# Options Paper – Harmonizing approaches to defining Humanitarian Targets

## Problem statement:

There is great inconsistency in how UNICEF as well as wider inter-agency response plans are setting targets in relation to population in need. In the extreme, this is undermining commitments to ‘leave no one behind’, standards under SPHERE/INEE, or even UNICEF CCCs and Cluster Lead Agency commitments as Provider of Last Resort. Lack of consistency also undermines donor confidence in funding appeal levels and performance against targets.

## Options on positioning:

|  | *Option A: Aspirational based on needs* | *Option B: Aspirational but taking capacity constraints into consideration* | *Option C: Pragmatic taking capacity and funding constraints into consideration* |
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| Position | The **combined targets of cluster partners should be equal to the total population in need** (i.e. 100% of the population of the appropriate age/gender for the intervention is to be reached); in clusters where UNICEF is CLA, as provider of last resort, it will adjust targets to fill the gaps to reach the total population in need. Where UNICEF is not CLA, it will adjust targets to fill gaps to reach the total population in need in relation to the CCCs. | The **combined targets of cluster partners should be equal to the total population in need in as far as is possible**, with UNICEF adjusting targets to fill gaps to reach the total population where UNICEF is CLA and for interventions in relation to the CCCs**,** taking into consideration the following limits to implementation:   * Severe capacity constraints/ gaps among implementing partners which could not be addressed in the planning timeframe even with fully funded capacity development strategies; * Similar access constraints which cannot be addressed even with implementation of strong advocacy strategy; * Limited planning timeframes (e.g. a 3-month initial disaster response plan will not reach 100%); * Some interventions where relevant benchmarks are lower than 100% (e.g. 95% coverage for measles vaccination) | As for Option B as well as taking into consideration past and likely funding levels.  (Expected funding levels are the primary driver of significantly lower targets along with access. This option still requires decision on exact relationship between past/expected funding and target level, e.g. planning targets based on past funding levels + X%.) |
| Advantages | * Consistent with ‘leave no one behind’ commitment * Greater transparency about unmet needs * Target setting is simplified | * Still more consistent with ‘leave no one behind’ commitment than option C * Greater transparency about unmet needs * Targets are grounded with reference to timeframes and major implementation constraints, therefore potentially better for advocacy on unmet funding needs than option A | * Targets will be achievable performance targets where funding targets are reached * Donors have more confidence that funding targets are prioritized |
| Disadvantages | * Targets will still not serve as useful performance measures without some adjustment for actual funding level and implementation constraints; reporting on performance requires explaining gaps vis-à-vis targets (a bit unwieldy for external communications) OR requires a new practice of defining *adjusted targets* * Donors may criticize funding requirements as unrealistic * Setting targets and corresponding budgets still requires clear approaches to costing 100% reach taking into consideration higher costs of reaching the hard-to-reach. | * Targets will still not serve as useful performance measures without some adjustment for actual funding levels; reporting on performance requires explaining gaps vis-à-vis targets (a bit unwieldy for external communications) OR requires a new practice of defining *adjusted targets* * Donors may criticize funding requirements as unrealistic (though less than for option A) * Setting of targets and corresponding budgets still requires good contextualized analysis, coordinated across HCT & UNICEF sectors, and agreement on the hard limits of capacity and access constraints, e.g. what is the highest coverage achievable with good implementation of capacity development and access strategies. | * Targets will tend to leave out the difficult to reach, going against “leave no one behind” * Targets will in some cases fall far below PIN; e.g. where funding levels have been at 30% of ask * Targets risk being set to only to what is easily achievable, with offices not pushing as far as possible on access and capacity development with national partners * Setting of targets still requires good contextualized analysis, coordinated across HCT & UNICEF sectors, as for option B |
| Required actions | * Agreement on positioning internally * Harmonize internal guidance and training on setting targets and budgeting/costing * Increase quality assurance on rationale for and consistency of target setting (regional and global levels) * Advocate at IASC for similar clarification in IA guidance and training ([IASC Humanitarian Profile Support Guidance, Aug 2016,](https://www.humanitarianresponse.info/en/programme-cycle/space/document/humanitarian-profile-support-guidance) references considerations in framing targets including “constraints (lack of access), response capacity, time limitations, political decisions, thresholds of intervention, relief provided outside the plan, etc.”) | | |
| * Communications with donors to clarify likely increase in total funding asks * Improve transparency of costing approaches | |  |