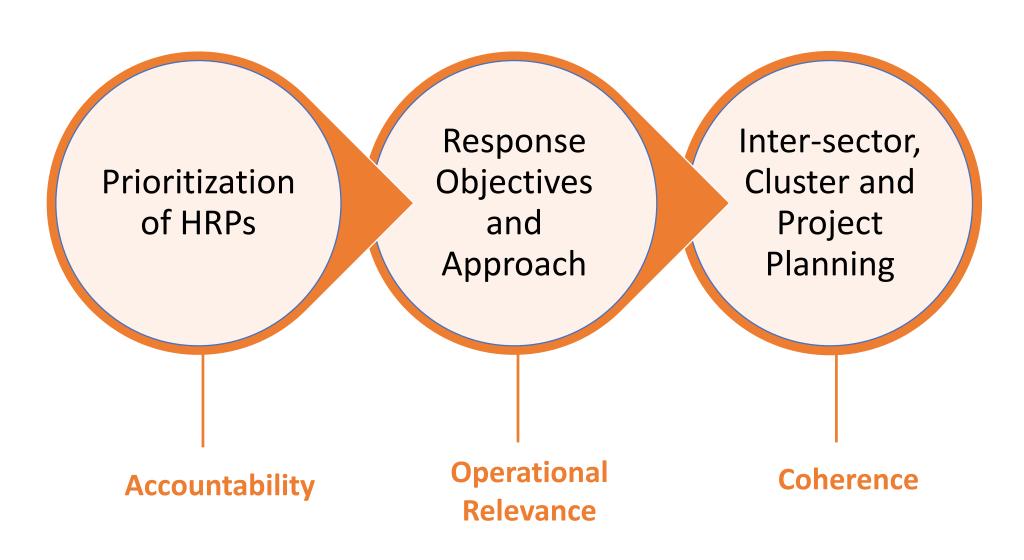
Response Analysis and Planning & HRP changes





Accountability and commitments

- High Level Panel on Humanitarian Financing (2016)
- Grand Bargain, World Humanitarian Summit (2016):
 "Aid organizations and donors commit to prioritize
 humanitarian response across sectors based on
 evidence established by the analysis."
- DFID Payment by Results:
 - \$870 million investment in core funding to seven UN agencies over four years (2017-2021)
 - 6 HPC related indicators
 - Indicator 1.3.2: "% of HRPs prioritized based on a joint analysis of needs (HNOs)"

Year	Milestone	Coverage Period	Achievement
Baseline (2016)	50%		
2017	60%	Aug-Dec 2017	63% (12/19)
2018	70%	Jan-Dec 2018	71% (15/21)
2019	80%	Jan-Dec 2019	
Target (2020)	95%	Aug 2017-Jul 2020	



Rationale for Change

Current challenge/Problem



Evidence-based prioritization of HRP often weak. Prioritization criteria weak or absent.



✓ Improve needs-based prioritization of

Intended improvements:



✓ Explicit rationale for who/what/which locations are prioritized for inclusion in HRP, as based on HNO.

Old template

PART I: COUNTRY STRATEGY

Foreword by the Humanitarian Coordinator	03
Statement of support by the Federal Minister	04
The humanitarian response strategy at a glance	05
Overview of the crisis	06
Strategic objectives	11
Response strategy	12
Operational capacity	19
Humanitarian access	20
Response monitoring	21
Summary of needs, targets and requirements	22
	//

PART II: OPERATIONAL RESPONSE PLANS

Food security	25
Nutrition	27
Health	29
Water, sanitation and hygiene	32
Shelter and non-food items	35
Early recovery and livelihoods	37
Education	39
Protection	42
Logistics	49
Displacement management systems (CCCM)	51
Coordination	53
Emergency telecommunications	55

New template

Foreword by the Humanitarian Coordinator Part 3: Sectoral Objectives and Responses

Response Plan Overview

Response by Strategic Objective

Needs and Planned Response

HRP Key Figures

Historic Trends

Crisis Context

Part 1: Strategic Response Priorities

Humanitarian Consequences Prioritized for Response

Strategic Objectives and Response Approach

Optional: Use of Multi-Purpose Cash

Operational Capacity and Access

Part 2: Monitoring and Accountability

Monitoring

Accountability to Affected Populations

Indicators and Targets

Overview of Sectoral Response

Camp Coordination and Camp Management

Early Recovery

Education

Emergency Telecommunications

Food Security

Health

Logistics

Nutrition

Protection

Shelter / Shelter NFIs

Water, Sanitation & Hygiene

Part 4: Refugee Response Plan

Part 5: Annexes

Response Analysis

Costing Methodology

Participating Organizations

Planning Figures by Sector

Planning Figures by Admin Level

What if We Fail to Respond?

How to Contribute

Acronyms

End Notes

Prioritization: Process / Key Dimensions

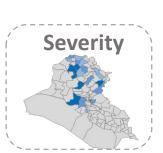
Vulnerability analysis

HNO / in need



Critical problems related to physical & mental wellbeing





PiN





HRP / targeted

Prioritized Recovery and Resilience Problems

Prioritized protection problems

Prioritized critical problems physical & mental wellbeing

Prioritized critical problems related to living standards

890 k

720 k

GENDER

Male C

AGE
Children 32%
Adults 50%
Elders 18%

- prioritized factors/drivers to be addressed
- prioritized groups/sub-groups
- ✓ prioritized locations

Example: Prioritization Considerations/Criteria (living standards)

HNO

Critical problems related to living standards

- 3.1 Lack of access to/availability of food
- Lack of access to income opportunities and/or means of self-sustenance
- Lack of access to basic services (health care, water, sanitation, education)
- 3.4 Lack of access to markets

POPULATION GROUPS	PiN
IDPs in Camp	316,377
IDPs Non - Camp	985,562
Non-Displaced	118,906
Returnees	2,492,781

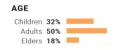


Prioritized critical problems related to Living Standards

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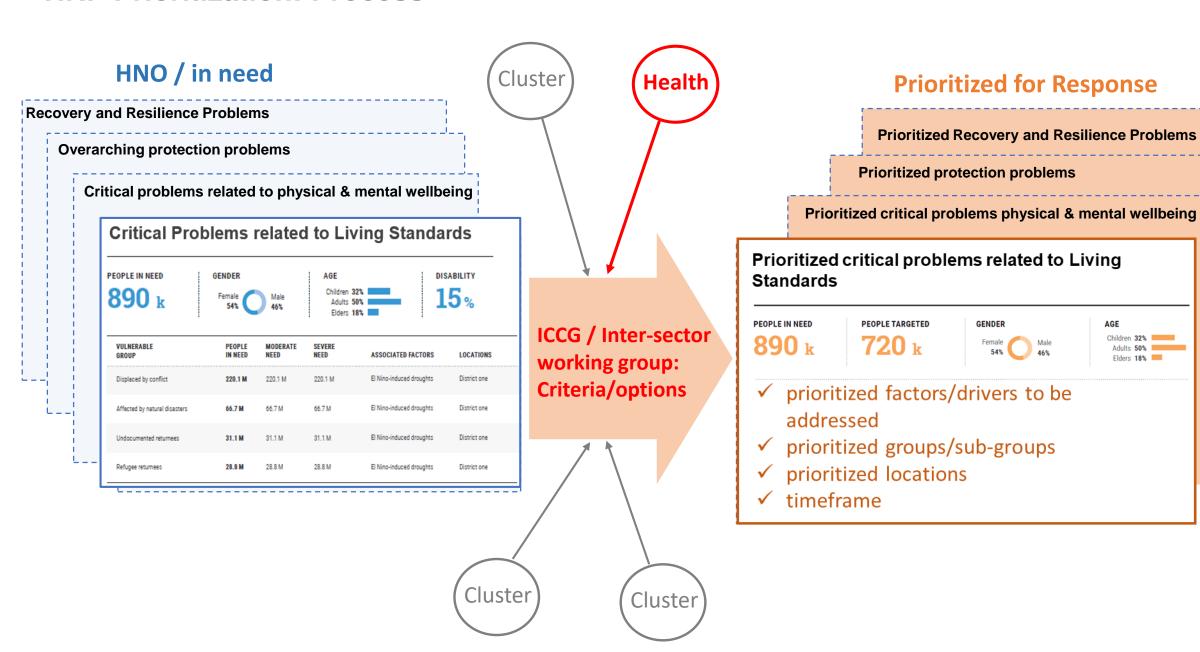




- ✓ prioritized factors/drivers to be addressed
 - Lack of key access to basic services in formal and informal camps
 - Lack of income/livelihood opportunities for OoC IDPs to cover basic needs/access to basic services;
 - Housing, safety and livelihood conditions in return areas
- ✓ prioritized groups/sub-groups
 - 320,000 IDPs in camps (particular focus on female-headed HH; children-headed HH; unaccompanied children; IDPs in informal camps; IDPs with disabilities)
 - 100,000 Hosts
 - 900,000 OoC IDPs
 - 440,000 returnees
- ✓ prioritized locations
 - All major camp / informal camp sites
 - Ares with highest host/IDP ratio
 - highest severity return areas only



HRP Prioritization: Process



Document Advocacy and Rationale for Inclusion/Exclusion

Enhancing linkages with development programming and funding

In order to strengthen longer-term preparedness and response capacity, and to decrease reliance on short-term humanitarian surge and response patterns, humanitarian partners advocate for development partners to enhance programmatic support and funding to the following areas:

- Institutional early warning capacity, surge procedures and training of surge staff.
- Durable solutions support for IDP and IDP returnee caseloads with stated intentions for "no return". This will require strengthening basic service delivery and supporting livelihood opportunities for IDPs and IDP returnees in areas of resettlement.
- Supporting Government policy development and protection of IDPs and IDP returnees, including documentation required for shifting social protection programs and benefits to different geographical areas, housing, land and property regulations; and mechanisms related to transitional justice and safety/security of IDPs and IDP returnees.

OPT 2019 HRP (Clusters)

EXCLUDED ACTIVITIES, GROUPS AND/OR AREAS OF RESPONSE; LIKELY IMPACT/CONSEQUENCES; AND ACTIONS NEEDED BY OTHER ACTORS

The Protection Cluster recognizes the central role of national duty bearers as well as development actors in reducing humanitarian needs over the time, particularly for the interventions below excluded from the 2019 HRP.

- Interventions addressing root causes of societal vulnerabilities, such as social norms. Interventions to bolster long-term child protection systems are not included, unless directly linked to the ongoing conflict.
- Interventions to strengthen the national GBV system in the oPt. Their exclusion compromises the quality of services, which can lead to higher distress for GBV survivors, and in the worst case can lead to death (suicide or killings). Development interventions will be required to establish and sustain the national GBV referral system and provide medium and long term support and economic enablement to GBV survivors.
- Trainings for duty-bearers and humanitarian actors on IHL/IHRL violations, housing, land and property (HLP) rights and tenure security, with specific focus on women's entitlements. The expected impacts include

Ethiopia HRP 2019



HRP Prioritization: Key Messages

- Inject health analysis into HRP prioritization discussions at ICCG / intersector level.
- Typical timing: Aug/Sept (first stage of planning).
- Focus on where health related factors drive humanitarian consequences or cause/exacerbate other needs to ensure these factors are prioritized, e.g.
 - inadequate/delayed trauma care leading to high mortality of populations in conflict areas (physical/mental well-being consequence)
 - (response implication: staff? Infrastructure? protection/?)

Current Challenge/Problem:



Weak inter-/multi-sector planning to address interrelated problems and needs.

Intended Improvements:



✓ Shift to outcome-oriented (intersector) SMART response objectives and coordinated/multi-sector response required to meet them.



✓ Increased operational relevance of HRP.

Key Reference

HNO

HRP

Analyse response options and formulate strategic objectives

- Identify and analyse response options
- 2. Formulate strategic and specific objectives
- 3. Identify indicators to monitor the achievement of strategic and specific objectives
- 4. Define response approach and modalities

Review approve strategic objectives and monitoring requirements

- 1. Present and seek endorsement by the HCT of the strategic objectives and approach
- 2. Present and seek endorsement by the HC/HCT the response monitoring and accountability indicators

Formulate the activities and estimate the cost of the response plan

- 1. Clusters/sectors identify cluster objectives required to achieve the HRP strategic and specific objectives and associated indicators
- 2. Upload and vet projects
- 3. Estimate the cost of the response
- 4. Finalise the write-up the draft response plan



5





Strategic Objective and Resp Approach

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1.2 Strategic Objectives, Specific Objectives and Response (1/4)

Below are the main steps to take to enable the formulation of strategic-objectives to address the locations (previous section). In most situations, 3-5 strategic objectives should cover the response. Keep in mind that there is a differences between the analysis and decision-making process as indicated below, and

achieve the desired humanitarian outcomes. The following Strategic Objectives are examples, their order and

- Who (specifically) and how many are targeted within the prioritized population groups and
- What the response intends to achieve to improve the humanitarian outcomes (depending on which factor(s) causing the problem are addressed)

Where the HRP has a strategic objective related directly to resilience, see UN Common Guidance of

2. Complement each strategic objective by a limited number of specific objectives (typically 2-3) that Objective by conducting a structured response analysis process (link to guidance will be added when available; re-wording or alternative sequencing may be required as a result.) that considers information

2.1 Use the needs analysis results (HHO or an update) to

- Review the main factors associated to each of the humanitarian consequences, including protection and identify which ones can be teroeted for the response

- adequately resourced at a determined stage later during the implementation period.



Planning Outputs

12

HRP Template

Strategic Objectives and Response Approach

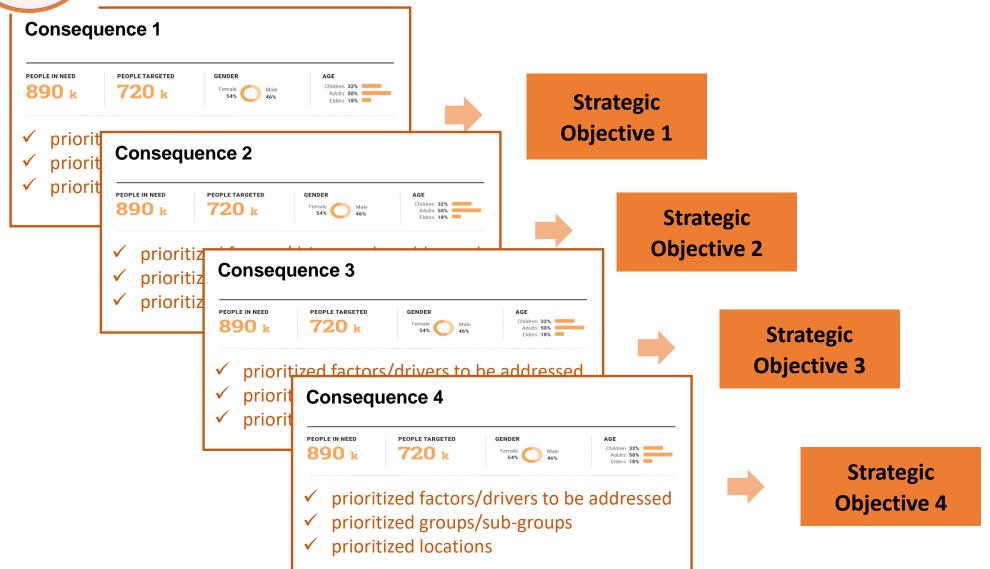
Strategic Objective 1

Lorem Ipsum (as e.g. related to Priproving

Specific	objectives	5
		_

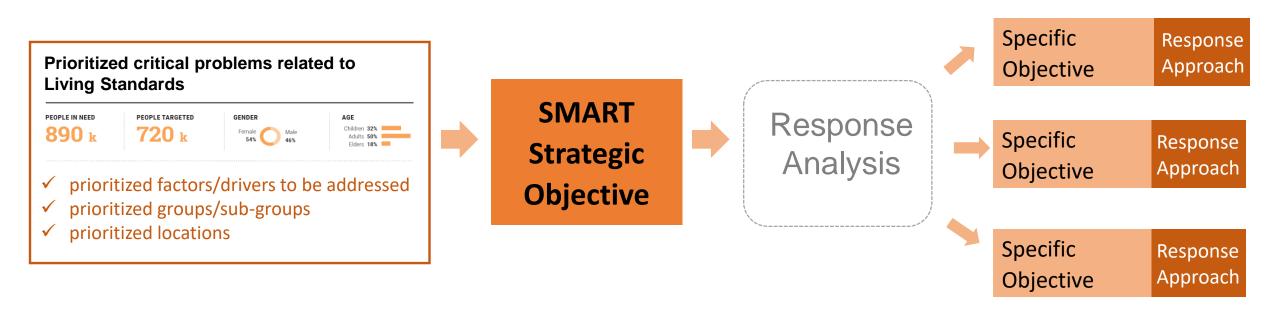
	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	RESPONSE APPROACH	TIMEFRAME
0 1.1	Eum ad apeirian expetendis persequeris	Group one and two	199 k	Has ea ancillae theophrastus, iudicabit salutatus necessitatibus at, vis ea justo illum suscipit.	Oct 2020 - Apr 2021
0 1.2	Eum ad apeirian expetendis persequeris	Group three	100 k	Has ea ancillae theophrastus, iudicabit salutatus necessitatibus at, vis ea justo illum suscipit.	Oct 2020 - Jul 2021
60 1.3	Eum ad apeirian expetendis persequeris	Group three	176 k	Has ea ancillae theophrastus, iudicabit salutatus necessitatibus at, vis ea justo illum suscipit.	Oct 2020 - Apr 2021







- What change, outcome?
- What specific response and outcome, how delivered?





Cluster/Sector Involvement

Prioritized critical problems related to Living Standards

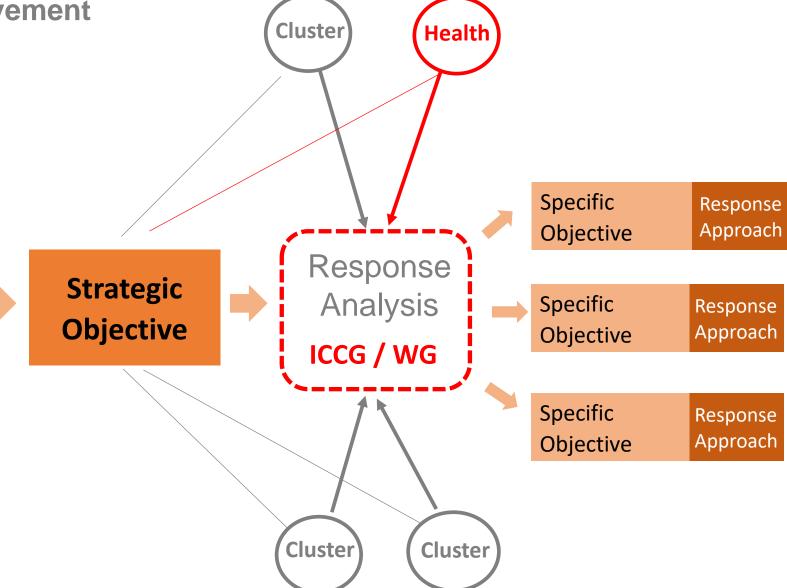
890 k

720 k

GENDER
Female Male 46%

AGE
Children 32%
Adults 50%
Elders 18%

- ✓ prioritized factors/drivers to be addressed
- ✓ prioritized groups/sub-groups
- ✓ prioritized locations





SMART Objectives: Examples

2 What specific response, how delivered?

1 What change / outcome?

Strategic Objective:

Restore the ability of 300,000 out of camp IDPs, 200,000 hosts and 500,000 returnees to meet their basic needs by end-2020.

Specific Objective:

Scale-up and regularly provide water, education and health services for 20,000 female-headed HH, 5,000 children-headed HHs and 30,000 IDPs with disabilities in established and informal camps in X locations by mid-2020.

Multisector Response Approach

Specific Objective:

"Enable 300,000 out of camp IDPs and 200,000 hosts in areas with highest IDP/host ratio to meet their basic needs throughout 2020."

Multisector Response Approach

Specific Objective:

"Improve the ability of **500,000 returnees** to **generate temporary income** and **support social cohesion efforts** in **high-severity return areas** by end-2020.

Multisector Response Approach



Inter-Sector Response Objectives and Approach: Key Messages

- Response planning process will change.
- Focus shifting to ICCG or inter-sector working groups to
 - articulate (multi-sector) response approaches required to meet (inter-sector)
 SMART specific objectives;
 - recommend adjustments to ongoing response patterns.
- Health cluster coordinators should be firmly plugged into these ICCG/intersector discussions, to
 - articulate scope/nature of required health programming within a multi-sectorial response approach;
 - in parallel, keep cluster members updated internally, discuss feasibility/nature of required health programming cluster internally, and inject back into inter-sector discussions.
- > Typical timing: September/October (2nd phase of HRP process)

Current challenge/Problem

- Sectors frequently set response boundaries/targets in silos. Link to inter-sector response strategy unclear.
- Link between sector strategies and projects frequently weak.

Intended improvements:



- ✓ Coherent Response Planning: Sector plans framed by inter-sector objectives and underpinning response approach/targets.
- ✓ Project activities/targets systematically linked to Cluster logframe/activities/targets (HPC tools).

12

HRP Template

Strategic Objectives and Response Approach

Strategic Objective 1

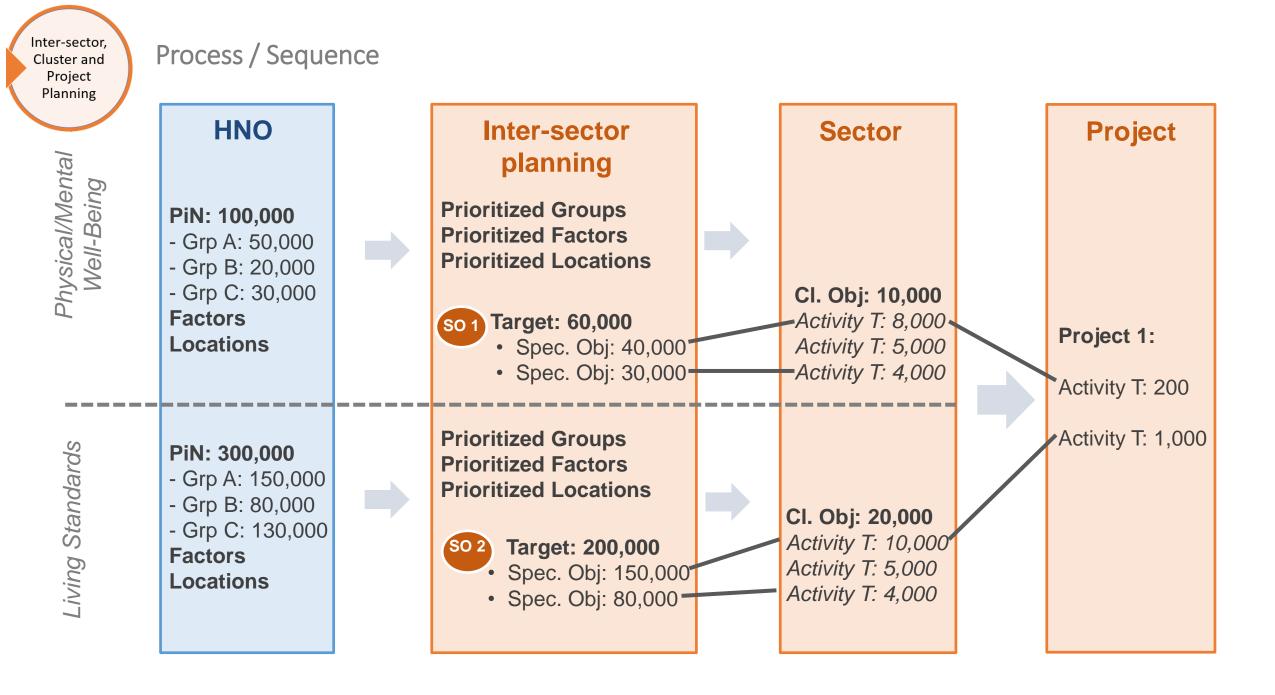
Specific objectives	Spe	ecific	obje	ctives
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	SPECIFIC OBJECTIVES	GROUPS TARGETED	NUMBER TARGETED	RESPONSE APPROACH	TIMEFRAME
SO 1.1	Eum ad apeirian expetendis persequeris	Group one and two	199 k	Has ea ancillae theophrastus, iudicabit salutatus necessitatibus at, vis ea justo illum suscipit.	Oct 2020 - Apr 2021
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SO 1.3	Eum ad apeirian expetendis persequeris	Group three	176 k	Has ea ancillae theophrastus, iudicabit salutatus necessitatibus at, vis ea justo illum suscipit.	Oct 2020 - Apr 2021



Sector Objectives linked to (inter-sector) Specific Objectives and related Response Approach

Objectives, Indicators and Targets	5					
OBJECTIVE	SECTORAL RESPONSE APPROACH	INDICATOR	IN NEED	TARGETED		
Strategic Objective 1: Addressing critical p	Strategic Objective 1: Addressing critical problems to physical and mental well-being					
Specific Objective 1.2: Lorem Ipsum dolor	est		300 k	230 k		
Sectoral Objective: Nec ceteros voluptaria ut, est te fierent urbanitas persequeris et dorem ipsum	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	100 k	80 k		
Sectoral Objective: Nec ceteros voluptaria ut, est te fierent urbanitas persequeris et dorem ipsum	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	100 k	50 k		
Strategic Objective 3: Addressing critical p	500 k	310 k				
Specific Objective 3.1: Lorem Ipsum dolor	est		300 k	230 k		
Sectoral Objective: Nec ceteros voluptaria ut, est te fierent urbanitas persequeris et dorem ipsum	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	Erat adversarium et quo, debitis lucilius at eam, maluisset princi- pes an pri inermis	100 k	80 k		





Coherent Response Planning: Key Messages

- Clusters/Sector planning informed by inter-sector specific objectives and coordinated/multi-sector responses approach required to meet them.
- > If well plugged into the inter-sector response analysis process upstream, Cluster Coordinators would have key elements to consolidate their sector plans later.
- Clear linkages between:
 - inter-sector specific objectives and sector objectives;
 - sector activities/targets and individual project activities/targets (supported via HPC tools: Response Planning Module and Project Module)
- Sequenced planning: Intersector Sector Project (organization)