

05

Response Analysis and Prioritization Guide

2021 Humanitarian Programme Cycle
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For additional information, please contact:

Assessment, Planning and Monitoring Branch, OCHA, apmb@un.org
Palais des Nations, 1211 Geneva, Switzerland
Tel: +41 22 917 1690

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1. Purpose

This guidance supplements the Humanitarian Programme Cycle (HPC) Step by Step Guide on humanitarian response planning steps. It provides definitions, structured approaches and tools to facilitate response analysis and prioritization, formulation of strategic and specific objectives, and estimation of the number of people targeted in the Humanitarian Response Plan.

2. Rationale

Despite a record amount of funding allocated to humanitarian emergencies in recent years, humanitarian needs continue to outgrow available resources.¹ As a result, donors request that humanitarian organizations better justify their appeals and interventions and clearly articulate methodologies used for needs analysis, response planning and costing.

Aid organizations have continuously worked to improve needs and response analysis as well as targeting over the years, based on the recommendations of the High-Level Panel on Humanitarian Financing, the World Humanitarian Summit and the Grand Bargain. Specifically, the Grand Bargain called for an improved evidence base to inform decision making, objective and data-driven prioritization of humanitarian response across sectors, and implementation of the most feasible and appropriate response options.

Improvements in coordination and approaches for needs assessments and analysis over the last decade have incrementally improved strategic decision-making in humanitarian response planning. Nevertheless, inconsistencies and insufficient linkages between Humanitarian Needs Overviews (HNOs) and Humanitarian Response Plans (HRPs) continue to be observed. Some HRPs present limited evidence of prioritization due to

challenges with the needs and severity analyses which are sometimes delinked from parallel inter-sectoral and sectoral response analysis and planning processes, and limited engagement of the Humanitarian Country Team in joint analysis or planning.

The enhanced HPC approach is an attempt to address some of these challenges. It introduces an analytical framework and methodology for inter-sectoral needs and response analysis and presents further guidance to articulate SMART² objectives and indicators for monitoring purposes. The enhanced HPC approach emphasizes a coherent planning logic, where agreed upon inter-sectoral strategic objectives are underpinned by inter-sectoral and sectoral specific objectives that frame subsequent sector and project planning.

While humanitarian operations have applied some of these enhancements, there remains a need for a systematic and transparent approach to response analysis and planning by clearly linking needs analysis outputs from the HNO or monitoring updates, to response analysis, prioritization and definition of targets. By ensuring such direct and clear linkages between the evidence and response, humanitarian actors enhance the credibility of the HRP.

Iterative response analysis and planning logic

HRP Scope	→	Response Analysis	→	Project / Activity Development, Costing, Vetting
Based on needs analysis				
Based on HNO or monitoring update:		Initial strategic and specific objectives		Finalized strategic and specific objectives
Population and sub-population groups		Response approaches, modalities and prioritization		Quantified multi-sectoral and sectoral targets
Needs and driving factors		Definition of targets and estimation of number of people targeted		Projects / activities
Locations				Financial requirements

¹ The number of people in need increased from 57.5 million in 2015 to 167.6 million early 2020. The financial requirements have increased from US\$16.4 billion to \$28.8 billion over the same period.

² SMART objectives are specific, measurable, attainable, relevant and time bound. See Annex I for details.

3. Linking needs analysis to response analysis

Approach

Humanitarian needs analysis outputs from the HNO determine the scope of the HRP based on identified people in need, causes and driving factors of needs, severity, magnitude, trends and projection, and people's own priority needs.

All people in need identified in the HNO, should be considered in their integrity **when starting the planning process** given that their needs are 'humanitarian' by definition and their severity has been ascertained by the analysis in the HNO. The initial scope of the HRP is thus derived from the population groups and sub-groups in need, based on the principle of humanity as well impartiality, neutrality and independence.

From that planning starting point, response analysis is done to identify the most appropriate, relevant and feasible interventions. The following factors should be considered at the inter-sector / cluster coordination level to define the strategic priorities to meet the identified humanitarian needs (see section 4):

- **Severity:** The needs analysis in the HNO describes the type of humanitarian conditions that people are facing, the severity of needs and severity by geographic location, age, gender, refugee / IDP / migrant status, people living with disabilities and other disaggregations relevant in the context. High severity needs are likely to require a rapid humanitarian response, while needs that appear less severe may also require attention when they are likely to deteriorate during the planning period.
- **Magnitude:** Magnitude is the number of people facing humanitarian needs, at different levels of severity and in different geographic locations. It matters insofar as it indicates the size of the response required to address some of the needs. However, some types of humanitarian needs can affect lower numbers of people and must not be ignored.³ For example, pervasive gender-based violence which can result in multiple forms of physical, societal and psychological

harm, unaccompanied children lacking access to basic services, young children suffering from malnutrition, or informal workers losing access to their daily source of income, may concern few people compared to other groups but the severity and long-term impact of their needs warrant an inter-cluster coordination discussion on their consideration for the response. Marginalized and discriminated groups are also often in the minority, yet this discrimination often leads to high severity of needs.

- **Trends and projection:** What may now seem as less severe problems, for example a deprivation of basic needs causing a moderate deterioration of living conditions and reliance on negative coping mechanisms, could evolve into acute humanitarian needs during the planning period. The analysis of trends in humanitarian conditions and the projection of needs done in the HNO should be used to anticipate the occurrence or the deterioration of humanitarian needs during the planning period. The inter-cluster coordination group should consider the combined trend and projection analysis before discarding less severe humanitarian needs identified in the HNO. Particularly important are those future needs which, due to their time criticality require action now to avoid irrevocable consequences (for example, a missed planting season).
- **Underlying causes:** The HNO analysis will indicate the immediate, underlying and root causes of the various humanitarian needs. Causes that are not directly related to the crisis may indicate that the problems are structural and require long-term development responses. For example, some people may not be able to meet their basic needs due to chronic lack of work opportunities, without this having been worsened by the crisis. The causal needs analysis informs options of collaboration with the government and development actors, as appropriate.

³ In some cases, the evidence base for prevalence of a certain problem may not be disclosed as households may not feel comfortable to report some issues such as gender-based violence due to cultural norms, safety and privacy concerns etc. The lack of "evidence" in these cases such as gender-based violence should not be taken as lack of need.

- **People's own prioritization of their needs:**
The HNO needs analysis is based on a rigorous review of different indicators and severity thresholds, however it gives little insight into the concerns and priorities of affected populations as it is derived from an outsider's perspective of what survival, livelihoods and resilience problems look like. Accountability to Affected Populations (AAP) begins at the planning stage with consultation of a range of stakeholders and disaggregated groups to ensure a voice for females and males of the range of age groups and representing different groups relevant in the local context. Be sure to engage with both community 'gatekeepers' and groups that might traditionally be disempowered due to class, ethnicity and other forms of marginalisation or lack physical access to consultations regarding their own prioritization of their needs.

The review of the above factors enables the generation of an initial set of strategic objectives as well as initial target populations and locations, directly linking needs analysis and response analysis phases of the Humanitarian Programme Cycle. These objectives are then refined and finalized after completion of the analysis of response options

4. Response analysis and prioritization

4.1

Definition

Response analysis is a joint inter-sectoral process that facilitates the identification of appropriate, relevant and feasible interventions and modalities to respond to the humanitarian needs of population and sub-population groups, as identified in the HNO. It consists of formally reviewing the range of interventions possible to address identified needs and their causes for the various population groups and locations, in order to select those that will meet these needs in the most effective and efficient way. It results in a clarification of the articulation of multi-sectoral and sectoral responses, and of the target population and geographic locations.

The first step of response analysis takes the outputs of HNO needs analysis as a starting point. The needs analysis captures the varying levels of severity, magnitude, causes and consequences of needs, people's own priorities and trends and projections. This is used to formulate **an initial set of inter-sectoral strategic objectives for the HRP.**

The second step of response analysis is to formulate **an initial set of inter-sectoral and sectoral specific objectives** for each of the draft strategic objectives. This essentially breaks down the broad focus of each strategic objective into more precise objectives geared towards specific aspects of the humanitarian needs, specific sub-groups within broad population group categories, and specific locations. The set of specific objectives for a given strategic objective should be complementary and each specific objective should contribute to the achievement of the respective strategic objective.

The third step of the response analysis is **to review the appropriateness, relevance and feasibility of different interventions and intervention modalities⁴** and define who should be targeted with what and where, for each specific objective, based on:

- **Appropriateness:** Appropriate interventions are those that will meet the needs given their severity, magnitude, causes and trends and projections. Such interventions can reduce needs and / or increase the resilience of people. Appropriate interventions should be non-duplicative of, or complementary to other response plans by the government (humanitarian and development), the Red Cross and Red Crescent Movement, and development actors. Duplication can be avoided, and complementarity can be achieved by reviewing '4Ws' (who does what, where and when) as well as exchanging information about planned response, including people and locations considered for assistance. Appropriate interventions should be built upon principles of quality programming including, but not limited to, do no harm, inclusivity and consultations with local communities.
- **Relevance:** Relevance refers to the extent to which appropriate interventions also address populations' own priority needs and preferences. For example, a nutrition programme that focuses on treating acute malnutrition using mobile clinics is appropriate to address severe acute malnutrition rates that affect a large number of children with a deteriorating trend and can be relevant to people's own preference for a service that is close to their location. Conversely, a public works intervention may be appropriate to address a loss of income, but irrelevant if that does not take into consideration the fact that most people in need are afraid to move to work places due to a lack of identity documents, pointing to the need for advocacy first, to resolve the legal issues.
- **Feasibility:** Feasibility takes into account operational factors⁵ that enable the delivery of appropriate and relevant responses across most sectors. Individual sectors may identify additional feasibility constraints relevant to their particular operational modalities. Overall feasibility constraints include:

⁴ Please see CALP's Cash and Voucher Assistance Appropriateness and Feasibility Analysis on modality selection. Available at: www.calpnetwork.org/toolset/cva-appropriateness

⁵ Please note that operational constraints may differ per organization and / or sector.

- **Physical access:** security, logistics, seasonal considerations (e.g. during the rainy season).⁶
- **Legal issues:** authorisation to implement certain interventions, authorisation for certain population groups to participate in certain interventions (e.g. public works) or benefit from certain types of assistance (e.g. cash, non-temporary shelter, land allocation etc.).
- **Operational capacity:** the presence of providers / actors able to implement the chosen modality of interventions, based on their experience and ability to mobilise the necessary staff and material resources.
- **Availability of support structures or financial delivery services:** functioning markets, availability of financial service providers, national social protection systems, schools, or health care services etc.

It is expected that all efforts will be made to overcome constraints affecting responses to people with severe humanitarian needs, so that they are always prioritized for the response. However, it may still not be possible to reach all of them with the most appropriate interventions due to constraints that cannot be addressed by humanitarian actors. Before concluding that interventions are not feasible, activities within the plan that could increase feasibility (e.g. augment logistical capacity, prepositioning, training local actors, etc.) should systematically be considered. It is important to consider the gender and age dimensions of appropriateness, relevance and feasibility that may impact the acceptability and functionality of interventions for women and girls due to societal gender norms.

The issue of access warrants a specific treatment throughout the HRP. Access is dynamic and evolves on a daily basis in certain contexts. Planning should include the possibility to plan or fundraise for areas or populations which are inaccessible at a certain time but might become accessible at another time. Planning may also include preparedness and prepositioning to allow immediate intervention in hard to reach areas should humanitarian partners gain temporary or more stable access to them.

While the cost of a given intervention should not be a reason for foregoing a response to humanitarian

needs, the response analysis should consider whether other appropriate, relevant and feasible options can be more efficient and effective in meeting the needs at a lower expense.

The result of the feasibility review is a clear understanding of what interventions can be delivered within the timeframe of the response plan and how, while making every effort to overcome these constraints towards attempting to reach all people in need.

Prioritization in this regard is then understood as: (i) focusing the efforts to resolve feasibility constraints on people with the most severe needs so that these people do receive assistance as part of the HRP and are targeted, (ii) sequencing responses so that time-critical interventions take place first, and (iii) articulating responses among themselves so that interventions that require others to be implemented first or alongside, are planned in a complementary or overlapping manner.

Note that the analysis of response options in the context of the COVID-19 pandemic follows the same process as described above. COVID-19 appropriate responses are those that address the health impact of the disease, prevention, and the socio-economic impact of containment measures on access to and functioning of essential services and markets that are directly affecting people's lives and livelihoods. Feasibility considerations take into account COVID-19 prevention and control requirements such as physical distancing and lockdowns. The response analysis should consider (1) interventions (both health and non-health) that are essential for the COVID-19 health response to be effective, and (2) adapting the content (based on commodities availability in markets and agency stocks), modality (depending on financial services availability, delivery point considerations etc.), as well as geographic coverage of pre-COVID-19 responses as the pandemic evolves.

4.2 Process

Response analysis involves both the Inter-Cluster/ Sector Coordination Group (ICCG/ISCG) and sectors / clusters. At the inter-sector / cluster level, partners should agree on the broad strategic objectives and specific objectives based on the HNO outputs, as well as on the general parameters of response appropriate-

⁶ Analysis of risk mitigation measures should also help inform feasibility considerations.

ness, relevance and feasibility of the overall humanitarian response. For example, are there political, social, economic or environmental factors that apply to all types of responses and will affect their efficiency and effectiveness in addressing the needs? Are there other plans (humanitarian and development) that can cater to some of the population groups and needs?

The drafting of inter-sectoral and sectoral specific objectives and responses is an iterative process. Based on the initial set of strategic and specific objectives and response analysis parameters defined at inter-sector level, each sector / cluster reviews the range of responses that can contribute to an integrated, layered or sequenced multi-sectoral response, or to stand-alone sectoral interventions. In turn, sectoral objectives and responses are brought back to the inter-sector / cluster coordination level to identify complementarities and synergies and finalize the response approaches, strategic and specific objectives.

Inter-cluster / sector level: Response analysis can take place at the inter-sectoral level in a workshop setting or through a specialized task force (consisting of relevant programming and analytical experts including cash working group representatives, as appropriate), looking at the appropriateness, relevance and feasibility of different interventions collectively. This should also offer the opportunity to identify inter-sectoral and multi-sectoral response synergies, and approaches to achieve the intended strategic objectives. Such analysis at the inter-sector level brings coherence to planned responses and guides collective action.

Cluster / sectoral level: Response analysis at the cluster / sectoral level should align with the population groups, humanitarian needs and geographic locations based on the initial set of strategic and specific objectives agreed upon at the inter-sector coordination group level. The sectoral / cluster response analysis can take place in a sector workshop setting, looking at the appropriateness, relevance and feasibility of different sectoral interventions, alone or in combination with other sectors. It could also benefit from cash working group analysis and outputs, as appropriate. This should also offer the opportunity to identify where linkages with other sectoral responses would be necessary to achieve the intended objectives. Such analysis should consider the centrality of protection and how various sectoral responses will address protection issues either singularly or collec-

tively.

The various sectoral response analyses are then brought back to the inter-sector / cluster coordination level to (i) agree on the articulation of the various sectoral responses and multi-sectoral responses, and (ii) finalize the strategic and specific objectives including a quantification of the number of people targeted. This can best be done in a workshop setting or through a specialized response analysis task force.

These inter-sector level discussions are key to bring coherence by capturing potential synergies and efficiencies among sectors. Time-criticality considerations means that certain needs require a more urgent response. Synergies can be achieved with integrated (for example, combined nutrition programme with gender-based violence, WASH and nutrition assistance in health care centres, multi-purpose cash transfers addressing a combination of basic needs etc.), layered (for example, simultaneous food and agricultural interventions targeting the same geographic locations) or sequenced (for example, a shelter intervention followed by an education package for school children) responses to meet and / or reduce needs effectively and efficiently. In some contexts, the strategic sequencing of interventions will be influenced by seasonality considerations that affect the timeliness at which certain interventions should take place.

The final step of response analysis process is to finalize the formulation of strategic and specific objectives, with clearly defined and quantified target groups, geographic coverage and timeline. Final target estimates should only be inserted into strategic and specific objectives once projects or activities are submitted to the plan.

Below is a sample table that can be used to go through the various dimensions for different types of interventions, sectoral, multi-sectoral (sequenced or layered), or inter-sectoral (integrated) in a structured manner. This tool can be used quantitatively or qualitatively and facilitates a clear rationale and justification for choosing specific response options and priorities. Additional factors such as risk analysis, access, operating environment and capacity can be added to the tool as necessary.

POPULATION GROUPS AND HUMANITARIAN NEEDS (HNO)						RESPONSE ANALYSIS					
POP. GROUP	PEOPLE IN NEED	SEVERITY CLASS	HUMANITARIAN NEEDS CONSIDERED	SUB-POP. GROUP	PROPOSED INTERVENTION	APPROPRIATENESS	RELEVANCE	FEASIBILITY	RESPONSE MODALITIES *	CHOSEN MODALITY RATIONALE **	INITIAL TARGET ***
IDPs in Camps		4	Access to WASH services	Female-headed HHs with members with disabilities in camps	Enable access to safe water and adequate sanitation services through [a combination of X activities]	Explain appropriateness considerations	Explain relevance considerations	Explain feasibility considerations	For example, in-kind	Explain why	150,000
IDPs out of camp		3	Access to health care	Older people with pre-existing health conditions	Provide primary health care services	Explain appropriateness considerations	Explain relevance considerations	Explain feasibility considerations	For example, in-kind and Cash and Voucher Assistance combined	Explain why	220,000
IDPs out of camp		4	Malnutrition	Pregnant and breastfeeding women and children under five	Screening and referral; treatment of Severe Acute Malnutrition, treatment of Moderate Acute Malnutrition, Infant and young child feeding for children 0-23 months, micronutrient supplementation	Explain appropriateness considerations	Explain relevance considerations	Explain feasibility considerations	For example, in-kind	Explain why	200,000
Residents		3	Lack of livelihood	Working-age population (18-60) with no household member employed	Provide seeds to 15,000 households and cash for work opportunities for 5,000 households	Explain appropriateness considerations	Explain relevance considerations	Explain feasibility considerations	For example, Cash and Voucher Assistance	Explain why	80,000
Returnees		3	Shelter repair	Households residing in damaged houses / apartments	Provide cash grants to 100,000 households for self-shelter repair, provide repair materials to 100,000 HHs, and rehabilitate 50,000 HHs buildings	Explain appropriateness considerations	Explain relevance considerations	Explain feasibility considerations	For example, in-kind and cash and voucher assistance combined	Explain why	1,000,000

* **Response Modalities:** In-kind, Cash and Voucher Assistance (CVA), in-kind and CVA combined

** **Rationale for chosen modality** (can include feasibility and appropriateness)

*** **Initial target** (to be updated based on project / activity submissions)

5. Formulation of strategic and specific objectives

The main result of the response analysis process is a clear description of different target groups, humanitarian needs that will be addressed or humanitarian outcomes that will be achieved, geographic locations covered, and response approach. These form the basis for the formulation of specific objectives attached to the initial draft strategic objectives. Pre-existing HCT policies on issues pertinent to a crisis such as a protection strategy should also be considered when formulating the objectives.

Strategic and specific objectives are not formulated in one go. This is because different response planning steps inform each other and require some back-and-forth before the intended improvements and target groups and locations can be properly described and numbers estimated. Below are some of the key steps that inform the strategic and specific objective formulation. Additional details are available in Annex 1.

Step 1

Define the scope of the HRP on the basis the humanitarian needs identified in the HNO (see section 3)

This provides the main focus of the strategic objectives on the most important humanitarian needs, population groups and sub-groups, and geographic locations identified in the HNO. Strategic objectives are inter-sectoral in nature, given the intention to achieve improvements in the lives and livelihoods of people, as opposed to focusing on one specific sectoral problem.

Step 2

Define the initial set of specific objectives that will enable you to meet the strategic objectives

This enables to split the broad focus of each strategic objective, into more precise objectives, geared towards specific aspects of the humanitarian needs, specific sub-groups within broad population group categories, and specific locations and settlements. Make sure that each specific objective complements and / or reinforces each other, and that the combination of the specific objectives enables each to achieve the respective strategic objective. Specific objectives can be inter-sectoral or sectoral, depending on the response approach that is adopted (see below).

Step 3

Review and analyse the various response options to meet each specific objective (see section 4)

One or several interventions may be initially envisaged for each intended improvement of specific humanitarian conditions and needs. A systematic review of the appropriateness, relevance and feasibility of each intervention enables us to select those which will be the most efficient and effective in achieving the specific objective. The response analysis also enables to define the best approach to integrate, layer or, sequence different sectoral interventions, or to implement separate ones. As a result, certain specific objectives can be inter-sectoral, while others can be sectoral.

Step 4

Adjust as necessary and finalize the formulation of specific and strategic objectives

Once the appropriate, relevant and feasible intervention(s) are selected for each specific objective, the wording and figures will have to be adjusted. This is because the selected interventions may eventually not permit to reach all of the originally intended target groups or locations or to achieve the full extent of improvement originally intended.

- Each specific objective should reflect who will actually be targeted, where and to solve what.
- In turn, each strategic objective may have to be adjusted to reflect what the set of specific objectives will eventually be able to achieve. This is necessary to make sure that strategic objectives remain realistic and achievable. The estimated number of people eventually targeted by the specific objectives will also enable to compile the target number in the overall strategic objective (see section 6).

In the context of the COVID-19 pandemic, related specific objectives can be defined separately, or existing specific objectives can be adjusted to factor in COVID-19 and other shocks in response. The formulation of specific COVID-19 objectives and / or adjustment of existing specific objectives should follow the results of response analysis exercise to adjust populations and locations to target and prioritise, and through which modalities.

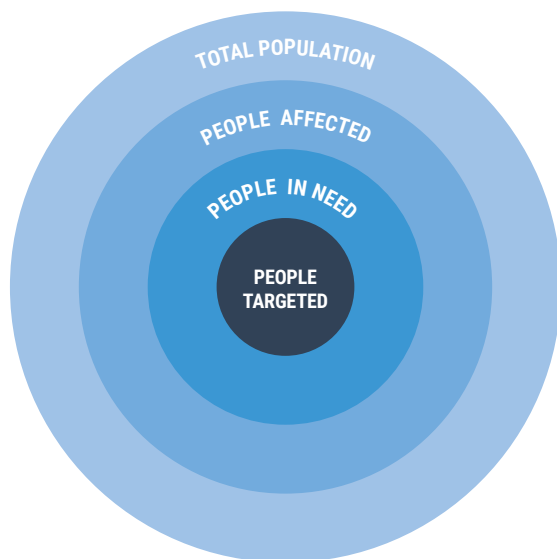
6. Estimation of the number of people targeted

6.1

Definition

Targeting is the selection and identification of people who will be assisted as part of a humanitarian response. The process of targeting is based on an assessment and analysis of needs and capacities of the population in need, as well as defining eligibility criteria and identifying eligible beneficiaries.

Targeting is based on the outputs of the needs assessment and analysis and is refined at the response analysis stage by specifying the characteristics of people prioritized for the response, selecting an appropriate targeting approach and quantifying the number of people who will benefit from the planned interventions.⁷



People targeted is a subset of people in need and represents the number of people humanitarian actors aim or plan to assist.⁸ This projected number is often smaller than the number of People in Need, given the response analysis considerations such as humanitarian needs being addressed by actors not participating in the HRP, including government and local authorities, the International Red Cross and Red Crescent Movement or development actors, security, humanitarian access and other constraints deemed unsurmountable. The number of people targeted should be calculated using the people in need dataset and the conclusions of the response analysis.

Humanitarian actors use various targeting approaches, often in combination, based on data availability and other considerations. Some typical targeting approaches include:⁹

- Demographic targeting which is based on vulnerability criteria and links up with needs and response analysis processes. For instance, displaced female-headed households with children under five, pregnant and lactating women, returnee households with members with disabilities, etc.
- Geographic targeting focuses on the location of people in need.
- Community-based targeting is based on community members' taking part in defining eligibility criteria for assistance and / or identifying beneficiaries for assistance.
- Self-targeting whereby people in need apply for assistance or self-select involvement in activities that may enhance livelihoods capacities.

⁷ This note only concerns itself with the overall targeting approach and quantification of targets for the purposes of the Humanitarian Response Plan. Identification of beneficiaries, which usually takes place during the response implementation phase, is not tackled in this guidance note.

⁸ Humanitarian Population Figures. IASC, April 2016. Available at: www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarianprofilesupportguidance_final_may2016.pdf

⁹ For additional information, please see the UNHCR-WFP Joint Principles on Targeting. Available at: <https://docs.wfp.org/api/documents/WFP-0000070433/download/>

Targeting criteria are refined at inter-sector / cluster and sector / cluster levels. They should be based on a solid understanding of vulnerabilities, needs and capacities of populations considered for assistance.¹⁰ Such criteria may vary across operations depending on data availability, chosen targeting approach, as well as other considerations such as humanitarian access and lessons learned.¹¹ Targeting criteria should be specific, measurable, attainable, relevant and time-bound and operationally feasible, and based on needs assessment and analysis.

6.2 Estimating target figures¹²

Sectors develop their objectives and targets based on the agreed-upon inter-sectoral strategic objectives and specific objectives and response analysis parameters that frame their sectoral response analysis. The identification of beneficiaries and eligibility criteria is usually the last step of the process and is undertaken in the implementation stage.

Quantified targets reflect sectoral and inter-sectoral response analysis outputs. These estimates can then be revised as appropriate based on monitoring of needs and response achievements during the year.

Approaches to determine sectoral targets:

- Sectors develop their targets on the basis of partner project submissions and sum up project targets as their sector targets. Populations in the same location are counted only once and populations targeted by other assistance frameworks such as International Red Cross and Red Crescent actors or government authorities are excluded from target figures, OR
- Sectors establish initial targets at the outset of the project or activity development process and work with their partners to achieve these targets. The sector target only counts populations once and excludes populations that are targeted outside of the HRP by other actors including governments through national plans.

Approaches to determine inter-sectoral targets:

- Inter-sector specific objective targets can be derived from sectoral targets if these represent different population groups (e.g. children under five in IDP camps in location A, pregnant and breastfeeding women residents in location B) by summing targets for activities included under a specific objective and checking against potential overlaps. Alternatively, if the people targeted are the same, inter-sector targets can be derived by considering the highest target for an activity in a given location.
- In some instances, initial inter-sectoral targets are established to guide coordinated response approaches and inform consolidation of objectives at sector level, which in turn informs project development and targeting by individual organizations.

Reporting for both sectoral and inter-sectoral targets will be required at the location level and per population as well as in combination.

¹⁰ Ibid.

¹¹ Ibid, and Operational Guidance and Toolkit for Multipurpose Cash Grants, December 2015, UNHCR/ CaLP/ WFP, et. al. Available at: www.calpnetwork.org/wp-content/uploads/2020/01/operational-guidance-and-toolkit-for-multipurpose-cash-grants-web.pdf

¹² This section only concerns itself with quantifying of targets as identification of targets should be tackled by sectors during the implementation stage. The target figures provided for response planning purposes are estimates or projections following the same principles of people in need calculations.

6.3

Step by Step target calculations¹⁴

Step 1

Identify the target population per specific objective

Specific objectives enable to meet agreed-upon strategic objectives. They establish measurable outcomes and frame inter-sectoral discussions on which sectoral response activities or inter-sector response modalities will need to be combined under an agreed, coordinated response approach to achieve these outcomes. Targets should be disaggregated by sex, age and disability in order to inform programming decisions and facilitate monitoring.

Option 1: if contributing sector activities target different caseloads (e.g. different population groups, different age / gender groups, or groups across located in clearly different geographic locations), it might be possible to sum up activity targets – while checking for and subtracting any potential overlaps between them – to define one overall target by specific objective.

STRATEGIC / SPECIFIC OBJECTIVE		TARGET
Strategic Objective 1		
Specific Objective 1.1 Reduce acute malnutrition rates in province X to below emergency thresholds by the end of 2020		270,000 individuals
COORDINATED RESPONSE APPROACH / ACTIVITIES	Proportion of infants 0–5 months of age who are fed exclusively with breast milk	20,000 children
	Treat acute malnutrition in pregnant and breastfeeding mothers	50,000 children
	Provide complementary food rations to households with moderately acute malnourished children 0-59 months	200,000 individuals

Option 2: if there is significant overlap between different contributing activities, the final target for a specific objective will consist of the highest activity target.

STRATEGIC / SPECIFIC OBJECTIVE		TARGET
Strategic Objective 2		
Specific Objective 2.1 Restored ability of 150,000 IDPs and 50,000 hosts to meet their basic food, shelter, water, education and health needs		200,000 individuals
COORDINATED RESPONSE APPROACH / ACTIVITIES	Ensure access of IDPs to local health services through [a combination of X activities] (<i>Health and Protection Sectors</i>)	70,000 children
	Ensure sustained HH access to food or livelihoods to meet HH food consumption needs through [a combination of X activities] (<i>Food Security, Agriculture and ER Sectors</i>)	200,000 individuals 40,000 households
	Enable access to safe water and adequate sanitation practices through [a combination of X activities] (<i>WASH Sector</i>)	80,000 individuals

¹⁴ As sectors use different target types (individuals, households, infrastructure units, etc.) and approaches (direct delivery vs. indirect / catchment area), agreement on how to compare or convert different sector targets is required in order to be able to define a final overall target by specific objective.

Step 2**Identify the target population by strategic objective**

In order to establish an overall target by strategic objective, there are two options:

Option 1: if specific objectives have targets that can be distinguished (e.g. different population groups, different age / gender groups or targets across different geographic locations), targets by specific objectives can be summed up – while still checking for and subtracting any potential overlaps between them – to calculate the overall target by strategic objective.

STRATEGIC / SPECIFIC OBJECTIVE	TARGET
Strategic Objective 1 Crisis-related morbidity and mortality in 80,000 acutely malnourished IDPs and 50,000 returnees reduced by [X% and Y% respectively]	130,000 individuals
Specific Objective 1.1 GAM rates in 50,000 displaced boys / girls under the age of 5 and 30,000 displaced PLW reduced below emergency thresholds.	80,000 individuals
Specific Objective 1.2 Threat of explosive remnants reduced for returnees through MRE and mine clearance in X locations hosting 50,000 returnees.	50,000 individuals

Option 2: if specific objectives target the same population groups in the same areas, or if there is significant overlap between them, subtracting from the calculation the number which overlaps might not be feasible. In this case, the highest target by specific objective will serve as the target for the overall strategic objective.

STRATEGIC / SPECIFIC OBJECTIVE	TARGET
Strategic Objective 2 Ability of 150,000 hosted IDPs and 50,000 hosts to meet basic needs restored by the end of 2020	200,000 individuals
Specific Objective 2.1 Restored ability of 150,000 IDPs and 50,000 hosts to regularly access basic services, including water, education and health.	200,000 individuals
Specific Objective 2.2 Self-sufficiency of 100,000 IDPs and 30,000 hosts restored through predictable access to livelihoods / income generation.	130,000 individuals

Step 3**Identify the total target population for the HRP**

For the total HRP target, the target population of all (typically 3 to 5) strategic objectives are aggregated, again either following Option 1 or 2.

Option 1

STRATEGIC / SPECIFIC OBJECTIVE	TARGET
Strategic Objective 1 Crisis-related morbidity and mortality in 80,000 acutely malnourished IDPs and 50,000 returnees reduced by [X% and Y% respectively]	130,000 individuals
Strategic Objective 2 Self-sufficiency of 150,000 residents and 70,000 hosts restored through predictable access to livelihoods / income generation.	220,000 individuals
Overall HRP	350,000 individuals

Option 2

STRATEGIC / SPECIFIC OBJECTIVE	TARGET
Strategic Objective 1 Crisis-related morbidity and mortality in 80,000 acutely malnourished IDPs and 50,000 returnees reduced by [X% and Y% respectively]	130,000 individuals
Strategic Objective 2 Ability of 150,000 hosted IDPs and 50,000 hosts to meet basic needs restored by the end of 2020	200,000 individuals
Overall HRP	200,000 individuals

Step 4**Ensure cluster targets are consistent**

Clusters / sectoral targets cannot be higher than the HRP target as they are derived from the specific objectives. Should a cluster / sectoral target be higher, the country team should go back to the specific objectives to check if given cluster / sectoral responses have been omitted and should be included, and / or review the cluster / sectoral responses to align them to the agreed upon specific objectives.

Annex 1:

Complementary guidance on strategic and specific objectives in the HRP

I. Overview

In the Humanitarian Response Plan (HRP), **strategic objectives** are formulated to indicate the **main improvements intended to decrease the humanitarian needs of crisis-affected people by the end of the planning period**.¹⁵ They reflect the focus of the humanitarian response agreed upon collectively, indicating in broad terms which are the main population groups and sub-groups who are targeted, which are the main humanitarian needs that will be addressed, alone or in combination, and where.

Each strategic objective is complemented by **specific objectives** which provide **additional details** on the characteristics and number of population groups and sub-groups who are targeted, the more precise nature of the humanitarian consequences and needs that will be addressed, and geographic locations and settlements. The greater specificity provides the main basis for the formulation of cluster / sectoral objectives, and further project formulation, as well as for monitoring and evaluation of the achievement of the response.

The formulation of strategic objectives is guided by a scoping based on the humanitarian needs identified in the Humanitarian Needs Overview (HNO) and their severity, magnitude, projected evolution, affected people's own prioritized needs, and factors causing the needs. This enables to circumscribe what the HRP will actually encompass in terms of type and extent of humanitarian needs included, population groups and sub-groups and geographic coverage, and its strategic objectives.

Framed by the scoping and strategic objectives, the formulation of specific objectives is guided by a response analysis to examine the appropriateness, relevance and

feasibility of various interventions, and select those that are the most likely to achieve the objectives. This enables to prioritise the interventions and to be more precise on their types and combination, and finetune the target groups. For each strategic objective, the specific objectives taken together should be sufficient to achieve the intended strategic result.

As such, the formulation of strategic and specific objectives is iterative:

- A first broad formulation of strategic objectives is done based on the scoping of humanitarian conditions in the HNO, which enables to focus on the main problems, population groups and sub-groups, and locations.
- Specific objectives are then formulated for each strategic objective based on the review and selection of interventions most likely to address specific dimensions of the humanitarian conditions and needs, for certain population groups and sub-groups, in certain geographic areas.
- Once specific objectives are finalized including a quantification of the target groups and clear response approach, the initial formulation of the corresponding strategic objective is fine-tuned to better reflect the nature of the humanitarian consequences and needs that are addressed, and the type and number of population groups and sub-groups targeted, as well as geographic locations.

¹⁵ Please note that this complementary guidance deals with formulation of strategic and specific objectives and not their monitoring. Complementary guidance on monitoring in the HPC is forthcoming.

II. Definitions and characteristics of strategic and specific objectives

II. A Strategic Objectives

Strategic objectives in the HRP reflect the ultimate improvements to people's lives and livelihoods that the plan intends to achieve during the planning period, by decreasing or eliminating the humanitarian needs identified in the HNO.

Strategic objectives are:

- **High-level:** They refer to improvements intended to strategically address the humanitarian conditions identified in the HNO, such as people's health and well-being, their access to basic needs, and improving people's ability to recover from ongoing shocks.
 - A strategic objective can refer to the key overarching and inter-related needs such as survival, basic and recovery needs or - or to a combination of humanitarian needs affecting the same population groups, sub-groups and geographic areas.
- **Targeted / Tailored:** They reflect those humanitarian conditions, population groups and sub-groups, and geographic areas that are considered falling within the scope of the humanitarian response.
 - The scoping of humanitarian conditions, population groups and sub-groups, and geographic areas is done based on the HNO analysis results and the understanding of severity, magnitude, anticipated risks and future needs, people's own prioritized needs, and causes of the needs [see above guidance on response analysis].
- **Outcome-oriented:** They refer to results for the lives and livelihoods of people, not to activities.
 - They indicate which humanitarian needs faced by people will be decreased or eliminated.
 - They do not go into details on the response and specific interventions that will be implemented to achieve the intended results. This information is provided in the specific objectives.
- **Attainable:** They are realistic in the improvements of needs that the response intends to achieve over the duration of the HRP.
 - They are not aspirations, but concrete changes that are expected.
 - They reflect actual differences that the response will make, over the period of the plan.
- **Measurable:** They indicate the intended number of targeted people whose humanitarian needs will be decreased or eliminated, and, as much as possible, the extent of decrease or elimination of humanitarian needs that is intended.
 - The broader the strategic objective, the more difficult it is to indicate precise target numbers and to quantify the decrease of humanitarian consequences that is intended.
 - However, the number of targeted people should be feasible to estimate from the target numbers indicated in the specific objectives attached to each strategic objective (see below 'Specific objectives' and guidance on targeting). Whenever feasible the number of targeted people for strategic objectives should be sex and age disaggregated to ensure detailed monitoring of services / intervention accessibility for women, men, girls and boys.
- **Time-bound:** They indicate which humanitarian needs will be decreased or eliminated over the duration of the HRP.
 - The duration of the HRP can be one year or multi-year (usually two or three years).
 - The degree of intended improvement should be set according to the duration of the plan.

II. B

Specific Objectives

Specific objectives in the HRP are the building blocks of the strategic objectives. They reflect the prioritized and more precise target population groups and sub-groups, nature of the humanitarian needs being addressed, type and combination of interventions that will be provided, and geographic locations. The combined achievement of the specific objectives should be sufficient to achieve the intended improvement formulated in the strategic objective they are related to. In other words, the specific objectives should be such that if fully realized, then the corresponding strategic objective will also be achieved.

Specific objectives share most of the characteristics of strategic objectives, at a more granular level. They are:

- **Detailed and disaggregated:** Based on the inter-sectoral analysis in the HNO, they specify:
 - Which particular issues they are addressing for one or several humanitarian needs. For example, a specific objective may seek a decrease of morbidity from specific diseases; an increased capacity to access basic health, water, sanitation and education services etc.
 - Who is concerned by these particular problems and targeted, going beyond broad population categories: for example, population sub-groups who are vulnerable due to their age, gender and physiological circumstances and living circumstances such as the lack of appropriate shelter and access to water, sanitation and health care services; population groups who are unable to secure sufficient income to pay for the cost of basic health, water, sanitation and education services etc.
 - Where are these population groups precisely residing; for example, in specific geographic areas, urban areas, camps etc.
- **Complementary and synergistic:** The sum of the specific objectives should reflect what the strategic objective to which they are attached, intends to achieve.
 - Specific objectives may target the same population group / sub-group and / or geographic area, addressing different facets of the humanitarian conditions in a complementary or mutually supportive manner. Or they may target different population groups / sub-groups, addressing a different set of humanitarian conditions.
 - When taken together, the results achieved should be necessary and sufficient to meet the corresponding strategic objective.
 - In some cases, the process of formulating the specific objectives, including a selection of the most appropriate, relevant and feasible interventions, will require a readjustment of the strategic objective, as it will reveal adjustments to the target groups or geographic areas imposed for example by operational reasons.
- **Outcome-oriented:** They refer to results for the lives and livelihoods of people, not to activities.
 - They indicate which particular aspect(s) of the humanitarian consequences and needs faced by people will be decreased or eliminated.
 - They give a sense of the specific interventions that will be implemented to achieve the intended results but are not formulated as actions to take.
- **Attainable:** They are realistic in the improvements of needs that the response intends to achieve over the duration of the HRP.
 - They are concrete changes that are expected.
 - They reflect actual differences that the response will make, over the period of the plan.
- **Measurable:** They indicate the characteristics and intended number of targeted people whose humanitarian needs will be decreased or eliminated, and the extent of decrease or elimination of the specific aspect(s) of the humanitarian needs that is intended.
 - They detail the main characteristics of the target groups avoiding broad categories unless the specific objective does focus

on a whole category such as IDPs. Instead, they specify aspects such as age, gender, personal circumstances, type of livelihood occupation, which will make people eligible within a broader population group.

- They estimate the number of targeted people based on the most appropriate, relevant and feasible interventions selected to meet the objective.
- They detail the main locations or settlements where the targeted people reside.
- They estimate the degree of change intended in a way that can be monitored, even if qualitatively.
- **Time-bound:** They indicate which specific aspect(s) of humanitarian needs will be decreased or eliminated over the duration of the HRP.
 - The duration of the HRP can be one year or multi-year (usually two or three years).
 - The degree of intended improvement should be set according to the duration of the plan.

II. C

Linkages with cluster / sector objectives

For each strategic objective, cluster / sector objectives can be part of inter-sectoral specific objectives or stand-alone sectoral specific objectives, depending on the response approach agreed upon. The response approach can indeed be sectoral, multi-sectoral (layered or sequenced sectoral interventions) or inter-sectoral (integrated sectoral interventions).

- If a specific objective refers directly to a sectoral intervention, then the cluster / sector objectives should be identical.
- If a specific objective refers to a multi-sectoral or to an inter-sectoral intervention, the clusters / sectors part of this intervention can formulate their objectives according to the role they will play in this intervention to achieve the specific objective.

Clusters may be involved in various specific objectives, either under the same strategic objective, or under different strategic objectives.

- When a cluster / sector is part of several inter-sectoral specific objectives for a same strategic objective, it can decide to formulate cluster objectives in a combined manner, rather than split them according to each specific objective. This is fine as long as the contribution of the cluster / sector to the inter-sectoral specific objectives and to the corresponding strategic objective remains clear.
- When a cluster / sector is part of several specific objectives for different strategic objectives, it is best to split the cluster / sector objectives according to each strategic objective, even if the same cluster objective is repeated for various strategic objectives. This makes the understanding of the contribution of the cluster / sector clearer to the high-level objectives of the response.

III.

Definitions and characteristics of strategic and specific objectives

The examples below have been prepared based on discussions within the IASC Humanitarian Programme Cycle Steering Group in order to support the development of Humanitarian Response Plans in accordance with the enhanced HPC Approach, launched in April 2019. Examples provided are non-exhaustive and to be adapted in each context.

III. A

Strategic and Specific Objectives related to reducing physical and mental harm

STRATEGIC OBJECTIVES ¹⁶	OUTCOME INDICATORS ¹⁷	INDICATOR REGISTRY CODE ¹⁸ / COUNTRY EXAMPLE
Crisis-related morbidity and mortality of [number] of [target population] in [geographical area] are reduced by [X and Y percentage respectively] by [date]	Mortality rate of [target population]	
	Under-5 mortality rate	N-028
	Incidence for selected diseases relevant to local context / morbidity rate of [target population]	H-R.1
	Prevalence of global acute malnutrition in children under the age of 5 years in [geographical areas].	IR N-002
SUPPORTING SPECIFIC OBJECTIVES		
Critical food insecurity levels for [number] [population groups] reduced below IPC levels 4 and 5.	Number of people in IPC Phase 4/5	IPC
	Percentage / number of people with poor or borderline food consumption score	
Prevalence of global acute malnutrition among children under the age of 5 years in [geographical areas] is below [percentage] by [date].	Prevalence rate of global acute malnutrition in children under the age of 5 years in [geographical areas].	IR N-002
Proportion of infants 0-5 months of age who are fed exclusively with breastmilk in [geographical areas] is maintained to pre-crisis rates or is higher.	Proportion of infants 0–5 months of age who are fed exclusively with breast milk	N-030

¹⁶ Objectives listed are worded as SMART as possible (who, how many, where, by when, desired outcome / decrease / increase) and determine the scope of their related indicators. In turn, if the objective is worded in a less SMART way, the indicator wording and scope would have to be as SMART as possible.

¹⁷ Complete HRP logframes will include in-need / baselines figures for each indicator as derived from the HNO, and related targets to be achieved during the HRP period, indicating the intended evolution and change in people's lives (increase, decrease or stabilized situation). By their very nature, many outcome indicators measure the effect of interventions by different sectors and might require a coordinated reporting process across sectors. The IASC [indicator registry](#) contains several examples of sector-specific outcome indicators.

¹⁸ <https://ir.hpc.tools/>

Excess morbidity and mortality rates from [selected preventable diseases relevant to the local context] among [number] [target population] are decreased by [percentage] by [date].	CFR from [selected diseases] among [target population].	H-R.3
	Incidence of [selected diseases relevant to the local context] in [target population].	H-R.1
	Coverage of measles vaccination (6 months–15 years)	GHC Core Indicator
Exposure to and risk posed by explosive remnants for [number] [target population] are reduced.	Percentage of land cleared of land mines and / or unexploded ordinances by [date].	P4 PM1-1
	Percentage of communities where presence of explosive remnants of war or unexploded ammunitions / devices are reported	P4 PM1-4
People of all ages have access to health care that addresses mental health conditions.	Percentage of primary and secondary health care services with trained and supervised staff and systems for managing mental health conditions	Sphere, Syria HRP

III. B

Strategic and Specific Objectives related to addressing basic needs

STRATEGIC OBJECTIVES	OUTCOME INDICATORS	INDICATOR REGISTRY CODE / COUNTRY EXAMPLE
Ability of [number] [target population] to meet their basic needs restored by [date].	Percentage of [target population] reporting ability to meet basic needs.	Perception Indicator (AAP/CE)
	Number and Percentage of households in need of income support	R-5
SUPPORTING SPECIFIC OBJECTIVES	Regular access to quality basic services, including water, education and health, is extended to [number] of [target population] by [date].	Perception Indicator (AAP/CE)
	Percentage of [target population] reporting regular access to quality basic services, including water, education and health.	GHC Core Indicator
	Percentage of population that can access curative primary healthcare within one hour's walk from dwellings	GHC Core Indicator / Sphere
Restored ability of [number] [target population] to meet basic food consumption, water, sanitation and health needs by [date].	Percentage of [target population] with Reduced Coping Index (rCSI) < [X threshold].	Syria HRP 2019
	Proportion of HH with access to a source of safe drinking water	W2-4
	Proportion of children 6-23 months of age who receive foods from 4 or more food groups (Minimum Dietary Diversity)	N-035

III. C

Strategic and Specific Objectives related to protection

STRATEGIC OBJECTIVES	OUTCOME INDICATORS	INDICATOR REGISTRY CODE / COUNTRY EXAMPLE
The right to safety and dignity of [number] [target population] in [geographic locations] is respected.	<p>Percentage of [target population] who report feeling safe and able to pursue livelihood activities.</p> <p>Percentage of [target population] who report feeling informed about the different services available to them.</p> <p>Percentage of [target population] who report feeling treated with respect by humanitarian actors.</p>	<p>Perception indicator (AAP/CE), example from Chad HRP</p> <p>Perception indicator (AAP/CE), example from Chad HRP</p>
Protection of [number] [target population], including their fundamental human rights, is improved by [date].	<p>Percentage of [target population] reporting cases of survivors of [organized violence; torture; cruel, inhuman or degrading treatment or punishment; arbitrary detention; forced recruitment etc.] having received assistance.</p> <p>Percentage of children registered for tracing that have been reunified and stayed with their family for more than 6 months.</p>	<p>P-8</p> <p>P1-PC7-3</p>
The right to safety and dignity of [number] [target population] in [geographic locations] is respected. Protection violations are reduced and respect for IHL is increased	TBC	GPC 2020 HPC Guidance
SUPPORTING SPECIFIC OBJECTIVES		
Increase by [XX percent] the number of IDP settlements with adequate safety conditions by the end of 2020	Percentage of IDP settlements with adequate safety conditions	GPC 2020 HPC Guidance
Decrease the percentage of households affected by to armed conflict, armed violence, resource-based conflict and climatic shocks and resorting to negative coping mechanisms from [XX per cent] to [XX per cent] by the end of [XXXX]	Percentage of HH affected by armed conflict [etc] reporting the uptake of negative coping mechanisms	GPC 2020 HPC Guidance
Increase the rate of individuals reached with humanitarian assistance that can influence planning, implementation, monitoring and evaluation of response from [XX per cent] to [XX per cent] by the end of [XXXX]	TBC	GPC 2020 HPC Guidance
Population groups targeted to receive assistance are consulted throughout the entire cycle of the response	Percentage of feedback received (including complaints) which has been acted upon	AAP-1

<p>Access to quality medical care and legal support is enhanced to [number] [target population, e.g. GBV survivors] by [date].</p> <p>Access to health care ensured without being deterred by acts of violence to [number] of [target population]</p>	<p>Percentage of reported rape cases in which the survivor receives PEP treatment within 24 hours of the incident.</p> <p>Percentage of survivors of physical, sexual, and gender-based violence provided with adequate medical, psychological and legal assistance.</p> <p>Percentage of verified incidents reported on the Surveillance System of Attacks on Healthcare (SSA)</p>	<p>P2-PG3-2</p> <p>GHC Core Indicator</p>
<p>Children less than 12 months that are not breastfed receive safer alternatives for the entire cycle of the response</p>	<p>Proportion of non-breastfed infants under 6 months of age who have access to BMS supplies and support</p>	<p>N-081</p>
<p>Functional referral system in place that includes multi-sectoral services (health, psychosocial assistance) for GBV survivors</p>	<p>Proportion of reported rape survivors who receive EC within 120 hours of an incident occurring.</p> <p>Percentage of survivors of gender-based violence provided with medical and / or psychological assistance</p> <p>Percentage of survivors of gender-based violence provided with GBV case management services</p>	<p>UNFPA / GBV AoR</p>
<p>Number of individuals protected from the risks of explosive ordnance in (geographical area)</p>	<p>Nr. of persons killed or injured by explosive ordnance.</p> <p>Percentage of total area contaminated by explosive ordnance in country or territory cleared and / or released</p>	<p>UNOPS / Mine Action AoR / IMSMA</p>

If applicable, related to strengthening protection of refugees specifically

STRATEGIC OBJECTIVES	OUTCOME INDICATORS	INDICATOR REGISTRY CODE / COUNTRY EXAMPLE	
<p>Government-owned protection processes that promote the full enjoyment of rights and international protection standards throughout the displacement cycle are efficient and fair.</p>	<p>Percentage of refugees who are able to move freely within the host country.¹⁹</p>	<p>Indicator 2.1.2 from the Global Compact on Refugees Indicator Framework</p>	
SUPPORTING SPECIFIC OBJECTIVES	<p>[Number] refugees with specific needs receive specific support including housing, education, health care, capacity building and livelihoods.</p>	<p>Percentage] of refugees with specific needs who receive appropriate support.²⁰</p> <p>[Percentage] of refugees with disabilities receiving specific support.²¹</p>	<p>UNHCR Results Framework</p>

¹⁹ Feedback mechanisms provide a means for all those affected to comment on and thus indirectly influence programme planning and implementation (see HAP's 'participation' benchmark). They include focus group discussions, surveys, interviews and meetings on 'lessons learnt' with a representative sample of all the affected population (see ECB's Good Enough Guide for tools and Guidance notes 3–4). The findings and the agency's actions in response to feedback should be systematically shared with the affected population.

²⁰ Relevant laws applicable to refugees should be assessed. Restrictions that the host country may have imposed regarding a refugee's right to move freely within its territory beyond those that are permissible within the spirit of the 1951 Convention or more favourable national or regional provisions, will be noted.

²¹ This should be fully disaggregated (by sex, age, and vulnerability) to show the coverage and gaps more clearly, making it easier to identify and address outstanding issues.

III. D

Strategic and Specific Objectives related to recovery from shocks

STRATEGIC OBJECTIVES	OUTCOME INDICATORS	INDICATOR REGISTRY CODE / COUNTRY EXAMPLE
[Number] [target population] [in geographical locations] have recovered access to productive livelihood activities by [date].	Number of assets built, restored or maintained to targeted beneficiaries, by type and unit of measure (e.g. hectares of land where conservation activities were implemented, length and type of irrigation systems restored, hectares recovered for farming)	F-Output-7
	Number and percentage of households having recovered adequate shelter without external support	S1-2-5
	Change in HH ownership of productive assets	F-8
Enhanced resilience capacity of [number] [target population] [in geographical areas] by [date].	Percentage of [target population] who feel the support they receive empowers them to live without aid in the future.	Perception indicator (AAP/CE), example from Chad HRP
	Percentage of shelter interventions incorporating hazard mitigation measures	S-1-2-6
	Number of areas where local government across sectors use knowledge, innovation and education to build a culture of preparedness, safety and resilience. This is to be differentiated by age / sex	R-4
SUPPORTING SPECIFIC OBJECTIVES		
Self-sufficiency of [number] [target population] restored through predictable access to livelihoods by [date].	Percentage of economically active [within target population] who are employed (short or long term) by [date].	R-8
	Number and Percentage of households in need of income support	R-5
Pre-crisis level access to public basic services is restored to [number] [target population, e.g. returnees] by [date].	Percentage of [target population] accessing public basic services.	Sudan multi-year Strategy
	Number and Percentage of population with access to basic community infrastructure not covered by other sectors or clusters	R-18

IV. Formulation of strategic and specific objectives in practice

Strategic and specific objectives are not formulated in one go. This is because different steps must be followed, which inform each other and require some back-and-forth before the intended improvements and target groups and locations can be properly described and numbers estimated.

Additional information and advice on each of the steps can be found in above as part of the guidance on Response Analysis and Prioritization.

1. Scoping: define the scope of the HRP based on the humanitarian needs identified in the HNO.

- This provides the main focus of the strategic objectives on the most important humanitarian needs, population groups and sub-groups, and geographic locations.

2. Initial formulation of specific objectives: define the set of specific objectives that will enable you to enable to meet the strategic objectives.

- This enables to split the broad focus of each strategic objective, into more precise objectives, geared towards specific aspects of the retained humanitarian needs, specific sub-groups within broad population group categories, and specific locations and settlements.
- Make sure that each specific objective complements and / or reinforces each other, and that the combination of the specific objectives enables to achieve the respective strategic objective.

3. Response analysis: review and analyse the various response options to meet the specific objectives.

- One or several interventions may be initially envisaged for each intended improvement of specific humanitarian situation and needs. A systematic review of the appropriateness, relevance and feasibility of each intervention enables us to select those which will be more efficient and effective in achieving the specific objective.

4. Finalisation of strategic and specific objectives: adjust as necessary the formulation of specific and strategic objectives.

- Once the appropriate, relevant and feasible intervention(s) are selected for each specific objective, the wording may have to be adjusted. This is because the selected interventions may eventually not permit to meet the originally intended target groups or locations, to achieve the full extent of improvement originally intended.
- Each specific objective should reflect who will actually be targeted, where and to solve what.
- In turn, each strategic objective may have to be adjusted to reflect what the set of specific objectives will eventually be able to achieve. This is necessary to make sure that strategic objectives remain realistic and achievable. The estimated number of people eventually targeted by the specific objectives will also enable to compile the target number in the overall strategic objective.