SSUDA, UNESCO</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Warrap</td>
<td>ADRA, AMURT International, CRS, IBIS, Mercy Corps. NRC, PCO, Samaritan's Purse, UNHCR, UNICEF, WVS, UNESCO</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Western Bahr el Ghazal</td>
<td>Chr. Aid, PCO, Samaritan's Purse, UNHCR, UNICEF, UNESCO</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Western Equatoria</td>
<td>ADRA, Chr. Aid, UNHCR, UNICEF, WVS, UNESCO</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

**NOTE:** If you can present the same information in map format, that may be even better. However, it is a lot more work, since OPS generates the table automatically, and the map has to be high-resolution and good quality to be readable.
Camp Coordination and Camp Management

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Coordination

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Early Recovery

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Education

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Emergency Telecommunications

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Food Security
Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Health

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Logistics

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Multi-Cluster/Sector

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Nutrition

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Protection

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.
Safety and Security

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Shelter

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.

Water, Sanitation and Hygiene

Copy and paste all the headings and table templates from the Cluster/sector response plan above without the page break. Modify the cluster name in this heading if yours differs. Delete this cluster page if not needed.
Roles, responsibilities and linkages

- Briefly describe the HCT structure, membership, modes of operation, and links to affected country government and other humanitarian actors outside the HCT structure.
- Briefly describe how the HCT will review and act on information on progress towards strategic objectives, and how the inter-cluster coordination group will enhance joint action towards the strategic objectives.
- Briefly describe the main humanitarian actors that are not in the cluster system and/or CAP planning, and how the HCT is coordinating with them. (Note that each cluster response plan outlines this relationship at the cluster level.)
- Briefly describe how the HCT is connecting with non-humanitarian coordination organs, to preclude gaps in planning and funding for areas that might fall between the two, like resilience-building.
- Briefly describe how the HC will ensure that donors coordinate among themselves (and between their humanitarian funding wings and developmental or other funding wings), so that they collectively achieve a balanced and prioritized funding outcome.
- Add an organigramme (you can edit the generic one below—it’s from Word 2010’s SmartArt function) showing the humanitarian coordination structure, with key linkages to other structures.

Best practice:
Yemen 2011

Cross-cutting issues

For each cross-cutting issue that the HCT or inter-cluster coordination group has decided to address in its humanitarian plan, describe what are the main challenges and specific needs.

Explain how these needs are addressed and/or streamlined into your clusters.

Indicate number of affected people whom each cross-cutting issue concerns. (By definition, most cross-cutting issues concern most affected people; but give some evidence or arguments to refine this in your specific cases.)
NOTE ON ANNEXES

STANDARD ANNEXES: Annex I will always be the full project list (grouped by cluster), with hyperlinks to open full project details on OPS/FTS. CAP Section makes and inserts this when the project info is finalized. (See example below.) Annex II will be the list of needs assessments on which this CAP is based. The penultimate annex will be “Donor response to the 2012 Appeal,” which CAP Section will derive from FTS and insert. The last annex will be the List of Acronyms and Abbreviations.

The International Federation of Red Cross and Red Crescent Societies (IFRC) normally provides a two-page input on their strategy and appeal for the crisis, to be annexed to the appeal document. IFRC headquarters provides this directly to the CAP Section; CAP Section will insert it.

Insert additional annexes as required, after Annex II, and re-number the last two.
## ANNEX I: LIST OF PROJECTS

This is a sample of the first page of a list of projects, FYI. CAP section will generate and insert this table. You don’t need to do anything for this annex.

Click on any project code to open the full project sheet. (For a constantly-updated on-line version of this table, click here: [http://fts.unocha.org/reports/daily/ocha_R32_A853___1008101916.pdf](http://fts.unocha.org/reports/daily/ocha_R32_A853___1008101916.pdf))

<table>
<thead>
<tr>
<th>Project code (click on hyperlinked project code to open full project details)</th>
<th>Title</th>
<th>Proposing agency</th>
<th>Requirements ($)</th>
<th>Priority</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCCM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHI-12/CSS/44194/298</td>
<td>Information Management System for Provincial Profiling and Monitoring of IDPs, Returnees, and Host Communities</td>
<td>IOM</td>
<td>750,000</td>
<td>B - HIGH</td>
<td>Multiple locations</td>
</tr>
<tr>
<td>PHI-12/S-NF/44259/298</td>
<td>Provision of Emergency Shelter Assistance and Essential Non-Food Item Support to Conflict and Natural Disaster-affected Populations</td>
<td>IOM</td>
<td>1,300,000</td>
<td>A - IMMEDIATE</td>
<td>Multiple locations</td>
</tr>
<tr>
<td>PHI-12/S-NF/44269/298</td>
<td>Improving Humanitarian Condition in IDP sites in Selected Provinces in Mindanao</td>
<td>IOM</td>
<td>800,000</td>
<td>C - MEDIUM</td>
<td>Multiple locations</td>
</tr>
</tbody>
</table>

Sub total for CCCM                                                          | 2,850,000                                                            |

| **COORDINATION**                                                           |                                                                      |                  |                 |                |                           |
| PHI-12/CSS/44195/119                                                      | Strengthening humanitarian coordination and advocacy in the Philippines | OCHA             | 1,061,540       | B - HIGH       | Multiple locations        |

Sub total for COORDINATION                                                  | 1,061,540                                                            |

| **EARLY RECOVERY**                                                        |                                                                      |                  |                 |                |                           |
| PHI-12/ER/44321/776                                                      | Provision of Livelihood Support to the Disaster Affected Communities in Mindanao | UNDP             | 2,150,000       | B - HIGH       | Multiple locations        |

Sub total for EARLY RECOVERY                                                | 2,150,000                                                            |

| **EDUCATION**                                                             |                                                                      |                  |                 |                |                           |
| PHI-12/E/44426/124                                                       | Ensuring continued access to quality education of disaster-affected and most vulnerable children | UNICEF           | 3,000,000       | B - HIGH       | Multiple locations        |

Sub total for EDUCATION                                                     | 3,000,000                                                            |
The inter-cluster coordination group should work together to fill in this table, in order to show donors that the plan and the funding request are evidence-based, and/or that you are doing something to fill key information gaps. (This table should just be an update of the coordinated assessment plan made at the mid-year review, to update or fill key information gaps in time to develop the 2013 CAP.)

### Existing and planned assessments, and identification of gaps in assessment information

<table>
<thead>
<tr>
<th>EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster/sector</strong></td>
</tr>
<tr>
<td>Example: WASH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CURRENT GAPS IN INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cluster/sector</strong></td>
</tr>
<tr>
<td>Example: Health</td>
</tr>
</tbody>
</table>

<p>| PLANNED NEEDS ASSESSMENTS |</p>
<table>
<thead>
<tr>
<th>Cluster/sector</th>
<th>Geographic areas and population groups targeted</th>
<th>Lead agency and partners</th>
<th>Planned date</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: CCCM</td>
<td>Basilan, Sulu and Tawi-Tawi</td>
<td>IOM and local NGOs</td>
<td>Oct. 2012</td>
<td>Displacement tracking matrix</td>
</tr>
</tbody>
</table>
ANNEX III: DONOR RESPONSE TO THE 2012 APPEAL

Tables and graphs to be inserted by CAP Section

Requirements and funding per cluster

Requirements and funding per organization

Total funding per donor (to projects coordinated in the appeal)

Total humanitarian funding per donor (appeal plus other)

Requirements and funding to date per Gender Marker score

Allocations from the CERF per agency in 2012

Funding to CHF/ERF per donor in 2012.

2012 allocations from CHF/ERF by agency type

Total 2012 humanitarian funding to the country by source [direct donor grants, CERF-channelled funds, CHF/ERF-channelled funds]
**ANNEX IV: ACRONYMS AND ABBREVIATIONS**

Undefined acronyms (not spelled out) cause the CAP Section considerable extra work and delay publication of your appeal. Please be sure you spell out all acronyms in your text, and repeat them here. If a phrase is short, or used no more than three times, DON’T make an acronym out of it—nothing makes a document seem bureaucratic and technical (BAT) faster than excessive and unnecessary use of acronyms (EUUOA).

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACF</td>
<td><em>Action Contre la Faim</em> (Action Against Hunger)</td>
</tr>
<tr>
<td>ADLM</td>
<td>alternative delivery learning method</td>
</tr>
<tr>
<td>AFP</td>
<td>Armed Forces of the Philippines</td>
</tr>
<tr>
<td>ALG</td>
<td>Alternative Law Group</td>
</tr>
<tr>
<td>BCPC</td>
<td>Barangay Council for the Protection of Children</td>
</tr>
<tr>
<td>B.</td>
<td></td>
</tr>
</tbody>
</table>
END OF THE DOCUMENT TEMPLATE