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Technical Note: Targeting for social protection in humanitarian and fragile contexts

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The infographic on the inside front cover represents Social Protection System

LEGEND OF THE BOXES



Case study



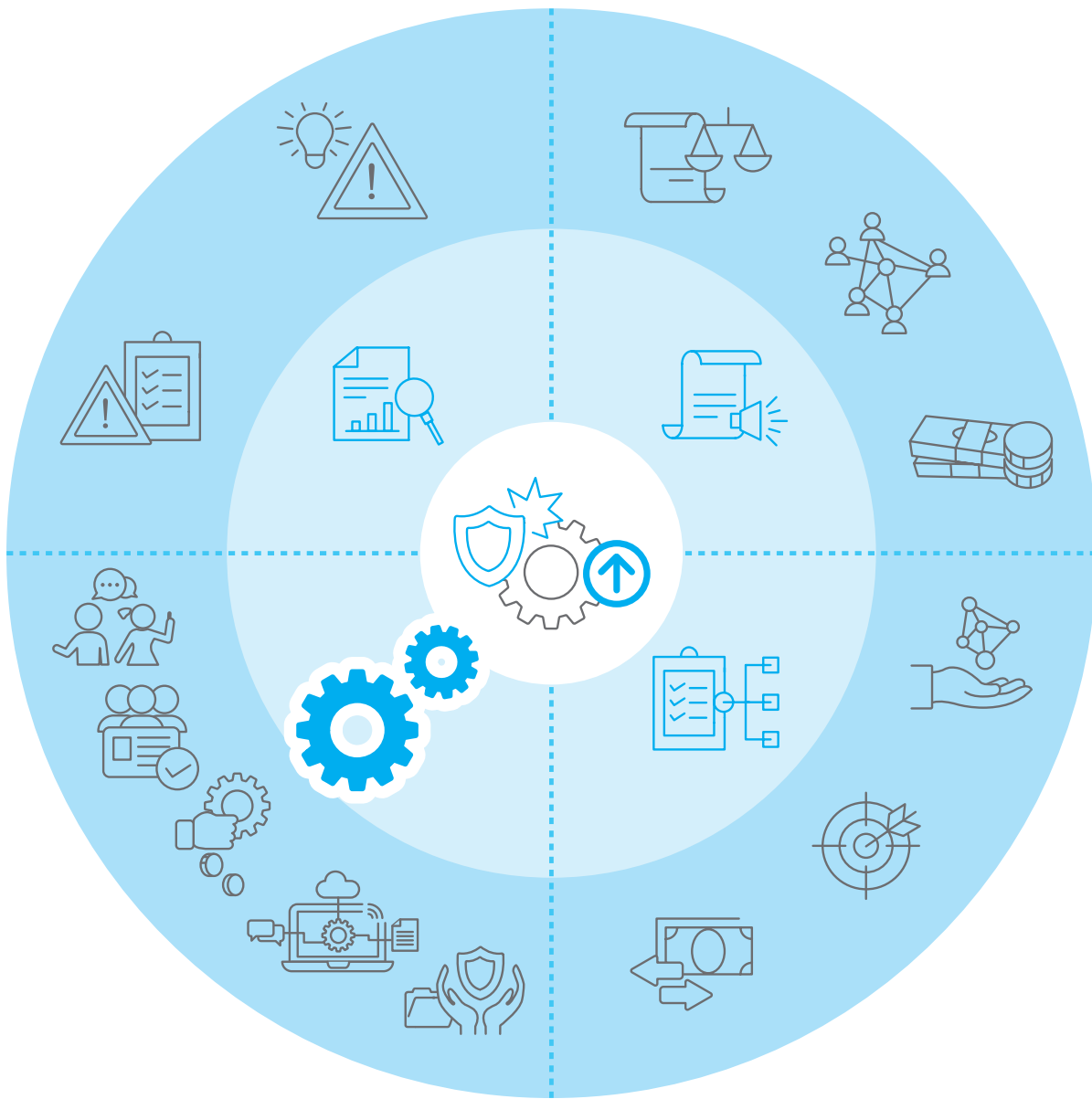
Idea



Covid19



Do not forget



Technical Note:
Targeting for social protection in humanitarian and fragile contexts

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Introduction

The topic of ‘targeting’ – the selection of those who will be included in emergency/humanitarian programming – can be a controversial one. In the context of limited funding, identifying those who are ‘most in need’ is not an easy task – and often caseloads affected by covariate shocks are not the ‘usual suspects’ of routine social assistance programmes (especially where these are strongly poverty targeted). This means that bridging the gap between routine social protection

programmes and emergency/humanitarian response is not obvious, or always desirable¹. This Technical Note² – designed to be a ‘living document’ that can be updated over time – offers guidance for UNICEF and partner staff, complementing the “[UNICEF Guidance on Shock Responsive Social Protection](#)” (see Section 3.1.3 specifically). It strongly builds on the SPAN (2019) Guidance and offers insights from UNICEF experiences in Malawi and Dominica.

Targeting for social protection in humanitarian contexts

The process of targeting for any type of programme – whether emergency or routine social protection – can be broken down into four key phases (cyclically designed and implemented)³, underpinned by a set of decisions⁴:

1. identifying the target group (deciding **who to select** based on programme objectives, setting eligibility criteria and qualifying conditions);
2. the accompanying fiscal choice (deciding **how many to select**, based on the allocated budget and trade-offs with benefit values⁵);
3. the design of a system that can operationalize that decision (deciding **how to select**), and;
4. continuous/cyclical implementation of that system via outreach, registration, eligibility determination and enrollment (deciding **how to carry out the**

selection). Each of these phases offers potential for exclusion and inclusion ‘errors’: not reaching the population that is truly in need⁶ or including those who were not in need.⁷

The issue is that targeting for routine social protection programmes is designed to respond to different needs – and abide by different principles, priorities and accountability structures – than emergency programmes, leading to very different targeted caseloads. Yet there are many cases where the line is often blurred in practice – such as in protracted humanitarian crises where chronic and acute/unanticipated needs sit side by side. Figure 1 unbundles this along with the 4 key phases/decisions, while key underlying principles are set out in the Box on the next page.

1 Targeting process in emergency situations must be informed and aligned with humanitarian principles.

2 This Case Study was authored by Valentina Barca and Nupur Kukrety (UNICEF), supported by a wide number of colleagues (in the capacity of key informants and peer reviewers). Specifically, in alphabetical order, we would like to thank: Claire Mariani (UNICEF), Daniel Longhurst, David Stewart (UNICEF), Edward Archibald, Maren Platzmann, Maya Fachrani Faisal (UNICEF), Natalia Winder Rossi (UNICEF) and Paul Quarles Van Ufford (UNICEF).

3 See TRANSFORM [Module on Selection and Identification](#) for more details.

4 In some cases, some of the targeting choices below are intrinsic to programme design: e.g. for school feeding programmes routine beneficiaries are school-going children, while cash for work programmes target able-bodied adults who are willing to work at the programme’s wage-rate.

5 Where a budget is fixed, the question is whether to give more people lower amounts (with the risk of undermining intended impacts) or less people higher amounts.

6 For example, see UNICEF and ODI (2020) [Universal Children Benefits: policy issues and options](#), spelling these out from a child-centred perspective especially.

7 Of course, overall, in a context of scant resources and high levels of need, exclusion errors tend to be a considered a greater problem in overall terms than inclusion error.

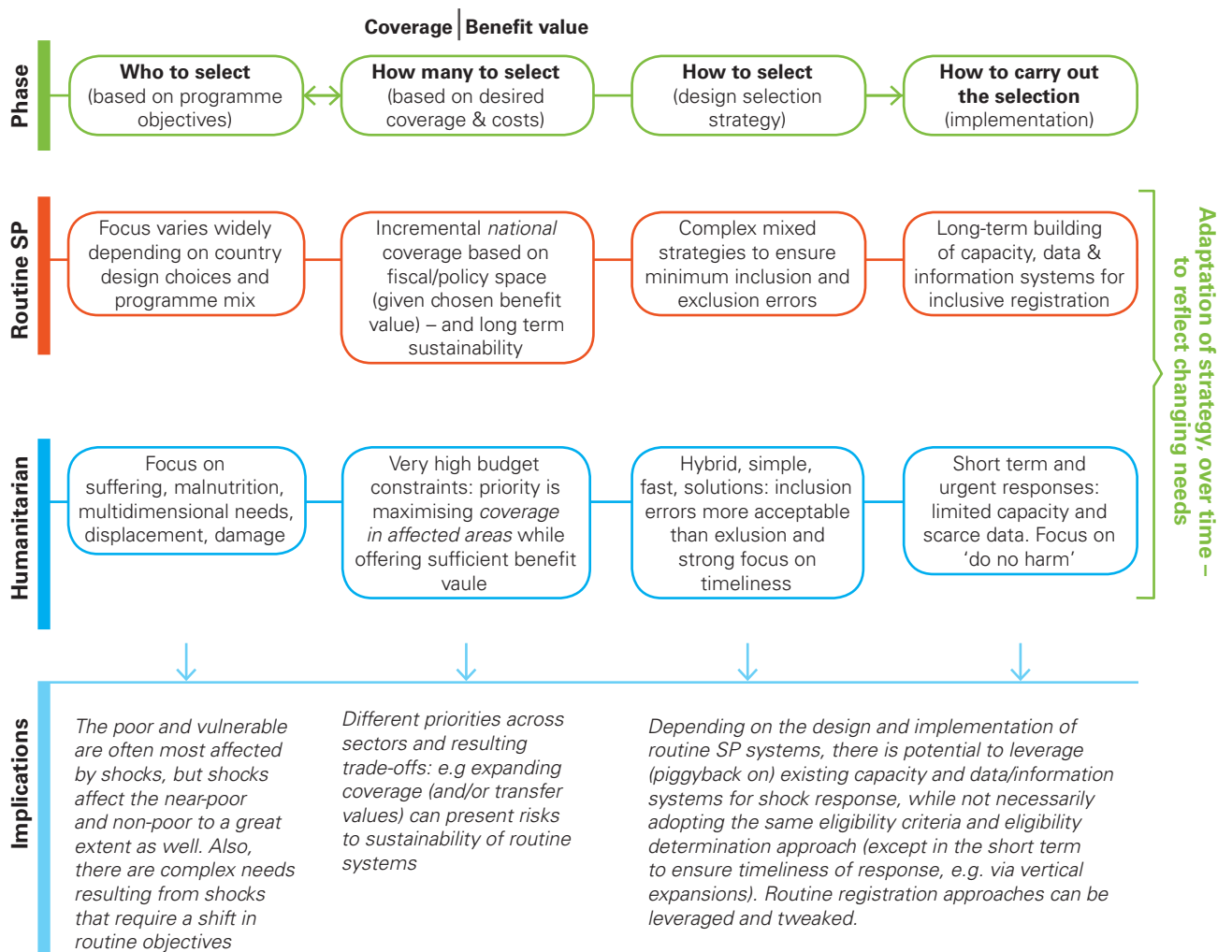


The “principles of beneficiary selection across the humanitarian-development nexus” are the following:

- Targeting should be **acceptable** from both political and social/cultural perspectives.
- The targeting process should **respect** the **dignity** of the population and foresee the participation of the population throughout the process.
- Beneficiary identification should be **simple and clear** for all members of a society or community. The costs should be justified, procedures should be as transparent as possible.
- The targeting strategy should be **appropriate** for the type of shock and stage of the response.
- Selection method(s) should be **feasible** in view of available administrative capacity and operationalization potential.
- Beneficiary selection should be **affordable** in terms of financial and institutional constraints.
- The targeting response should be **timely** and contextual depending on the type of shock and short-term or long term recovery support required.
- The targeting strategy should be **flexible** with the potential of being adjusted to changing environments during a shock or crisis.

Source: SPaN Operational Note 2: Targeting (2019)

Figure 1 The four key phases in targeted routine and humanitarian social protection programmes



Source: authors, building on SPAN (2019)

Building on existing systems and enhancing preparedness

What do these fundamental differences mean for practitioners looking to **enhance preparedness** for shock response via routine social protection systems?

- First – especially in contexts that are routinely and predictably exposed to shocks and stressors – making some **‘design tweaks’ to ensure that routine targeting encompasses a focus on covariate shocks, hazards and stresses.**
- Second, where relevant and feasible, enhancing **preparedness for flexing/scaling existing programmes or launching temporary emergency programmes via pre-planned changes to routine targeting approaches.** These would build on existing systems where possible, while explicitly prioritizing a) timeliness of response; b) meeting emergency needs and caseloads.

These two strategies can and should co-exist. We briefly discuss each in turn, noting that whichever option you choose (and it could be both) you should also note what your current system can and can't do, and share the burden with other actors in a coordinated way to ensure coverage, comprehensive and adequacy. It may also be possible to start small – with one specific programme – and take it from there.

Strategy 1. Encompassing a greater focus on shocks, hazards and stresses within routine targeting (systems building and design tweaks)

Such a focus can be included in routine programming, enhancing the resilience of beneficiaries' ex-ante and strengthening routine social protection. This could be achieved by building on the knowledge, experience, data and tools of humanitarian/DRM (emergency) counterparts. Key actions include:

- Increasing coverage of routine programmes in shock/hazard/stress-affected areas** (e.g. flood plains, coastal areas, drought-prone areas, etc.). This is particularly critical for those events that are predictable and recurrent (e.g. seasonal stresses should not be treated as a 'humanitarian' crisis).
- Incorporating criteria on vulnerability to covariate shocks/hazards/stresses into routine targeting** and not just viewing vulnerability uni-dimensionally (e.g. only about poverty, or

food insecurity, or shock exposure). This can be operationalized via 'climate smart' and 'shock sensitive' targeting.

Enhancing capacity for dynamic inclusion of new caseloads: e.g. overcoming the rigidity imposed by fixed list census survey approaches to registration and enrolment (often conducted every few years, while people's needs and conditions are in constant flux). This is a key blockage for 'responsiveness' of social protection systems to covariate shocks: on-demand approaches to registration can be more inclusive in the medium-term (see also Strategy 2).

- Increasing coverage overall, via more universally leaning targeting.** Acknowledging that where targeting is broader (or programmes are universal – e.g. universal child benefits) shock-induced needs are preemptively addressed.

Strategy 1.

“Encompassing a greater focus on shocks, hazards and stresses within routine targeting”
(systems building and design tweaks)

a. Increasing coverage of routine programmes in shock/hazard/stress-affected areas

b. Incorporating criteria on vulnerability to covariate shocks/hazards/stresses into routine targeting

c. Enhancing capacity for dynamic inclusion of new caseloads (e.g. on-demand)

“d. Increasing coverage overall, via more universally-leaning targeting

Strategy 2. Preparedness for the future: pre-planned changes to routine targeting approaches

On top of Strategy 1 above, there is also the potential to build on routine systems to enhance the timeliness and effectiveness of *future* emergency response. **The more this is prepared in advance, the better** – especially as targeting for routine programmes and for emergency response pursue different objectives and need to abide by different principles (as discussed above). **Of course, this does not mean everything is decided in advance** (e.g. decisions will anyway depend on an assessment of needs following the shock).

The options available in any country depend on the mix of routine programmes available, their routine targeting (along the four stages of ‘targeting’), and their subsequent coverage of routine caseloads.

For example, a country with only one or two weak programmes with very restrictive targeting (e.g. only the

‘ultra-poor’ and labour constrained, covering very low % of the population) will have much less to build on than a programme with much higher coverage that is designed more ‘universally’. Unless of course those tightly targeted programmes are underpinned by a strong mechanism to expand to much higher caseloads, which is rarely the case.



The COVID-19 response has showcased this, with countries such as Mongolia⁸ and Argentina able to reach very large caseloads via existing universal systems.

Broadly, **the choices available can be divided into two main categories, that are sequentially linked** – as summarized in Figure 3:

- a. First, whether or not to adopt the same **eligibility criteria and targeting approach** as routine programmes – and if not, determining what criteria and approach to use in advance (how to adapt/relax these)
- b. Second, whether or not to **piggyback on existing data** (e.g. from a Social Registry) **and/or capacity** (e.g. for data collection) **and systems** (e.g. an (e.g. existing information system) to implement the selected approach. If so, determining how this will be operationalized in practice: who will do what, when, how.



This can be done in advance to the extent possible – i.e. acknowledging adjustments will have to be made after the shock

Beyond questions on coverage, decisions on how and whether to leverage existing programmes and their targeting systems will **depend on an evaluation of trade-offs** regarding the timeliness, sustainability, predictability, cost-effectiveness and accountability to affected populations (among other dimensions – most importantly disaster-risk financing options available⁹) – as well as political economy considerations (see the UNICEF

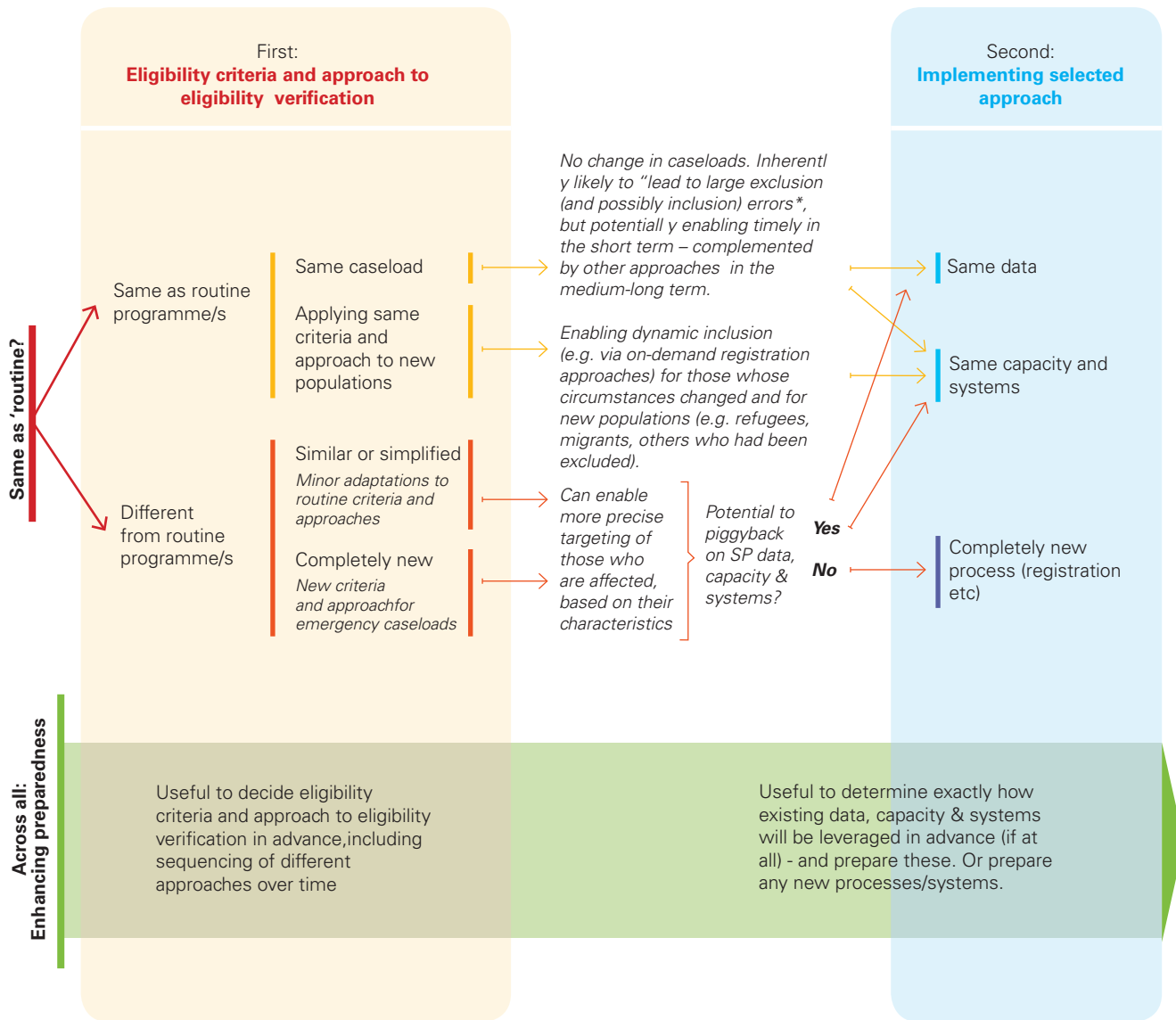
SRSP Guidance on this and the [SPACE Strategy Decision Matrix](#) used during the COVID-19 response).

They may also **change over time, depending on the phase of a crisis**. i.e. easy, swift but less precisely targeted solutions as first, followed by more rigorous targeting via new data collection to address emerging needs and recovery challenges.

⁸ See Cararro and Tserennadmid (2020) [Assessment of the social protection response to COVID-19 in Mongolia](#).

⁹ E.g. Contingency funds, crisis modifiers, funding agreements in place to channel extra-budgetary resources, etc.

Figure 3 Strategy 2. Enhancing preparedness via pre-planned changes to routine targeting approaches



Source: authors. *Note: vertical expansions will not lead to large exclusion errors where programmes already have very high coverage (universally leaning)



Remember: Ensuring timeliness of an overall emergency response may also require *phasing different approaches over time*: starting with blanket responses, following with quick and ready approaches (e.g. a vertical expansion to existing caseloads) and subsequently targeting households depending on their needs (e.g. based on new data collection).



Such an approach can be traced within all of the COVID-19 social protection responses, with different countries choosing different strategies depending on the strength of their existing systems, as well as broader issues of feasibility and political will. For example ([Gentilini et al. 2020](#); [IPC-IG data](#); [SPACE 2020](#)):

- Vertical expansions (same criteria, same caseload) were performed in a wide variety of countries. Where the programmes expanded had very high coverage (e.g. Argentina, Mongolia) this resulted in an effective response strategy.
- Dynamic inclusion to new populations (same criteria, new caseload) acted as a response mechanism in many middle and high-income countries where systems for on-demand applications were in place (with staggering increases in caseloads)
- Simplifications and significant increases in thresholds for eligibility (different criteria, but similar approach) were widely used, leveraging existing data and systems (e.g. countries' social registries). Examples abound and include Pakistan, Brazil, Chile, Peru, Ecuador, etc.
- Completely new criteria, especially aimed at reaching informal workers, were also common – sometimes leveraging existing data and information systems in the process. Examples include Namibia, South Africa and Togo, as well as 'second stage' responses in many Latin American countries.

In many countries, different strategies were layered, to first swiftly respond in a 'rough and ready way' and then tailor further responses to emerging needs (e.g. based on new data collection).

Whatever the choice, **preparedness measures** will be fundamental going forwards to enhance the timeliness and cost-effectiveness of responses, including potentially:

- a. Roughly agreeing on eligibility criteria and approach to eligibility verification in advance (for different types of shocks), *including sequencing of different approaches over time*. These would not have to be followed precisely but could inform swifter responses.

- b. Determining how existing data, capacity & systems will be leveraged in advance (if at all) – and preparing these (see Case Study on Information Systems), or prepare any new processes/systems.

This is not to mention broader preparedness measures such as ensuring the funding is in place (see the UNICEF SRSP Guidance on this as well as this summary [SPACE piece on preparedness](#)).

How has this been done in selected countries – Malawi and Dominica

These two examples have been written up as emerging practices of – pre-COVID-19. They provide a good overview of the policy process required over time and the role UNICEF can play within this, focusing on the 2 key strategies outlined in the sections above.

Malawi: testing the feasibility of different targeting approaches¹⁰

The Government of Malawi has strongly committed to investing in the use of social protection systems for responding to shocks, as outlined within the [Malawi National Social Support Programme II \(MNSSP II\)](#) and accompanying Implementation Plan. Over the years, this has resulted in the testing of several approaches to building on government social protection systems

for a humanitarian response – especially in response to seasonal droughts and dry spells (recurrent, predictable stress that should not be treated as a humanitarian 'crisis'). UNICEF and partners have supported the Government to incrementally leverage routine social protection programmes and their systems to support humanitarian targeting approaches¹¹ (currently operationalized via an annual data collection process¹² and community-based targeting guidelines).

We briefly discuss key experiences below.

¹⁰ Based primarily on Longhurst et al, 2019 and inputs from Maren Platzmann, Edward Archibald and Daniel Longhurst.

¹¹ The Joint Emergency Food Assistance Programme (JEFAP) guidelines.

¹² The Malawi Vulnerability Assessment Committee (MVAC).

Strategy 1. Encompassing a greater focus on shocks, hazards and stresses within routine targeting (systems building and design tweaks)

Long term design tweaks for routine targeting

MNSSP II clearly sets out the importance of prioritizing highly vulnerable and hazard-prone districts in the development and operationalization of the country's shock-sensitive system. This includes the use of hazard and vulnerability assessments to inform the design, implementation and linkages across programmes/with the humanitarian sector for the coverage of vulnerable geographical areas.

To date there is no evidence of this being fully operationalized:

- i. increasing coverage of routine programmes: has not happened to date.
- ii. incorporating criteria on vulnerability into routine targeting: the questionnaire for the UBR was adjusted so that it included all relevant information used for MVAC targeting and to record geographic locations. In other words, routine data collection was adjusted, but not the targeting itself.
- iii. enhancing capacity for dynamic inclusion: has not happened to date.

Developing training to shift social protection mindsets

In 2019, UNICEF, WFP and ILO Malawi supported the development of a [TRANSFORM](#) Module on Shock Responsive Social Protection, to help shift Government thinking on the targeting of routine caseloads – and also preparedness for future regular, predictable shocks such as droughts. The training was planned for April 2020 but was postponed due to COVID-19.

Strategy 2. Preparedness for the future: pre-planned changes to routine targeting approaches

The process of enhancing preparedness for future shocks via pre-planned changes to routine targeting approaches has been taking shape over the years in Malawi, via continuous experimentation and pilot of different approaches supported by Development Partners, including UNICEF. A few of these efforts are discussed here.

Using social protection eligibility criteria for humanitarian response

To corroborate anecdotal evidence that highly vulnerable households were being excluded from much needed humanitarian assistance based on their enrolment in the Government Social Cash Transfer Programme (SCTP), UNICEF commissioned a study in 2015 on targeting patterns among rural communities in Malawi. The evidence showed that humanitarian community-based targeting tended to avoid targeting households already receiving other forms of social protection support (such as the SCTP), even though the transfer values of those social protection programmes were inadequate compared to the needs of households. The analysis, therefore, showed that the approach taken by communities to targeting humanitarian assistance led to exclusion errors. In light of the underlying vulnerabilities of SCTP households and their exclusion from community-based targeting processes, and with deep and widespread food insecurity during the 2016/17 drought, the Government issued a policy decision to automatically include all SCTP households in the humanitarian food response in 2016/17.

In 2017, UNICEF and WFP led a real-time review of this policy decision together with three line-ministries as well as partner UN agencies and NGOs. One key finding was that communities agreed that SCTP transfer values are not high enough to cover regular food needs (or additional shock-related needs). They stressed the importance of routine systems building (increasing routine transfer values) to lay the foundations for shock response. The other finding was that, despite this, communities did not support the use of two different delivery channels to provide support to the same household: 'double dipping' was not perceived positively (even if this helped to achieve 'adequacy'), because so many others within the community were equally vulnerable and in need (i.e. higher coverage was preferred in that context where food insecurity was relatively high and homogenous, meaning any 'targeting method' was intrinsically problematic).

A revised approach was adopted in 2017/18, which leveraged existing social protection beneficiary lists but did not involve transferring the social protection caseload into the humanitarian response. Under a vertical expansion of the SCTP, households affected by drought received additional assistance in 2017/18. Together with the Government of Malawi and WFP, UNICEF provided the necessary technical support to the SCTP and its underlying systems to grant vertical top-ups to SCTP beneficiaries

who were living in areas of Balaka District that were identified as facing high levels of food insecurity. The trial – conducted between December 2017 and March 2018, during the lean season – covered 3,073 households and was conducted in parallel to the regular humanitarian food response, to prove that existing beneficiary caseloads could be leveraged as part of a holistic and coordinated response to shock. UNICEF, WFP and the Government of Malawi commissioned a case study ([here](#)), which documented the lessons learned and best practices for vertical expansion. This approach has been repeated in subsequent years. For instance, the SCTP was vertically expanded to support households in four districts during the 2019/20 lean season and also in response to flooding after Cyclone Idai in early 2019. The evidence of several years of iterative improvements has shown that a Vertical Expansion can be an effective, highly cost-efficient means to support shock-affected SCTP beneficiaries – where preparedness has been enhanced and the context allows.

Predictive targeting to support an expansion of caseloads

To develop the thinking around pre-agreed targeting criteria, starting in 2017 Concern Worldwide in partnership with WFP and others set out to test the use of registration data collected in advance of a shock (41,209 households in the disaster-prone areas of Mangochi and Nsanje districts) for pre-targeting of households ‘at risk’. The registration data was combined with a hazard mapping exercise to identify shock prone ‘hot spots’ with the support of District Civil Protection Committees (DCPCs) and cross-compared with drone footage and GIS mapping of the households, creating a final list ranking households from 1-5 in terms of poverty and food insecurity in the highest risk areas for flooding. As the flooding never occurred during the pilot period, the test was never finalized.

Piggybacking on existing data in the social registry to conduct humanitarian targeting

A 2017, trial initiated by UNICEF and led by WFP with Concern Universal in collaboration with the Government of Malawi, aimed to assess the potential operational benefits of piggybacking on data in the country’s Social Registry (called the ‘Unified Beneficiary Registry’) to support the humanitarian response targeting processes and beneficiary management. The questionnaire of the UBR had previously been modified to collect information that would identify household vulnerability to annual predictable food gaps and climate shocks. Conducted

in one district, the trial tested using the ranked UBR list (using PMT) within communities for endorsement using standard humanitarian criteria. It also tested pre-populating certain variables for the endorsed households in the humanitarian registration tools, which humanitarian partners could verify and update in real-time. Households not in the UBR could also be added (with plans to push the data to the UBR).

An analysis of the trial included several findings of the various advantages and disadvantages of piggybacking on existing data in the UBR for a humanitarian response:

- **Influence:** Using the UBR as the initial basis for community targeting minimised the influence of traditional authorities (which was sometimes perceived negatively). Yet community verification was essential.
- **Timeliness:** Pre-populated data saved time at critical stages of the response (e.g. registration and data entry), while also enhancing coordination amongst partners across the humanitarian-development nexus.
- **Accuracy:** The ‘dynamic’ indicators from the UBR could not be used for pre-targeting households (they were too out of date), while demographic data were helpful.
- **Appropriateness:** The PMT used in the UBR to rank households was not suitable for targeting humanitarian response (it was not highly predictive of food vulnerability insecurity).

The analysis recommended that, for better future performance, the humanitarian sector should move towards a digitised registry that is used consistently across humanitarian actors and which ‘pushes’ data back to the UBR (to date, this change has not been implemented). Moreover, coverage of the UBR could usefully be expanded (a process that is currently underway, intending to reach 100 percent coverage in all districts).

Based on these findings, more work was undertaken to look at exactly which indicators can be combined to help identify chronic and seasonal needs. This is currently in the process of being explored through a study by WFP supported by ECHO, and is part of a wider discussion taking place in other contexts such as the Sahel, where World Bank research is looking at combining indicators from the PMT and Household Economy Analysis (HEA) (Schnitzer, 2016).

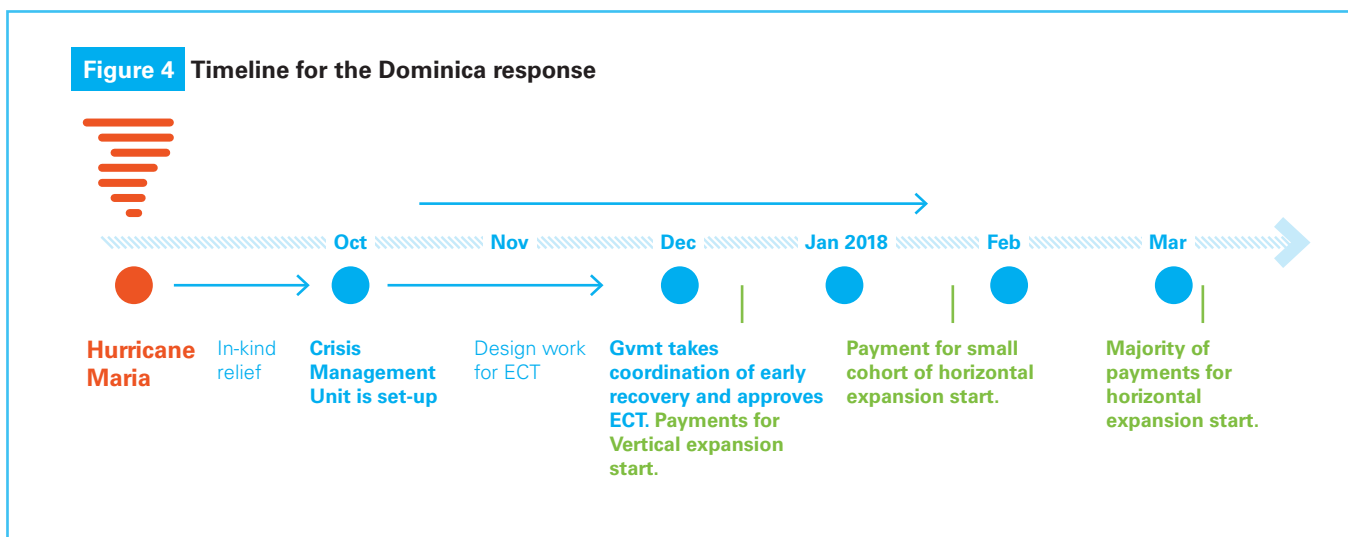
Dominica: embedding emergency targeting criteria into a routine Manual of Operations to enhance preparedness for future shocks

When Hurricane Maria made landfall on 18th September 2017, with catastrophic effects affecting over 80% of the population, the existing social protection system had not been formally 'prepared' to respond to shocks. The main social assistance programme in the country, the Public Assistance Programme (PAP), covered about 9% of the population and was targeted at the extreme poor based on subjective recommendations by Village Councils and other authorities. It had a relatively robust manual payment system and trusted capacity at a local level, leading the Government to decide to work alongside UNICEF and WFP to channel emergency assistance via the existing government system.

In practice, the response was articulated in two phases – following an initial 'Phase 0' during which relief was provided in-kind:

- Phase 1 entailed a **vertical expansion to routine PAP beneficiaries**: the routine eligibility criteria (and caseload of 6600 beneficiaries, over 9% of the population) was retained, prioritizing timeliness in the short run.
- Phase 2 entailed an **expansion to new caseloads** (reaching 25000 beneficiaries), identified via new eligibility criteria based on a Vulnerability Needs Assessment (see Box 1) that was both developed and carried out in the aftermath of the shock, with the support of UNICEF and WFP. Reliance on the system's capacity at local levels of administration was crucial.

Figure 4 provides a timeline for the overall response.





Box 1 Dominica’s Vulnerability Needs Assessment and its creation

Within a critically tight timeframe following the landfall of Hurricane Maria, the option of using PAP data to support the targeting design and implementation was considered. Nevertheless, data from the programme was a) primarily not digitized¹³, b) missing fundamental variables that could have supported an assessment of vulnerability and household composition (e.g. the number of children). While the vertical expansion retained the same targeting caseload as PAP, the subsequent horizontal expansion, therefore, required the collection of additional data.

The targeting criteria – and the one-page Vulnerability Needs Assessment form that was used to assess eligibility – were established through a consultative process involving Government entities (local governments, social welfare officers, and emergency committees), WFP and UNICEF. The criteria comprised demographic indicators generally associated with vulnerability, together with disaster-related indicators (see Figure below). Based on the criteria, on the information of the VNA, and their knowledge of the living conditions of households in their villages, Beneficiary Selection Committees in each village were in charge of pre-selecting beneficiaries. This was validated with data analysis and the final lists were approved by the Ministry following validation with the cabinet.

Category 1

The eligible households will need to meet the following criteria simultaneously



The household has **lost the main source of income**

The head of the household is **currently unemployed**

There is **no other household member currently working**

OR

Category 2

The eligible households will need to meet the following criteria simultaneously



The head of the household is **currently unemployed**

There is **no other household member currently working**

The **house was destroyed or severely damaged**

AND

The household falling under both categories need to meet **ONE OF THE FOLLOWING CRITERIA** in order to be eligible:



It is a single-headed household with 2 or more children



The house consists of **ELDERLY PEOPLE ONLY** or **ELDERLY PEOPLE** caring for **CHILDREN**



There are chronically ill or physically/mentally ill challenged in the household



There are more than 2 dependants in the household



There are pregnant/lactating women or children under 2 years in the household



The household is caring for a foster child



The house was destroyed or severely damaged

13 Only the name of the household head and the amount of the transfer were registered in an Excel file by the accounting department.

Strategy 2: Preparedness for the future (learning from the response and longer-term system building)

Following a large 'learning workshop' on the Emergency Cash Transfer experience, Government formally committed to strengthening routine systems and preparedness for response to future shocks. One of the key areas of action included developing

an "Operations Manual and Standard Operating Procedures for the Social Welfare Division". This was developed by the Ministry of Health and Social Services with support from UNICEF and now contains a section that discusses preparedness actions for future emergencies – including the following on the topic of targeting:

“Pre-defined selection criteria that can be adapted and used to identify new beneficiaries. As a guide, selection criteria used in any emergency should align with the criteria used in the regular PAP but must also be adjusted to target those most vulnerable and in need during or after an emergency. In accordance with this requirement, the criteria given below were previously used in the past emergency response and function as a guide for refinement of selection criteria in the event of another emergency.

1. *All members of the household are unemployed. There must be not adults who are employed full-time, part-time or temporarily.*
2. *The household has lost or does not have a primary source of income.*
3. *The house has been severely damaged or destroyed, with a definition of 'severely damaged' including buildings which have suffered structural damage to roofs or walls.*

Amongst households who meet these criteria, priority is given to those with household compositions that increase vulnerability. These are:

1. *Single-headed households with two or more children;*
2. *Households with more than two dependents per adult;*
3. *Households with only elderly persons, or elderly persons caring for children;*
4. *Pregnant or lactating women, or children under two years of age in the household;*
5. *Chronically ill, or physically or mentally challenged persons in the household; or*
1. *Households with foster children.”*

The results of this work remain to be seen – though initial response plans to COVID-19 appear encouraging.

