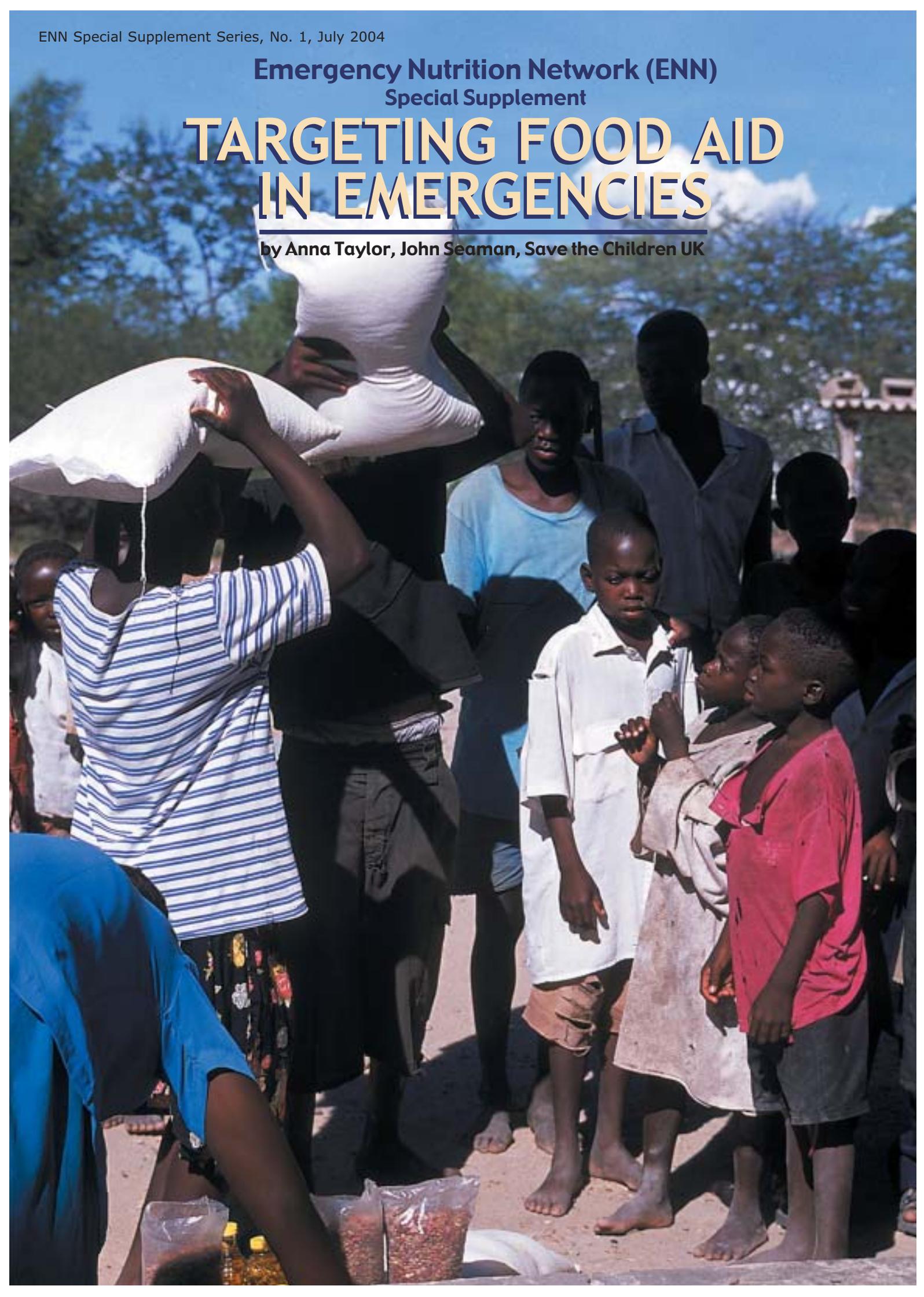


**Emergency Nutrition Network (ENN)**  
Special Supplement

# TARGETING FOOD AID IN EMERGENCIES

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People fleeing during crisis in Indonesia



Reuters/CTR, courtesy www.alertnet.org/Ambon, Indonesia, May 2000

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Selling maize husks in Malawi

## Glossary

|        |   |
|--------|---|
| ACF    | Action Contre la Faim                         |
| BMI    | Body Mass Index                               |
| CMT    | Community Managed Targeting                   |
| CSB    | Corn Soya Blend                               |
| DFID   | Department for International Development      |
| FFW    | Food for work                                 |
| HEA    | Household Economy Approach                    |
| HPN    | Humanitarian Practice Network                 |
| MT     | Metric tonne                                  |
| MSF    | Médecins Sans Frontières                      |
| MUAC   | Mid upper arm circumference                   |
| NGO    | Non governmental organisation                 |
| NRU    | Nutrition Rehabilitation Unit                 |
| ODI    | Overseas Development Institute                |
| OTP    | Outpatient Therapeutic Programme              |
| RC     | Relief Committee                              |
| SADC   | Southern Africa Development Community         |
| SC UK  | Save the Children UK                          |
| UNICEF | United Nation Children's Fund                 |
| UNHCR  | United Nations High Commissioner for Refugees |
| USAID  | US Agency for International Development       |
| WFP    | World Food Programme                          |

# Introduction

## Scope of the supplement

This supplement is intended to provide guidance on the design of food targeting systems in emergencies. Targeting is defined as directing a particular type or quantity of food, to a defined population group. A broad definition of emergency contexts has been used, to include rapid and slow onset emergencies and responses aimed at emergency preparedness, in acute and protracted settings.

Developing targeting systems, which can be operated effectively at reasonable financial and administrative cost, has been a focus of work in the humanitarian and development sectors in recent years (Barrett, 2002):

*“The key alleged problems surrounding food aid – displaced international trade, depressed producer prices in recipient countries, labour supply disincentives, delivery delays, misuse by intermediaries, diversion to resale or feeding livestock or alcohol brewing, dependency, inattention to beneficiaries’ micronutrient needs, etc. – all revolve ultimately around questions of targeting. If the donor community could improve the targeting of food aid, it could improve the effectiveness of food aid in accomplishing its primary humanitarian and development aim – the maintenance of valuable human capital – and reduce many of the errors that sometimes make food aid controversial, ineffective, or both.” (Barrett, 2002)*

The move towards greater accountability for food aid comes in the context of a recent decline in global food aid availability (in 1991 there were 12.21 million MT global food aid in the form of cereals, compared to only 7.35 million MT in 2001<sup>1</sup>) and an increase in the number of protracted emergency contexts (in 2002, 17% of WFP food shipments went to protracted emergency contexts) with a concomitant pressure to phase-out food aid distributions.

While there have been some significant developments in food security assessment techniques and in targeting practice, notably a growing body of experience of community based and managed targeting, many practical difficulties remain. Food aid donors sometimes impose their own targeting objectives, e.g. that food should be given only to children under a particular malnutrition threshold or to female headed households. Existing, sometimes weak, administrative structures may be the only practical method of targeting food to large populations. Many NGOs may be involved, each with its own views on targeting, e.g. Save the Children is more likely to target children and HelpAge International, older people, often with little overall co-ordination. Food aid may be more or less available in different locations and the availability of food aid or particular commodities may change over time for extraneous political and bureaucratic reasons (Clay, 2000).

These constraints can rarely be influenced by any single humanitarian agency. Nevertheless, there is sometimes scope for significant targeting improvements both in large-scale operations and at a local level within larger food operations. The aim here is to lay the basis for a logical approach to targeting, given a particular set of constraints.

Geographical targeting, i.e. distributing food to the population of one geographical area and excluding another, is not discussed in any detail in this supplement. All food aid is geographically targeted. Targeting may take place between countries, between regions in a country or between sub-region, food economy or livelihood zones, districts or villages. These targeting decisions are usually informed by broad sets of indicators, which determine the extent to which different areas

are affected by a given shock. This supplement concentrates on targeting decisions that are made after the geographical targeting decisions have been made. In many situations, geographical targeting provides the best strategy for achieving the targeting objective and further targeting may be unnecessary.

Targeting within geographic areas is appropriate when:

1. There are identifiable differences between the intended target and non-target population
2. The targeted population is a minority of the population
3. It is operationally feasible to implement a targeted distribution
4. The community co-operates with the targeting strategy (Sharp, 2001)

There are many situations where food aid is not the most appropriate intervention and where other types of intervention are more suitable to meet people's needs, e.g. cash distribution, livelihood interventions and food price support. These are not covered in detail, as they raise a wider set of technical and political issues and require more extensive discussion than is possible here. Methods for determining food needs, the detail of supplementary feeding and other food outlets, logistics, administration and the practical implementation of targeting strategies are highlighted only where these are directly relevant.

Lastly, there are situations where food resources are grossly inadequate relative to needs. A special section is devoted to these contexts.

## Why target food?

There are four reasons for targeting:

- 1. To ensure food aid is received on the basis of need.<sup>2</sup>**

Assessments often show that people have different degrees of need in an emergency. Targeting is often used as a mechanism to reach those in greatest need.
- 2. To avoid harm.**

Targeting can reduce the quantity of food supplied and reduces the risk of depressing producer prices and production, disrupting trade, or displacing traditional social reciprocity networks.
- 3. The efficient and effective use of resources.**

Food aid is sometimes regarded as a ‘free’ resource. In fact, the large transport and other associated costs do often compete with other non-emergency investments. Where the targeted population is a minority, accurate targeting can reduce costs. Targeting can be used to maximise the impact of a given quantity of food.
- 4. Insufficient relief food.**

Early warning failure, political, logistical and security constraints may lead to late and inadequate deliveries of food, and decisions must be taken about who is to receive this.

<sup>1</sup> Total food aid available each year is highly dependent on international commodity prices. IFRC and ICRC, 1994.

<sup>2</sup> Non-discrimination and impartiality are cornerstones of humanitarian law. This means that food aid must always be distributed according to need (rather than meaning everyone needs to get an equal share). The Code of Conduct for the International Red Cross and Crescent Movement and NGOs in disaster relief (1994) states that “Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind” and “Aid priorities are calculated on the basis of need alone”.

## Basic concepts and definitions

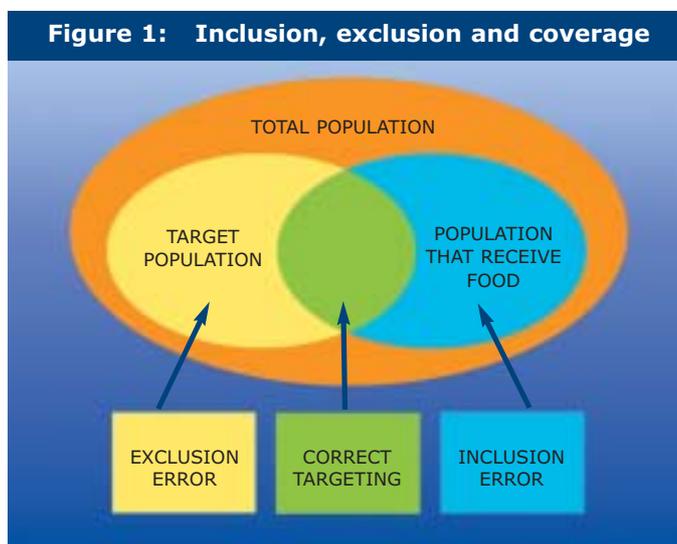
**Eligibility criteria** The characteristics of individuals or groups e.g. households, who are eligible to receive food.

**Coverage** The proportion of the eligible population that actually receives the intended ration. The ease and accuracy with which coverage can be measured depends on how easy it is to identify those who are eligible.

**Exclusion error** The proportion of individuals eligible to receive food but not accessing it. Assuming the overall size of the targeted population is known, the exclusion error can be derived from the estimate of coverage.

**Inclusion error** The proportion of individuals accessing the food who are not eligible to receive it (see Figure 1).

**Terminology** 'Household' has been used to mean a group of individuals, usually related, who form an economic unit. At the extremes, a household might be a single individual or one hundred or more. 'Community' is taken to mean a group of households that are, to a greater or lesser extent, economically interdependent, e.g. a village. It would, for example, typically exclude a refugee camp, at least in the early stages of its existence.



### Overview: steps in planning a targeting system

The aim of a targeting system is to use the available set of resources (food, skills, and cash) to meet the needs of a defined population as effectively and efficiently as possible, i.e. to maximise coverage and to minimise inclusion errors.

Targeting systems are developed in a vast array of situations. Areas may vary in terms of population density, level of infrastructure and communications, social and government organisation and degree of security. The broad pattern of targeting may be dictated by Government and/or food aid donors, sometimes in terms unrelated to the realities of the location. There may be few or many external agencies, each with its own objectives, and large or small quantities of food available for distribution. The intervention may be early, and based on an adequate assessment, or ad hoc and after starvation has occurred.

A targeting system is, therefore, unique to each situation and it is not possible to lay down hard and fast rules. Targeting is a pragmatic exercise requiring judgement, compromise and, in some situations, active evaluation and the modification of strategy as the situation develops. "Perfect targeting is an impossible ideal. The best that programme designers can hope to achieve is to reduce targeting errors to acceptable levels" (Devereaux, 2000).

The approach suggested here is to work systematically

through the steps involved in targeting, at each step looking for the potential errors which might occur, and modifying the approach accordingly where this is practical. Errors will inevitably occur at each step in the process; the accuracy of the overall system will be the sum of all the errors.

It is important to understand that targeting is a process rather than a defined activity and it, therefore, relates to all aspects of the project cycle. There are five interrelated steps in designing a targeting system:

### Assessing and defining needs (Section 1)

There is no absolute or universally accepted definition of food needs. In the same location, needs might be defined differently by different agencies. For example, a Government might wish to ensure that people had enough food in the short run and could maintain their ability to provide for themselves in the long run, e.g. would not have to sell livestock and other assets to survive. A donor might wish to provide only for immediate household needs and to provide food specifically to women. An NGO might wish to provide food only to malnourished children.

Affected people also have a view of need that may conflict with that of the donor or agency distributing food. In many emergencies, most people may be chiefly preoccupied with preserving their assets and securing their means of subsistence in the long term, rather than with the risk of starvation. Recipients may also have views of 'entitlement' that fundamentally differ to those of food donors, e.g. they may consider that people displaced into an area or of a different ethnic group are not entitled to food aid.

### Setting objectives (Section 2)

Targeting objectives arise from the assessed or assumed food needs of an affected population. The targeting objective determines the design of a targeting system, i.e. it defines the groups who should receive food, the quantity and quality of food they receive, when they should receive it, and why. Objectives need to take into account errors that occur in assessment and errors that are anticipated in targeting.

### Determining eligibility to receive food (Section 3)

Determining eligibility has two elements, the first is setting the eligibility criteria, and the second, applying the criteria in practice. The eligibility criteria arise from the targeting objective. Eligibility criteria may apply to individuals, e.g. children less than -2 z scores weight for height, or to households, e.g. those with less than 0.5 hectare land. Eligibility criteria must be defined in such a way that they include the intended beneficiaries and can be used in a practical way to identify individuals or households to receive food.

Eligibility criteria may be set by external agencies (administrative targeting), defined by the community (community managed targeting), or an accommodation may be reached between the two. Where donor and community based views of need conflict, communities often have considerable scope to subvert externally imposed targeting objectives.

The application of the criteria can be done by the agency delivering the food or by the community. In practice, the identification of targeted households is usually done by the community or its administration, e.g. the chief. The targeting of individuals can more easily be done by the external agency.

### Choosing a method for distributing food (Section 4)

Food can be distributed in many ways. Distribution may be through existing facilities, e.g. health centres, schools, or through agency designed and controlled centres, e.g. supplementary feeding centres. Food may be provided directly to households through home-based care or given directly to the community in bulk for redistribution.

A distribution method must be chosen that maximises coverage of targeted people and minimises inclusion errors. In general:

- Coverage will be increased by minimising the cost to the beneficiaries of using the food distribution system, i.e. travelling distances, distribution frequency and waiting times. With dispersed rural populations, these criteria are most easily met using decentralised, community based distribution methods.
- Inclusion errors result when the non-targeted population are included. This can result from diversion at various levels including bias, corruption, pressure, theft by various parties, and by redistribution and sharing within households. Inclusion errors can be reduced by tightly controlling the distribution process, as in centre based feeding, or, where feasible, by handing over responsibility for distributions to the community. Involving women in the distribution of food can be an important part of reducing inclusion errors.

### Developing a monitoring system (Section 5)

Monitoring should determine whether the objectives are being met, thereby allowing the targeting system to be redesigned and improved if necessary. Monitoring can be conducted to measure errors occurring in assessing and defining needs, setting objectives, determining eligibility and in choosing a distribution method. There are multiple methods which can be used for monitoring and evaluation. Data from several sources should be triangulated in order to gather a complete picture of the effectiveness of the system.

In designing a targeting system, a practical balance must be struck between:

- Imposing eligibility criteria that may be ignored and reversed by the recipient communities, and
- Imposing controls on food distribution, which effectively

exclude needy people either a) because eligibility criteria are too restrictive, e.g. targeting malnourished children, where adolescents and adults are also in distress, or b) by providing food in a way which makes it difficult or impossible for people to acquire the food, e.g. through very centralised systems.

In practice, the precision with which food can be targeted will tend to vary with:

- The quality of the information available.
- The ability to reach a practical working arrangement with the community that meets both externally perceived needs and those recognised by the recipient population. It is generally easier to do this with more physically accessible and smaller populations, where there can be good contact between the external agency and the recipient community. However, much depends on local circumstances, e.g. whether people are settled or mobile.
- The quantity of food available for distribution. The larger the available food aid relative to the perceived needs of recipients, the easier it is to accommodate both donor and community objectives. In settings where information is inadequate and/or the food available is less than the assessed need, targeting may break down entirely. Under these conditions, systems may have to be adopted which impose criteria to ensure that the minimum survival needs of the maximum number of needy people are met (see Section 6).

In some settings, e.g. where large amounts of food are available for small populations, or a majority of the population is in need, the costs of targeting may exceed the value of doing so. The cost considerations of different targeting systems are described in Section 6.

| <b>Steps to design a targeting strategy</b> | <b>Aspects covered in the supplement</b>  | <b>Influencing factors</b>   |
|---|---|--|
| <b>1. ASSESS &amp; DEFINE NEEDS</b>         | Needs can be defined according to <ul style="list-style-type: none"> <li>• economic</li> <li>• vulnerability, or</li> <li>• outcome assessments</li> </ul>  | <ul style="list-style-type: none"> <li>• Donor agency priorities</li> <li>• Implementing agency mandate</li> <li>• Community perspectives</li> </ul>   |
| <b>2. SET OBJECTIVES</b>                    | Who should get how much food aid and when and why? e.g. <ul style="list-style-type: none"> <li>• Life saving</li> <li>• Asset protection</li> </ul>   | <ul style="list-style-type: none"> <li>• Quantity and quality of food aid available</li> <li>• Timing of the response</li> <li>• Resources available in addition to food aid</li> </ul>          |
| <b>3. DETERMINE ELIGIBILITY</b>             | <p>Individuals:</p> <ul style="list-style-type: none"> <li>• Malnourished</li> <li>• Pregnant and lactating</li> <li>• Ill</li> <li>• Elderly</li> <li>• School children</li> </ul> <p>Households:</p> <ul style="list-style-type: none"> <li>• Socio-economic, including gender, HIV/AIDS affected, asset holdings or income/ employment</li> <li>• According to nutritional status of household members</li> </ul> <p>Self targeting:</p> <ul style="list-style-type: none"> <li>• market</li> <li>• commodity choice</li> <li>• food for work</li> </ul> | <p>Ability to actually identify the eligible individuals or households using the criteria.</p> <p>Both the suitability of the criteria and the task of identification need to be considered.</p> |
| <b>4. DISTRIBUTE FOOD</b>                   | <ul style="list-style-type: none"> <li>• Maximise coverage</li> <li>• Minimise inclusion errors</li> <li>• Respect human rights principles</li> </ul>   | <ul style="list-style-type: none"> <li>• Context (conflict, displaced, large area, etc)</li> <li>• Systems already in place, history of targeting</li> </ul>                                     |
| <b>5. MONITOR SYSTEM</b>                    | Types of monitoring include: <ul style="list-style-type: none"> <li>• Food basket monitoring</li> <li>• Post distribution monitoring</li> <li>• Food usage and market surveys</li> <li>• Impact evaluation</li> </ul>   | A system is never perfect  |

# 1

## Assessing and defining food needs

### Assessing food needs

There are three broad approaches in use for assessing the food needs of a population. These approaches are often used simultaneously in an assessment.

**'Economic'**, i.e. judging need against people's current or predicted ability to access enough food. These assessments measure the process by which households become food insecure and malnutrition occurs. The techniques now most widely used are based on estimating household 'entitlement' (see, for example, Seaman et al, 2000) or by defining livelihood groupings (see, for example, Young et al, 2001). The causes of their food insecurity may be multiple, for example, environmental (e.g. drought, flood affected) and socio-political (e.g. displaced, refugee, conflict affected).

Economic assessments, which are based on the Household Economy Approach (HEA), are typically used to assess the ability of defined wealth groups, (e.g. 'very poor', 'poor', 'middle' and 'better off' groups) within a defined population, to acquire food and non-food goods, although they can also be applied to individual households. This method can be used to predict the probable food needs of a population and when those needs are likely to arise, or to estimate current food needs. Livelihood methods typically identify livelihood groupings and determine their respective food security needs, which may include food aid or other food security interventions.

**'Outcome'** measures, i.e. measures of current physical distress. Anthropometric assessment, e.g. weight-for-height of a population sample of children, is the most widely used, although adults are sometimes measured. Anthropometric assessments give an estimate of the current prevalence of malnutrition in the measured group, typically children aged 6-59 months. There are no techniques in use for estimating the nutritional status of adolescents. The interpretation of anthropometric assessment of adults and the elderly presents difficulties.

Anthropometry can be used with an economic assessment to confirm an economic prediction after the predicted event has occurred and only if no intervention has been carried out, i.e. if it is anticipated on 'economic' grounds that a population will be unable to access sufficient food, anthropometry can be used to confirm this. Figure 2 shows predicted food aid needs for the forthcoming agricultural year of poor households in different food economy zones in North Darfur in October 2001, and their relationship to anthropometric outcome. In the absence of a

response to the October predictions, the food economy zone with the greatest deficit ('Goz') was also the zone that saw the highest increase in rates of malnutrition measured in January and, subsequently, in April 2002.

Anthropometry can also be used to estimate the prevalence of current distress. However:

- In locations with a high prevalence of malnutrition in non-crisis years, there can be difficulties in separating the effects of the crisis and the underlying rate of malnutrition, unless baseline data is available for the same season. Absence of baseline data can also be problematic where there is a low prevalence of malnutrition in a crisis year. Box 1 shows rates of malnutrition gathered by cross sectional surveys in two districts in Malawi during an acute food shortage period. The rates of malnutrition are higher than national baseline rates (though baseline rates for these districts and season were not available) but are not exceptionally high compared to other emergency situations. Interpreting the severity of the situation based on these data would be impossible without an understanding of the food security and health situation.
- Anthropometric assessment is often limited to children aged 6-59 months, and therefore excludes adults, adolescents and other groups who may be in need. Sometimes recommendations made in anthropometric survey reports are restricted to interventions targeted at young children. Yet, the survey is intended to inform an understanding of the situation of the whole population, as it is assumed that young children are the first to show signs of malnutrition in a population which is facing a nutritional crisis. In some situations, however, this is untrue. For example, in Southern Sudan the highest malnutrition rates were observed in adolescent boys, resulting in feeding programmes targeting the wrong age group (Salama and Collins, 1999).
- A high prevalence of malnutrition cannot be reliably used to infer that there is significant household food shortage, e.g. malnutrition may be caused by disease.

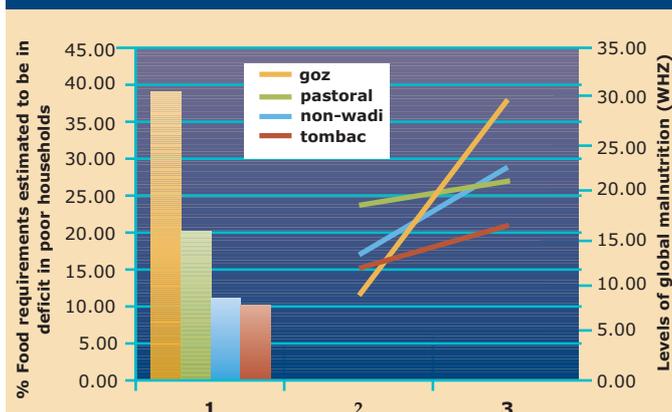
### Box 1: The difficulty of interpreting nutrition survey results in isolation

The table below provides results from an anthropometric survey conducted in 2 districts in Malawi in December 2001. In isolation, these figures are very difficult to interpret. In fact, the food security situation was declining rapidly at the time of the survey and subsequently, but without accompanying food security information, the nature and extent of the emergency cannot be determined.

|   | Salima district (n=1051) | Mchinji district (n= 1093) |
|---|--------------------------|----------------------------|
| Percentage of children <-2 z scores and / or oedema (95% confidence interval) | 9.3% (7.1-11.5)          | 11.8% (7.2-16.4)           |
| Percentage of children <-3 z scores and / or oedema (95% confidence interval) | 4.8% (3.1-6.4)           | 3.8% (1.9-5.7)             |

Percentage of oedema is 1.9% in Mchinji and 3.9% in Salima (Banda and Kalimbara, 2002)

**Figure 2: Predicted food deficits and subsequent rates of malnutrition by food economy zone, North Darfur, 2001-2**



- Acute malnutrition is usually a late indicator and, therefore, when the objective is to prevent malnutrition, economic or livelihood assessments may be more appropriate than anthropometric surveys.

**'Physiologically vulnerable groups'**, i.e. groups who have specific physiological food needs including older people, pregnant and lactating women, and the sick. The consistent poor quality of food aid rations (see Section 6) and widespread gender inequalities that exist in many societies mean that even if household rations are deemed adequate, there may be population subgroups who are at risk of malnutrition. The actual level of food insecurity faced by these groups depends on the context, e.g. if a household has sufficient food there may be no reason to suppose that an older person has special additional food needs.

The term 'vulnerable' should not be used to mean the same thing as need, nor should it be regarded as an absolute status (i.e. female headed households are always vulnerable). Rather, it should be used to denote risk of malnutrition. The degree of risk should be assessed in each emergency, otherwise groups which are in particular need may be overlooked and others, whose needs are less profound, may be included (Darcy and Hoffman, 2003). Those who are vulnerable to malnutrition will vary from place to place and should be specifically assessed rather than assumed. In practice, food aid is, in many cases, targeted at small numbers of relatively arbitrarily defined 'vulnerable groups' on the basis that they are easily identifiable and can be reached relatively simply.

### Defining food needs

Donors, government and NGOs may define needs differently, even given the same information (Darcy and Hoffman, 2003). For example, in a place during non-crisis years, most poor rural households may obtain their food partly from their own production and partly by purchase. Crop failure, or some other shock, may lead to the situation where a household could acquire enough food, without external assistance, but only at the cost of selling livestock or other assets and/or giving up non-food expenditure, on health care, education, clothing and other basic needs.

In such a case, an economic assessment might lead to two different definitions of need. For example:

- a) The need to ensure that the household did not have to sell productive assets, and would still have the means of survival after the crisis had passed.
- b) The need to meet minimum survival needs, assuming that the household would exchange all other assets.

People affected by crisis also have a view of need and of the best use of food assistance, if, in practice, this is less clearly articulated or not heard. In many situations, a large proportion of a population face no risk of starvation and are chiefly preoccupied with preserving their assets and securing their means of subsistence in the long term, e.g. minimising current consumption to avoid selling livestock or other productive assets. Some communities may perceive those in greatest need to be those who are socially vulnerable, e.g. the old, widows, orphans, etc, and may not agree with criteria based only on economic and physiological vulnerability (Sharp, 2001). Some communities may be opposed to targeting food aid. In parts of southern Sudan, obligations to redistribute food within the community determine that although hunger may be concealed for a time, it then becomes evident in a large proportion of the population. Generosity in sharing food is religiously sanctioned (Harragin and Chol, 1998) so that targeted households or individuals are subject to considerable social stigma if they do not share the food. Furthermore, "A welfare system is no good when no-one within the structure has any resources. They will thus claim that they are all vulnerable and, if offered a food distribution, will feel that it is fairest spread equally among all of them.... Distributing food liberally and to all takes away the stigma attached to being a recipient of charity" (Harragin and Chol, 1998).

### Conclusions for best practice

- Needs assessment should determine the population subgroups that are food insecure and determine which intervention is most appropriate to address the insecurity. Food aid is not always the best intervention.
- If targeting is to be based on 'objective' need, then assessments must not be carried out in order to legitimise a pre-planned response.
- Anthropometric assessments should be carried out in conjunction with an analysis of the food security situation and causes of malnutrition. The assessment should also lead to an understanding of population subgroups at risk of malnutrition.
- Vulnerable groups should be identified in each emergency context and not arbitrarily defined.
- Defining needs should take into account the manner in which needs are perceived among the affected population.

#### Recommended reading:

Darcy and Hoffman, 2003  
Seaman et al, 2000  
WFP, 2000  
Young H et al, 2001

A Dinka woman waits for the rain to stop so she can make a fire and prepare dinner from her food ration at Ajip Bahr-el ghazal



Reuters/George Mulala, courtesy www.alertnet.org S Sudan, July 1998

# 2 Setting objectives

The objectives of a targeting system arise from the definition of need (Section 1). Given a definition of need, the objective should describe who should get how much food aid, when and why. This provides the basis for monitoring and evaluating the targeting strategy. Boxes 2 and 3 illustrate how assessment findings lead to the development of targeting objectives. Box 4 shows typical objectives for targeted feeding programmes. Objectives should be set with a considered understanding of the potential for putting in place a distribution system that supports the targeting system (Section 4). This may require specific types of assessment to assess the political environment and the risks of diversion, exploitation, taxation and theft (Jaspars, 2000).

## Who?

This issue is dealt with in detail in section 3. In practice, the objective of targeting is often determined by the method chosen for assessment and the institutional objectives of the assessor. Incorporating 'outcome' measures of need into objectives, i.e. providing food only to the anthropometrically malnourished, is often appealing to international agencies as these groups may die unless assistance is received and they are largely politically neutral (Jaspars and Young, 1995). However, concentration on this group may exclude other equally needy groups.

## How much?

A population estimate is the basis of determining the size of the target population, for estimating the quantity of food aid required and determining whether the programme has achieved its objectives. Population estimates are often inaccurate. The

### Box 2: Livelihood assessment leading to targeting objectives following the Orissa cyclone in India, 1999

Key conclusions from the Oxfam assessment were as follows:

1. Market prices were too high for the poorest
2. Share croppers became indebted due to their failed harvest
3. Wage labourers were left with no income source
4. Fishermen lost their means of production and access to markets
5. Scheduled castes and tribes no longer had access to agricultural labour
6. Food assistance was erratic and did not reach the remotest villages. Lower caste people were often the last in the queue for assistance. Political bias due to impending elections may have influenced the targeting of relief assistance, and international agencies concentrated their relief in areas with high media coverage

The objective of the emergency response was to meet the immediate and medium term food needs, and restore or protect the livelihoods of vulnerable and marginalised groups – that is, the scheduled tribes and castes. A food and cash programme was recommended to replace lost employment for agricultural labourers and was implemented in areas which had received little or no cash assistance. Free food was provided to the estimated five percent of households that could not provide labour.

(Young et al, 2001)

larger the area affected and the greater the variability of need within this area, the more such difficulties are exacerbated, making the estimation of food aid tonnages problematic.

It should be kept in mind that all needs assessments are estimates and contain degrees of errors. For example, an anthropometric survey may conclude that 23% of children under five are acutely malnourished (measured by z score). Before the size of the target population (for an under five supplementary feeding programme) can be determined:

- 1) the percent of the median figure must be obtained (as percent of the median, rather than z score, is used as admission criteria for feeding programmes)
- 2) the confidence interval around the prevalence estimate must be taken into account, as the size of the target population could vary substantially as a consequence of sampling error, and
- 3) a judgement has to be made as to whether the prevalence of malnutrition is likely to be the same across the sampled population, or whether pockets of malnutrition are likely. This judgement can only be made in the context of an understanding of the food security, health and care situation.

Economic assessments are, by their very nature, approximations. Even assessment approaches which attempt to quantify food aid needs, conclude that a range of deficit is experienced by different wealth groups (Seaman et al, 2000). If a single wealth group includes the majority of the population, accurate estimates become even harder to make. Checking of

### Box 3: Household economy assessment leading to targeting objectives in Binga District, Zimbabwe, 2001

#### Assessment conclusions

The livelihoods of the poor will be affected by the reduced yields caused by climatic problems and pests. The loss of crops alone - approximately 30% less than normal - could be compensated for relatively easily. However, the knock-on effects on other sources of income, and especially livestock prices and payments for agricultural labour, will cause serious problems for some people.

#### Recommendations

Food aid will need to be provided for the poor group in all wards of the resource-poor Kariba Valley and Kariangwe food economy zones, i.e. approximately 50-60,000 people. Overall, 2-3 months full rations will be required for October – December, as labouring activities should enable those groups to meet their food needs between January and the harvest period.

(Save the Children, 2001)

### Box 4: Typical objectives following an anthropometric assessment showing high rates of acute malnutrition

- The moderately malnourished to receive immediately a dietary supplement (CSB, oil and sugar, supplying 1200kcal) to speed recovery and to prevent an increase in severe malnutrition.
- The severely malnourished to receive immediately therapeutic food (F75, F100 and CSB), and medical care in inpatient facilities, to prevent mortality.

assumptions and estimates should be considered an essential and ongoing part of needs assessment (Darcy and Hoffman, 2003).

### Why?

The reasons for the distribution of food aid need to be made explicit for the purposes of monitoring and evaluation. Section 1 outlined the reasons which may be given for giving food aid based on assessment findings.

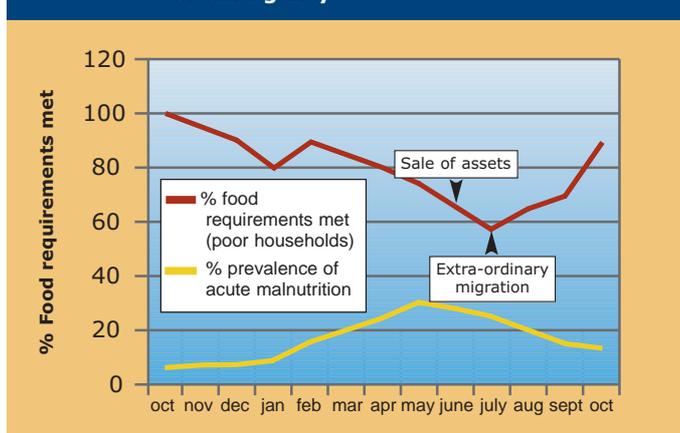
### When?

Where the objective is to prevent impoverishment or a decline in nutritional status, food must be targeted not only at particular groups, but also timed to arrive before the household has already sold assets or taken other measures to obtain food. The

quantities of food required, and the time and method of food delivery would be different in each case.

Figure 3 shows a hypothetical agricultural cycle in a rural African setting (with the harvest in October) in an emergency year. It shows the extent to which poor people can access food, and the levels of resulting malnutrition, in a situation where there is no intervention. An agency could intervene at various stages and would require a different objective at each stage. For example, if food aid targeting began in February, it could prevent increases in malnutrition, if food aid was delivered in March, it could prevent the sale of assets, and if it was delivered in May, it could prevent migration. If the response did not occur until June/July, it could only succeed in treating cases of malnutrition and, perhaps, preventing mortality.

**Figure 3: Hypothetical example: Food deficit and levels of malnutrition at various stages of emergency**



### Conclusions for best practice

- Objectives should be based on the assessment findings and the agreed definition of need.
- Objectives should clearly state who should get how much food aid, when and why.
- Objectives should take into account errors incurred in assessments.

### Recommended reading

- Jaspars, 2000
- Jaspars and Young, 1995
- The Sphere Project, 2004
- UNHCR, UNICEF, WFP, WHO, 2002

Indian flood victims eat at open air kitchen in Nagari.



Reuters/Jayanta Shaw, courtesy www.alertnet.org India (Orissa), 1999

# 3 Determining eligibility

**E**ligibility criteria, i.e. the characteristics of those individuals or households to be targeted with food, arise from the objectives. Clearly, if an objective is to meet the needs of a group of individuals or households which are thought to require a certain quantity and quality of food, then the eligibility criteria must specify the characteristics of these individuals or households. Criteria need to be both sensitive (to ensure that those eligible are not excluded) and specific (to ensure that those not eligible are excluded).

There are two aspects to determining eligibility. The first is the defining of the eligibility criteria and the second is applying them in practice.

The eligibility criteria adopted must ensure a practical way of identifying individuals or households at the point where they receive food. If, for example, the eligibility criteria set for eligible households are that the household must have less than a particular amount of land or livestock, there must be some method of checking that the household does, in fact, have this characteristic. A targeting system can be no more accurate than its ability to identify the beneficiaries. Eligibility criteria must therefore be clear (see Box 5).

Eligibility criteria fall into two broad categories:

**Criteria applied to individuals.** The need to target individuals in emergencies usually arises because inadequate support has been given to households, e.g. because of early warning failure, shortage of relief food, or because they have been excluded in some way from support to the general population. Individuals are targeted either because they are currently malnourished, e.g. children less than 80% of the median weight for height, or because it is thought that they have special needs and are unlikely to be able to meet their food needs, e.g. the sick, particular ethnic groups, pregnant or lactating women, the elderly, the disabled, or orphans.

**Criteria applied to households or groups of households.** The intention is usually to make up for some measured or assumed deficit in the household's ability to acquire food. The criteria

applied are usually socio-economic, e.g. households with less than a certain amount of land or livestock, or households that are displaced. The criteria are usually proxy indicators which are associated with the target group. Criteria may be defined by outsiders or by the community themselves. However, a common understanding of the definition of the household must be reached between the recipient population and the external agency. A recent evaluation of community managed targeting in Malawi showed that households tend to reside in clusters which are economically interdependent. In this situation, targeting by household resulted in considerable redistribution (see Section 5) (Mathys, 2003). In pastoralist communities, households may be routinely split up as different members pursue distinct, but complementary, economic activities.

**No eligibility criteria.** Households and individuals can also be targeted indirectly through self-targeting systems.

Each of these categories is discussed in detail below.

## Targeting individuals

Eligibility criteria applied to individuals vary in the ease and accuracy with which they can be applied. For the most part, criteria applied to individuals are set by outsiders to the community (also called administrative targeting).

### Targeting individuals according to nutritional status

Anthropometric status provides an objective basis for the selection of individuals to receive food, but as noted (Section 1), can exclude other needy individuals. The anthropometric, and other, criteria for admission for supplementary or therapeutic feeding are largely standardised and widely agreed (WHO, 2000). Criteria may be adjusted in situations of extreme crisis or where resources are inadequate to deal with the caseload of malnutrition, e.g. the weight for height required at discharge may be reduced to allow more children to pass through the programme, and/or the entry criteria may be lowered so that care is only directed at the most malnourished (for an example, see Maxwell, 2000).

#### Box 5: Unclear targeting criteria

In Tanzania, drought relief in 1998 registered people in affected areas in three categories:

1. people with no means to buy food and unable to work
2. people with no means to buy food but able to work
3. people with the means to buy food

Group 1 was to receive free food, group 2 food for work, and group 3 no food aid or, perhaps, the opportunity to buy food from government stocks. In one area, category 3 was taken by local leaders to mean that part of the food aid allocation could be sold to raise funds for community work, such as school repairs. In practice, this had (not surprisingly) led to the better-off benefiting more than the poor from highly subsidised food sales, and to suspicions and conflicts about the actual use of the proceeds.

(Sharp, 1999b)



SC UK, Angola, 1999

Children are often a group targeted in emergencies

## Box 6: Emergency school feeding

In Kakuma refugee camp in Kenya, school feeding was established for adolescent boys. This decision was based on the experience of Sudanese refugee camps in Ethiopia, where boys were often living on their own and where the general ration to which they were entitled (calculated on the basis of an average population requirement) was insufficient. While planners in Ethiopia were aware of calorific shortfall in the ration received by these young men, an assumption was made that they had opportunities to earn additional income and could, therefore, meet the outstanding deficit. In fact, this was not true and as a result, many became acutely malnourished. School feeding for adolescent boys was set up in Kakuma to avoid this situation from recurring.

(ACC/SCN, 1997)

## Targeting the disabled and elderly

The elderly may be nutritionally vulnerable. Reduced physical or mental function may make it difficult for them to access food, particularly in situations of displacement where social support networks or access to traditional foods is disrupted. The nutritional vulnerability of older people should not be assumed in every context, but older people may be nutritionally vulnerable in a situation where the majority of the population are older people (if, for example, the remainder of the population has fled or migrated) (HelpAge International, 2001). The definition of the elderly in a general population may be difficult<sup>3</sup>. Equally, trying to define disability is a complex and controversial matter. Acceptable terminology changes over time, and from one culture to another (Harris and Enfield, 2003).

## Targeting school children and people attending or resident in institutions

School enrolment varies enormously from country to country but, in parts of some countries, can be as low as 10%. Generally, children who are enrolled in school are likely to be from higher and more powerful socio-economic groups, better nourished, and are more likely to be boys. Therefore, they are, in general, less likely to be vulnerable to food and nutrition crises than children out of school. The reverse can be true in pastoral situations, where children from richer households are away with the livestock and children of poorer households remain in towns and villages. One of the primary motives for school feeding in emergencies is to prevent children from dropping out of school. Additionally, it has been used to provide a household ration for orphans in schools, e.g. recently in southern Africa. In general, targeting school children is not a primary means of targeting food according to need in emergencies. There are occasional exceptions, where school children are targeted because they are found to have the greatest need for food aid (Box 6).

Institutions may be targeted to reach specific groups who are thought to be vulnerable, e.g. hospital patients or orphanages. These groups may face special problems in a crisis, as inmates' relatives may find it difficult to provide support, and Government support for institutions may collapse.

## Targeting households

Eligibility criteria for households are usually 'socio-economic' and based on either:

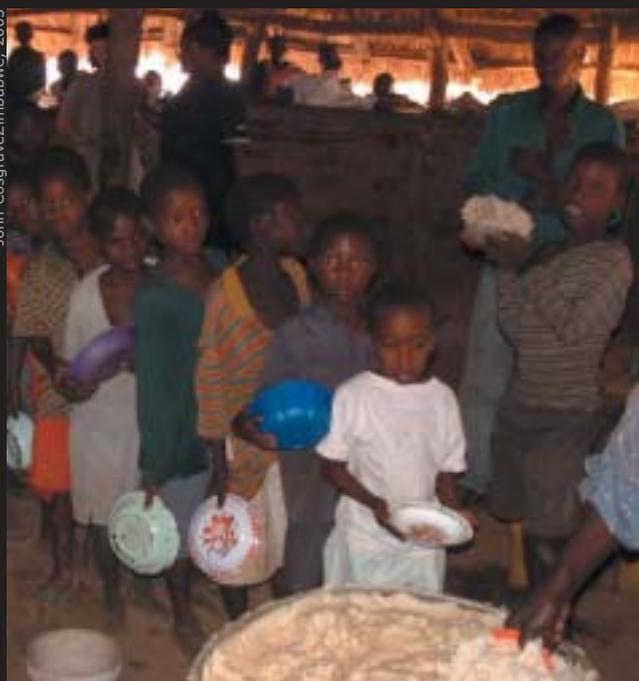
- an estimate, based on a formal assessment, that specific types of household in the population cannot meet their survival or livelihood needs e.g. poor, female headed, HIV affected households, or
- an assumption that this is so. The assumption is usually based on an observed high prevalence of malnutrition, and is used to justify a general ration, or to target rations, to particular households. A common targeting system is to assume that households with a malnourished child registered in a feeding centre are food insecure and to provide them with a ration.

## Targeting households according to socio-economic status

In setting eligibility criteria for general food distribution to households, a distinction is sometimes made between administrative targeting, where the eligibility criteria are set by Government, donors or external organisations, and community managed targeting where the community plays an active role in defining the criteria for eligibility. In practice, this distinction is far from clear and communities are rarely left to entirely define who should receive the distributed food and how much they should receive. Structures are placed on the community's

<sup>3</sup> HelpAge International advises that "whilst chronological age provides a convenient means of defining a population group, it is often very limited as it does not reflect the understanding of ageing within a specific social or cultural situation. It is necessary, therefore, to determine culturally specific definitions of age and use them in conjunction with the UN definition of age (>60 years), to define context specific age" (HelpAge International, 2001)

John Cosgrave/Zimbabwe, 2003



A school feeding programme in Zimbabwe

Nutritional clinical criteria may also be used, e.g. nutritional oedema, people in obviously poor nutritional condition, or those with overt vitamin deficiencies can be admitted to feeding centres (Collins et al, 2000). Such criteria are, however, difficult to standardise so that it may be difficult to apply these where admission is controlled by inexperienced staff.

## Targeting individuals according to health status

Targeting individuals with food according to their disease status is virtually impossible unless a) there is an existing, accurate means of identifying the recipients (such as a TB clinic or hospital), or b) very broad definitions are used, which could result in high levels of inclusion error.

## Targeting pregnant and breastfeeding women

Pregnant and lactating women are relatively easy to identify. This group is often targeted with food - usually through dry supplementary feeding because it is easy to do and can be used to provide a mechanism for referral for antenatal care, micronutrient supplementation or immunisation. The actual vulnerability of pregnant and lactating women in terms of food shortage will depend on whether the general ration is adequate (see Section 1). In a situation where the general ration is adequate, but it is believed that women are not receiving sufficient food because of biases in intra-household allocation, there would also be a logical basis for targeting this group with food.



Women dividing Famix for distribution

#### Box 7: Example eligibility criteria used as a guide for communities in Binga, Zimbabwe for refining at community level

- Size of land holdings (typically <3 acres)
- Number of cattle owned (ranged from <2 to <4, in order to enable those with cattle to keep draught animals and a small number of milking cows)
- No family member in permanent salaried employment, either locally or in nearby towns

(O'Donnel, 2001a)

#### Box 8: Identifying households according to socio-economic criteria

In Cote D'Ivoire in 1996/7, a food aid agency established that traditional vulnerability criteria did not identify households at most risk of food insecurity. The agency identified vulnerability criteria on the basis of an assessment, and then conducted a household survey to establish which households met the criteria. Very quickly, people understood the purpose of the survey and adapted their responses accordingly.

(Ockwell, 1999)

decision making power, e.g. only 60% of households can receive food, or the types of household which should be included is predefined (see Box 7).

Economic assessments may lead to criteria that can be difficult to apply directly, i.e. it may be difficult to identify those households who are economically eligible to receive food. For example, during an assessment, a 'poor' population group might be defined as one which has less than a certain amount of land or livestock, criteria which it may be difficult or impossible to verify during a distribution. To use these criteria for the inclusion of an individual household in distribution, an outside agency would require a survey of all households. This may be practical on a small scale or with a densely settled population, (e.g. by using community workers who can visit each house in a camp) but is usually impractical (See Box 8). A situation where an existing administrative system, e.g. an ID registration system, provides the necessary information for accurate beneficiary identification is rare, although it is occasionally found, e.g. the systems used to determine ration beneficiaries in the 'oil-for-food' programme in parts of Iraq. In most cases involving a large, dispersed population, there is usually no practical alternative to the involvement of the community or its administration (e.g. village chief) in the identification of the beneficiaries, as they are the only people with easy access to the necessary information. This is typically done via the existing socio-political structures, e.g. by requiring village representatives to produce lists of eligible households, usually according to criteria set by Government, donors or agencies. The criteria used may arise from an assessment, e.g. households with less than a certain amount of land. Sensitive and specific criteria may be difficult to develop, as there may be multiple characteristics that define the eligible group.

In community managed systems, the community is used to identify beneficiaries – thus, those who are identifying the most needy are those who have the greatest knowledge about socio-economic factors in the targeted communities. Community managed systems are usually distinguished from 'administrative' systems by the more active participation of the recipient population, rather than only its representatives, with the aim of reaching mutually agreed and acceptable eligibility criteria. Thus, eligibility criteria tend to be more subjective, complex and locally specific (Sharp, 2001). In addition, it may be easier for communities to make judgements of relative need,

whereby it is possible to identify the poorest 30% of the community, rather than setting the criteria and then seeing what proportion of the population meet them. This may make food aid planning easier.

The extent to which there is a conflict between donor and recipient views varies enormously from place to place, and the problem should not be overstated. Nevertheless, food will be diverted (from the donor perspective) to ineligible people, and the reverse. The extent to which the two views can be accommodated will often depend on making a reasonable 'deal' with the recipients, such as supplying a larger quantity of food than is indicated by a strictly assessed need.

In large food distribution systems, the levels of supervision may be low and the scope for inclusion and exclusion errors may be large. In any large system, communities (and, it should be said, sometimes government administrations) have considerable power to subvert donor imposed systems. This can lead, at best, to redistribution of the food (and therefore large inclusion errors) and, at worst, to a refusal by the community to participate in the programme. In practice, attempts to target precisely a beneficiary group, using imposed externally defined criteria, invites conflict with the community who may have a different concept of need and entitlement (see Section 4).

#### Targeting households according to illness

The high prevalence of HIV/AIDS has brought the targeting of HIV affected households into prominence. HIV/AIDS can create additional risk of food insecurity and through the course of the crisis in southern Africa, attention has been given to how food insecure households, with the additional burden of HIV/AIDS, can be effectively targeted.

First, it should be noted that the impact of HIV/AIDS on household food security is still poorly understood, certainly highly variable (i.e. HIV/AIDS affects both poor and wealthy households) and depends on a range of factors, such as which household members are affected, the household livelihood strategy and the demographic profile of the household. It is, probably, a fair generalisation to say, that in most settings, the effect of HIV/AIDS (through the loss of productive household members, increased costs, e.g. from increased numbers of dependent children) is to increase the level of poverty, but that much poverty will arise from other, unrelated causes. Thus, the



Rice bowls in rural market in Benin



Families of malnourished children may be targeted with a family ration



A carer visiting a home based care client in the home based care programme (see box 9)

most food insecure households may or may not be HIV/AIDS affected. Therefore, attempts to target HIV/AIDS affected households alone are unlikely to be appropriate, as they will exclude other food insecure households.

Further, in most contexts, it is difficult to develop criteria which identify HIV/AIDS affected households accurately. Many people will not know their HIV status and even if they did, open discussion may increase the stigmatisation they face. Proxy indicators of HIV/AIDS<sup>4</sup> may go some way to identifying these households, but run the risk of supporting households which are not food insecure, and of excluding households which require food security support.

Where the objective of targeting is to address food insecurity, it may be better to adopt established criteria, e.g. to target the poorest households and, where administrative systems allow this, to adjust this to meet the special needs of particular households, e.g. to provide a better quality of diet to households with chronically ill members (Kadiyala and Gillespie, 2003). In southern Africa in 2002-3, the approach taken was to increase the size of the general ration, on the assumption that the increased provision would reach those affected. In addition, recommendations were made to increase the quality of food provided and where possible, provide milled, rather than whole, grain (to avoid the need for HIV/AIDS affected individuals from having to pound grain). In addition to improving the quality of rations, distribution of rations need to take into account that people living with HIV/AIDS may be less mobile and less able to carry food long distances from distribution points (SADC, 2003). They are also less likely to be able to participate in heavy labour in food for work schemes (Kadiyala and Gillespie, 2003).

During an emergency, there may be scope to target HIV/AIDS affected households with food aid on a local scale. This is likely to be possible only where a long term programme for support of these households is already in place. For example, the Zimbabwe Red Cross added food aid to the package of services offered by volunteers to HIV/AIDS affected households (Khogali, 2003). The other services included hygiene training for infection management, promoting key health and nutrition messages, and working to reduce stigma. The criteria used to identify these households, 'home based care clients' and their families are shown in Box 9.

#### **Targeting households according to the nutritional status of children: the 'family ration'**

In the absence of a clear understanding of who is food insecure, some targeting strategies have been based on the assumption that if a household has a malnourished child registered in a feeding centre, then this is an indicator of food insecurity. Households with children that are malnourished are, therefore, targeted for a general household ration. However, this assumption may not be valid where a child is malnourished primarily due to other factors, e.g. disease or inadequate care.

<sup>4</sup> For example, the SADC Vulnerability Assessment Committee recommended two indicators: chronic illness of head of household, and households headed by the elderly, in particular those headed by women (SADC, 2003).

#### **Box 9: Criteria used by the Zimbabwe Red Cross to identify households to receive home based care, including food aid and in the absence of HIV testing**

- 1) Clear evidence (medical card) of a combination of recurring infections associated with HIV/AIDS including:
  - constant diarrhoea
  - herpes
  - persistent coughing/recurring TB
  - swollen lymph nodes
  - Kaposi sarcoma
  - "permed hair"

- 2) People undergoing TB treatment

(Khogali, 2003)



Supplementary feeding programme for children

### Box 10: Two case studies of the 'family ration' targeting system

**Following successive droughts in Mandera, Kenya** between 1994-6, in May 1996 32.4% acute malnutrition was reported by MSF. No request for emergency food aid was made until February 1997. MSF, serving a population of approximately 38,000 in Central Mandera, recognised that there was a need to target food resources, as some households were better off than others. MSF targeted a half ration to households with at least one member in a feeding centre, with the objective of reaching the most vulnerable households. The consequences were:

- 1) a substantial increase in the numbers of children admitted in the centres - this caused a deterioration in the quality of care which could be offered to each child, leading to increased rates of defaulting. In addition, increased admissions heightened the risks of cross infection.
- 2) a substantial increase in the pressure experienced by feeding centres staff to admit children who did not meet the entry criteria which, ultimately, led to inclusion errors.
- 3) high levels of readmissions and double registration in the programme because the ration provided a resource for the whole family. There was some evidence that children were intentionally underfed to ensure access to food.

The strategy soon had to be abandoned as the numbers escalated out of control.

(Duce-Marques, 1998 and Vazquez-Garcia, 1999)

**In Huambo, Angola, a siege town dependent on food aid**, in early 2001, a programme of family rations was initiated by USAID/WFP, in place of a household ration. Agencies complied on the basis that it was the only option offered for bringing food into the besieged city, but voiced concerns that **1)** the programme was unethical, in providing food only when malnutrition had occurred rather than intervening to prevent it, and **2)** food would be withheld from children or children would be stolen in order for households to meet the eligibility criteria (ADACRU/ Molisv et al, 2001). The numbers of children in the supplementary feeding programme rose and active case finding had to cease because the increased numbers of children could not be accommodated.

(Dianne Stevens, personal communication).

This targeting strategy, sometimes referred to as providing a 'family ration', has been adopted in a number of emergency contexts where support for the general population is absent or inadequate (Jaspars and Young, 1995) (Box 10). While the provision of a family ration may target food to a proportion of needy households, the strategy in situations of overall scarcity has potential weaknesses;

- a) It may exclude households in need of food which do not have an eligible child and lead to families attempting to admit children who do not meet the eligibility criteria, causing practical problems of numbers.
- b) Some children may be kept in an undernourished condition to ensure that the family has access to a ration.
- c) Providing the ration at the point of the malnourished child's discharge (which some programmes have done) is contrary to the logic of the distribution, i.e. it keeps a household in want for a potentially long period before they receive food support.
- d) Where several agencies are providing services in the same area, e.g. an ailing child at several centres to receive multiple rations.

In situations of less extreme shortage, targeting households according to the nutritional status of their members may be an appropriate strategy. In Afghanistan, Concern chose anthropometric indicators to target households with a comprehensive general ration of rice, wheat, oil and beans, for all household members for five months. MUAC measurements of women and children were used to determine eligibility and therefore, many children and women who were at nutritional risk, but who were not yet meeting weight for height/BMI criteria for acute malnutrition, were included. The targeting strategy allowed women to be targeted who were known to be socially and politically vulnerable (Kopplow, 2003).

### Targeting households according to gender

Targeting households headed by females, on the basis that such households are most vulnerable to food insecurity, is another strategy that has been used by agencies. However, as with all possible target groups, no assumptions should be made which are not validated by assessment about the food security of female headed households.

In Ethiopia, a recent study found that female-headed households were four times more likely to be destitute than male-headed households (Sharp et al, 2003). If, however, female-headed households were used as a criterion for targeting of food assistance to the most needy, there would be a high inclusion error (as two-thirds of these households are not destitute) and high exclusion errors (because of the higher frequency of male headed households). In other country contexts, female headed households may not face economic disadvantage compared to male headed households.

### Self-targeting of households and individuals

Eligibility criteria can also be set indirectly. 'Self-targeting' approaches include:

- **Market interventions** which allow the individual or household to choose if they acquire food and how much they acquire. Interventions include price support for staple foods, or cash distribution to increase people's ability to purchase food.
- **Commodity choice** can occasionally be used to increase the chances of food reaching a particular population group.
- **Food for work**, which is intended to exclude non-eligible people by posing a deterrent, is typically intended to 'self-select' only those people who have no more satisfactory way of obtaining food.

### Market interventions

Market interventions may seek to:

- affect the market supply of food in order to lower food prices
- place price ceilings on certain commodities
- increase people's effective demand for food, e.g. purchasing livestock at higher than market price or distributing cash

The practical challenge is to design the strategy in such a way as to maximise its impact on the most needy. Cash distribution can be targeted using similar criteria to food distribution, although security issues may preclude its use on a large scale. Food subsidies may benefit the needy group, but unless some other deterrent is introduced, will also benefit the non-needy population. The deterrents used include subsidising only the least desirable staple, e.g. millet in areas where the preference is for rice, or the lowest grade of staple; limiting the size of each transaction to a small quantity; and limiting the number of outlets to create long waiting times. Some care has to be taken with the relative values of food and labour as a situation may arise (as in Burkina Faso in 1984), where it was worthwhile for a better-off person to pay a poor person to stand in line for food.

There are few recent examples of market interventions to prevent food crises. An HEA assessment in northern Tanzania 1999, concluded that keeping down food prices would substantially reduce an assessed food gap (of approximately

30,000MT), i.e. cheaper prices would allow people to acquire sufficient food without substantial loss of household assets. In the event, this was achieved by the release of grain from the national food reserve to commercial traders. No direct relief distribution was done.

### Commodity choice

In some situations, it may be possible to select a commodity for food distribution which is more likely to reach poor people. While this may appear to be a useful method in situations where rich and poor people have different staple diets, its potential impact may be limited because richer people may be able to sell the commodity to obtain the food they really want to eat. It is now widely recognised that it is not appropriate to give people food which is unfamiliar and unacceptable (The Sphere project, 2004). Furthermore, it is often not possible to select commodities, as they are usually determined by global surpluses and food aid pipelines.

### Food for work

Food for work (FFW), i.e. paying people in food for work, may be used as a means of targeting food to people who are in need, and/or to achieve a development objective which will benefit the community in the long or short term, e.g. building a road. FFW is extremely difficult to organise on any scale under crisis conditions, so it is rarely suitable as the primary food distribution mechanism in an emergency (Jayne et al, 2000 and Devereau, 2000). Appropriate work must be found, technical

supervision and an administration arranged. There is also a need for non-food inputs (e.g. roadwork requires specialist tools, cement and other material for culverts, etc)<sup>5</sup>. The administrative demands involved are often unmanageable in an emergency context.

In the absence of a viable work objective, FFW effectively becomes a strategy for targeting food - the assumption being that people who do not require food will not take up employment. In this instance, the justification for the use of FFW becomes a moral one: people will become dependent on free food aid (and thereby fail to make the most of the economic opportunities available to them) if they do not work to receive it.

FFW is best suited to areas where there are adequate employment opportunities for the non-targeted groups (Jackson and Wickrema, 1998), where rates of pay are of a value equivalent to normal labour rates, and where a free food component is organised for households which are not able to participate in FFW.

Box 11 shows the important considerations when setting the pay rate and illustrates the importance of adequate local knowledge of household economies to inform the decision. It may not be possible to fulfil all the requirements in an extremely poor context and a combination of administrative and self-targeting is likely to be more appropriate (Sharp, 1997).

<sup>5</sup> Large scale projects are often designed with a five year preparation period (Jayne et al, 2000)

#### Box 11: Setting a wage rate for FFW

##### Requirements of the wage rate

- Lower than the market rate
- Sufficient to meet nutritional requirements
- Higher than the income obtained through marginal / damaging coping strategies (such as firewood collection)

##### Consequence if requirements are not met

- Will not self select the poorest groups
- Basic needs will not be met and destitution could ultimately result
- Poor will not be able to participate and only wealthier groups with spare labour will benefit

#### Conclusions for best practice

1. The best targeting systems employ several elements, rather than relying on a single method. For example, in Ethiopia, the Employment Generation Scheme is geographically targeted, adopts a self targeting element for eligibility, but also includes a free food component for the 20% of the population that cannot participate in food for work.
2. In determining eligibility, a judgement needs to be made about which type of error is more acceptable; an inclusion error or an exclusion error. It may, for example, be necessary to allow for some diversion of food to authorities, in order to ensure that the target group is reached, just as a dry supplementary food ration is increased to take into account household sharing. In other situations, it may be necessary to incur exclusion errors in order to reduce inclusion errors. For example, in 1992 in Zimbabwe, Save the Children was asked by the community to deliver food using a wet supplementary feeding programme. This was regarded as being the most transparent way to deliver food and the community felt this method avoided corruption and diversion by authorities.
3. A priority in determining eligibility is to reach an acceptable agreement between the community and the external agency on the criteria. In the absence of this agreement, inclusion and exclusion errors are likely to be extensive.
4. It is not only the criteria, and their application, which is central to targeting success. Commodity choice, distribution method and the timing of the distribution can also contribute to the achievement of targeting objectives.

##### Recommended reading

- Jaspars and Shoham, 1999
- Sharp, 2001
- Sharp, 1999a



SC UK, Ethiopia, 1999

In Ethiopia, female headed households have been found to be more vulnerable to food insecurity

Food for work programme in Ethiopia



Reuters/George Mulajia, courtesy www.alertnet.org, Ethiopia, 2000

# 4 Distributing food

Food may be distributed in many different ways but the method of distribution will, to a large extent, depend on the eligible groups and the method for identifying them. Distribution points may be developed using existing buildings, e.g. health centres, schools. Food distribution centres may be designed and constructed by agencies, e.g. agency developed supplementary feeding centres or distribution points for general rations. Food may be provided directly through home-based care, community kitchens, or given directly in bulk to the community for redistribution. For example, supplementary rations may be given to children in a supplementary centre to be consumed in the centre, to the family with directions that the ration should be given to a particular child, or to the community

for distribution to children meeting agreed criteria of need. A therapeutic feeding centre providing high quality care can be built and staffed by the agency managing the distribution, and a network of distribution points and mobile teams, including community workers, might be used in support.

In order to support the effective targeting of food aid, there must be a distribution system in place which:

- **Maximises coverage** of the eligible group, and
- **Minimises inclusion errors**, i.e. keeps the number and proportion of non-eligible people who receive food to a reasonable minimum.

In situations where such systems are absent, targeting is likely to fail. Box 12 describes the failure of targeting in Darfur, Sudan in 1985. The reasons highlighted in the box demonstrate the weaknesses in the distribution system, which allowed diversion of food aid and prevented adequate coverage from being achieved.

## Designing food distribution systems to maximise coverage

The chief factors contributing to low uptake of services are:

- A lack of awareness that a distribution is taking place and/or the eligibility criteria, e.g. recipients who meet the criteria for receiving food, but are unaware of this. This results in under-registration of intended beneficiaries. Figure 4 shows the improved coverage achieved after a communication campaign about a feeding programme in Malawi. Good communication strategies can also minimise exclusion errors, which can occur when food is provided for individuals who are not registered, but who appear at distributions in the hope of receiving food.

### Box 12: Failure of targeting in Darfur, 1985

The aim was to feed the hungriest one third of the population (1 million people) in Darfur.

The result was "People in richer villages tended, very often, to receive more than those in poorer villages, residents received more than migrants, and settled people more than nomads. Very often, this was the antithesis of distribution according to need."

#### Reasons for failure of targeting

1. There was no clear understanding of who, and where, the most vulnerable were - reflected in a lack of adequate assessment. Those who appeared to be most in need were those who had no political voice, such as IDPs on the edge of towns, pastoralists, etc.
2. The reliance on a single contractor and the absence of Save the Children's own trucking capacity, meant that the company deliberately delayed delivering to the remotest areas until the roads had improved and the transport costs would be lower. No precise schedule was agreed with transporters.
3. Negotiations between the donor and the regional government prevented the worst affected areas from being prioritised.
4. Migrants were seen as undesirable so that to discourage further migration, food was not given to them.
5. Nomadic people were hard to find.

#### Reasons for diversion

6. All the food went through central distribution points, allowing a proportion to be diverted at every stage.
7. Regional government was interested in urban subsidised sales, rather than free distribution in rural areas. Furthermore, urban people benefited from the low meat prices due to declining terms of trade for pastoralists.
8. Free grain was, in some locations, distributed on receipt of taxes, meaning that recipients had to immediately sell some of the grain received.
9. Government employees were favoured in some distributions.
10. Belief that everyone should have an equal share.
11. Recipients sometimes had to pay in kind (with food aid) for the transport of the food aid to them.

(Keen, 1991)

Figure 4: Improved coverage following an information campaign



- The cost to the beneficiary of getting the food. The cost is the 'opportunity cost' of participation, i.e. the value to the beneficiary of attending a distribution, relative to the alternative to attending the distribution. The costs include travel and waiting time, occasional direct costs (e.g. fares), and the cost of transporting the food. Costs will increase where carers are expected to bring small children to centres, to attend frequently, or to spend long periods receiving care. The value of the service will fall if the service quality and cultural acceptability of the programme is low, e.g. crowded dirty centres. The alternatives to attendance at a food distribution may include cultivation, paid and domestic work, which may have to be done to ensure household survival, e.g. water collection.

Coverage can be improved by reducing the distance people have to travel to distribution points and the frequency with which they have to attend. In general, there is a trade-off between the need to bring food relief close to the beneficiaries, e.g. distributing food at village level, and the cost and administrative difficulty of doing so. However, the agent that bears this cost should be considered. A relatively small increase in costs for the agency may realise big cost reductions for the recipients (Valid International, 2003).

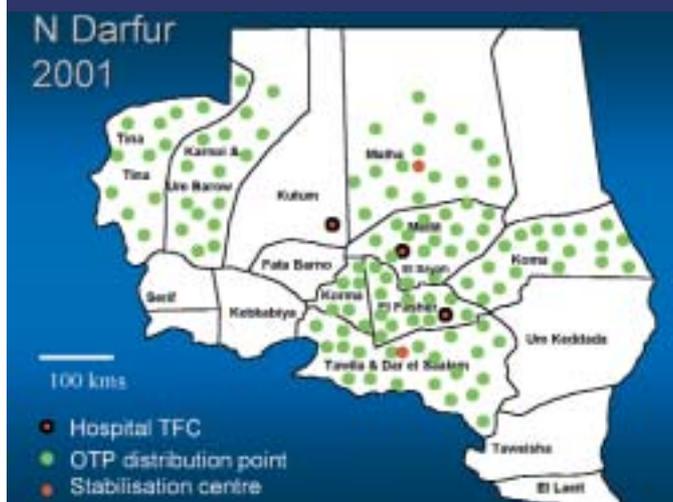
The trade-offs made in programmes that distribute through multiple decentralised distribution points, and those which focus on fewer distribution points, are well illustrated when comparing centre based and community based therapeutic and supplementary feeding.

Centre based feeding requires high levels of human and financial resources, and tends to have to high costs per individual beneficiary. The number of centres that can be supported is usually limited. In most cases, health care is also provided. Inpatient therapeutic feeding programmes can, sometimes, achieve mortality rates below 5% and weight gain greater than 10g/kg per day. Both centre based therapeutic and supplementary feeding often suffer from high rates of patient defaulting. The practical problem arises chiefly where beneficiaries are often expected to attend daily, and where they may be required to remain at the centre for some time. An extreme example was found in Ruhingeri, Rwanda in 2000, where a woman was required to walk an 11 km return journey, 6 days a week with her child, to receive a small supplementary ration. The energy content of the ration approximated the energy expended on collecting it, and a visit to the centre required the woman to forego a day of paid work or obligatory communal work.

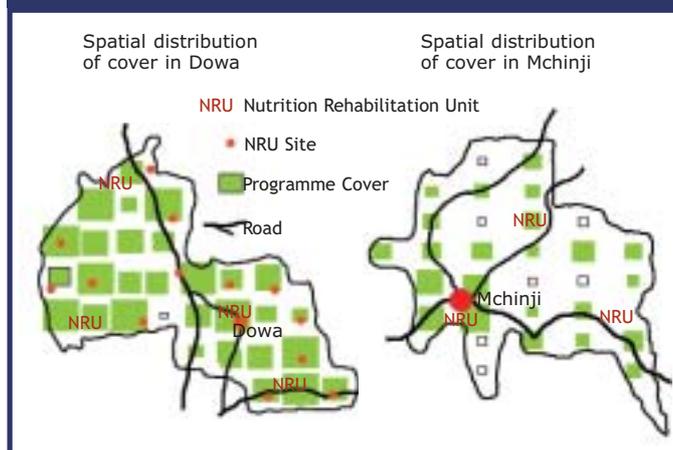
Community based feeding tends to have slightly lower costs per beneficiary, and allows many more distribution centres to be run although logistic demands are high. Treatment protocols tend to be less sophisticated though health care is usually also provided. The recent availability of ready to use therapeutic foods have made community based therapeutic feeding possible. Even though therapy is less intensive in community based therapeutic care and consequently weight gain is lower than centre based care, mortality rates as low (<3%) (Taylor, 2002) as those achieved in centre based care have been reported probably because the risks of cross infection are minimised. In practice, community based feeding programmes do require a small centre based component for treating severely malnourished children who are acutely ill, but usually the scale of requirement for this is reduced as children present earlier for treatment.

Figures 5 and 6 illustrate the coverage achieved in centre based, as opposed to community based, feeding. Figure 5 compares the location of distribution points for community based therapeutic care (Outpatient Therapeutic Programme (OTP)), compared to those for centre based care (therapeutic feeding centres) in a famine relief programme in North Darfur, Sudan in 2002. It would be anticipated that greater coverage could be achieved through the community-based care, simply due to the sheer number and geographical coverage of the distribution points. Figure 6 compares two districts in Malawi in 2003, Mchinji and Dowa. In Mchinji district, centre based

**Figure 5: Distribution points for feeding programmes in North Darfur, Sudan**



**Figure 6: Spatial distribution of coverage of feeding programmes in Malawi**



Distributing large amounts of food can make it hard to transport food



SC UK, Ethiopia, 1999

therapeutic care was implemented in Ministry of Health facilities with support from Save the Children UK. In Dowa, Concern introduced community based care. The size of the shaded squares is directly proportional to the coverage rate found in the village surveyed. Villages were selected for survey in order to provide a geographic spread across the district. It can be seen that considerably greater levels of coverage were achieved in Dowa.

Practical difficulties faced by targeted beneficiaries, related to the frequency and organisation of the distribution, should be taken into account. For example, older people may not be able to queue for long periods and have difficulty in obtaining access to information about their entitlements (HelpAge International, 2001). Several examples illustrate the problems of distribution design and how it can undermine targeting.

- In Zambia, women working on a road construction project were required to carry headstones from a quarry to the construction sites. This continued until the distances became so great that they had to hire men with carts to assist them, in exchange for 50% of their wages (Devereaux, 2000).
- If large amounts of food are distributed in order to minimise the frequency of distribution, people may have difficulties in transporting the food. For example, the Ethiopian government distributed large quantities (sacks) of grain to people in Korem, in the run up to the 1984/1985 famine in the hope that this would avoid the creation of a camp. In fact, people could not always carry the food, or feared robbery on the road, so that the very effect that the authorities hoped to avoid occurred, with people settling on the periphery of the town.
- In the Ethiopian Ogaden in the 1980s, a large effort was made by an organisation to distribute food selectively to women and children in a rural pastoral population, using a town based food distribution system. The food was promptly re-bagged by the recipients in order that it could be transported.

### Designing food distribution to minimise inclusion errors

Inclusion errors arise principally from:

- Poor application of eligibility criteria
- Diversion of food by the recipient, community or people involved in the distribution chain

Various means are used for identifying the eligible population including registration, the use of bracelets, ration cards and skin dye. In centre based feeding and food distribution programmes, inclusion errors can generally be kept to a low level if eligibility criteria are objective, staff are clear about the eligibility criteria and adequate supervision checks are in place. Theft and fraud can be minimised, although rarely entirely eliminated, by ensuring that record keeping and supervision procedures are in

place. If eligibility criteria are not clear and cannot be easily applied, then inclusion errors will result (see Box 5). Targeting guidelines can assist with the implementation of eligibility criteria at distribution points.

Inclusion errors do arise in centralised systems, in most cases because the food available is less than that required (see Section 6). Under these conditions, staff may come under extreme pressure to include beneficiaries who are not eligible. However, even in these contexts, programmes with strict criteria can result in minimal inclusion errors. For example, a re-registration of all children registered in the Save the Children UK supplementary feeding programme in Huambo, Angola in 2000 (see Box 10) was conducted. The lack of food support to the general population led to enormous pressures on feeding centre staff to admit children. At that time, 9600 children were registered in the centres and only 4.7% of these children were found to have met the exit criteria, i.e. were no longer eligible (Save the Children, 2001).

In many instances, particularly when households rather than individuals are targeted, there will be a degree of diversion of food aid in the system, resulting in inclusion and exclusion error (see Box 13). Box 13 also shows that the distribution system must be designed with sensitivity to the political situation and the risks of diversion (see also Section 2). The extent of diversion will vary, according to the context and the targeting system. While the prevention of deliberate abuse is a major preoccupation in many targeting systems, there may be other more important sources of error in many targeting systems (such as the design of the system).

There is a growing body of experience demonstrating methods for reducing diversion in situations where communities, themselves, have greater control over the food aid resources (see also Section 5) and distribution is decentralised. The success of these experiences appears to lie first in the suitability of the context, and secondly, in the attention paid to the process of developing the targeting system and in ensuring it is transparent, and that all those involved feel a degree of accountability to one another.

Community managed targeting (CMT) places a greater responsibility on the community to decide who requires food assistance and ensuring they receive it. CMT aims to achieve the transfer of responsibility for targeting, managing and monitoring the food distribution from the implementing agency, to the beneficiary community (Mathys, 2003). Figure 7 shows the key principles on which the approach is based, and Box 14 shows the key steps recommended for effective community based targeting.

There have been a number of reviews (Jaspars et al, 1997, Ridout 1999, Jaspars and Shoham, 1999, Shoham, 1999) of

**Box 13: Examples of diversion of food by recipient populations**

- Deliberate exclusion of eligible groups through bias or abuse of power
- Deliberate inclusion of non-eligible groups/individuals, e.g. linking to credit payment
- Misappropriation: falsifying distribution records and redirecting food aid (people get less than they are entitled to)
- Selective scooping by distributor (over scooping/under scooping/selecting the better parts of selected commodities for certain people)
- Forced sharing of food which is already distributed
- Imposing costs on targeted households, e.g. getting them to pay for store keeping or other operating costs
- Registration errors: multiple registration of individuals/households at one distribution point, registration of the same individual/households at multiple distribution points, inflation of household size, registration of phantom households

(Care, 1998)

**Figure 7: Core principles of Community Managed Targeting (CMT)**

(Mathys, 2003)



SC UK, S Sudan, January 2004

Women selling food in South Sudan

community based targeting which have shown that this approach is only likely to be feasible in certain conditions, where:

- All key stakeholders (from community to national level, and implementing agencies) share common objectives concerning targeting and participation, and where parts of the population at risk are not politically marginalised. For example, many people displaced from Wau into Bahr Al Gazal, Sudan during the 1998 crisis, were excluded from distribution as they were not regarded by the local community as legitimate recipients of food.
- There are cohesive social groupings living in peace and stability, where recipient groups are smaller, are clearly geographically demarcated, are related and are economically interdependent.
- The emergency has not reached crisis proportions, or rates of malnutrition and mortality have not become excessive, and where food aid is targeted at the majority of the population (so that inclusion errors can be accommodated without negating the targeting process).

There is a broad sense that it is more practical to target reliably, and with least 'slippage', with settled than with pastoral peoples (Acacia, 2002). In pastoral populations, community relationships and obligations may exclude the possibility of targeting to specific households, i.e. the food may simply be shared amongst all. Although it is conceivable that certain protracted refugee situations may comply with the conditions identified above, community based targeting may often not be appropriate in refugee contexts. Specifically, refugees may be used to the general provision of a full ration and therefore, be unwilling to participate in a process of targeting. The high frequency of distributions in many refugee situations would pose considerable time burdens on the Relief Committees, and the strategy may not work well for new arrivals (UNHCR et al, 2000).

Aspects of community managed targeting have been applied in conditions, other than those above, with mixed results (see Box 15). Deviation from the eligibility criteria and frank diversion of food by powerful groups in the community can result, if the context is not suitable. For example, villages may be excluded by the Relief Committee or chiefs due to distance, ethnic differences or political marginalisation, while households may be included because they are related to, or politically aligned to Relief Committee members or chiefs. Similarly, households that were politically marginalised may be under registered, i.e. fewer household members than actually exist may be registered. In Zimbabwe, Save the Children UK has

#### Box 14: Key steps in community based targeting

1. Implementing agency meets with local authorities and village members in public meetings to explain that food aid will be provided and the proportion of the population to be targeted.
2. A Relief Committee (RC) is elected with the aim of having broad representation of all the constituent groups, including adequate representation of women. The RC could be at village level or cover a larger geographic area.
3. The RC discusses with the implementing agency the criteria which should be used for inclusion in the beneficiary group. These criteria are then sometimes discussed publicly.
4. The RC then draws up lists of households which meet the agreed criteria, who are then registered to receive food, and lists are read out in a public village meeting.
5. The distribution is conducted by the RC, perhaps with a staff member of the implementing agency present.
6. Post distribution monitoring is conducted by the implementing agencies, perhaps in collaboration with the RC, either through food basket monitoring or qualitative interviews and key informant interviews.

(Jaspars and Shoham, 1999)

#### Box 15: A version of community based targeting in Ambon, Indonesia

A process of community meetings (focus groups) to agree targeting criteria was followed by ACF in displaced communities affected by conflict in Ambon in 2000. The process had mixed results. In some communities, particularly the Muslim communities, there was some success – in others it was very difficult to develop the criteria.

The key observations from the process were as follows:

1. Christian communities tended to adopt the traditional NGO criteria for vulnerability – i.e. conflict affected – in the community meetings, thereby meaning everyone would be targeted for food aid. They were reluctant to determine who would receive food and who would not, because they feared this may result in jealousy. These communities requested ACF to impose criteria on them.
2. In some instances, focus group members did not know the households in the community and so could not determine whether the criteria were met.

Misunderstanding can be avoided if beneficiaries know who is assisting them, why, and the length of time the assistance will last.

(Lambert, 2002)

shown that the inclusion error increased dramatically over 3 years of targeted food aid distributions (see Table 4) as the economic and political context changed.

Involving women in food distributions is another aspect of community participation which can improve targeting. Experience shows that in situations where women are the household food managers, they are more likely to ensure that food resources reach the children, and women are less likely to sell them. In addition, rations intended for polygamous households, given to the male household head, might not be equally redistributed between wives' families. Targeting women with food assistance is a requirement of WFP assisted food aid programmes. In practice, this means ensuring that women control the family food aid entitlement in 80 percent of WFP handled and subcontracted operations, which target relief food distributions to households. In some situations, efforts to reduce discrimination against women in the design of targeting programmes have been shown to be successful (Acacia, 2002, Chapman, 1998a and WFP, 2001).

Box 16 shows how including women in the process of decision making for food aid allocations in Southern Sudan increased the likelihood that food reached those most in need. This was possible, in this case, because the social context and the roles and responsibilities of different community actors were understood in depth (see Box 16). Targeting food aid in this way requires re-negotiation of social roles, which takes time and involves the risk of alienating certain groups and inciting conflict. In locations in southern Sudan where this negotiation was not done, the system was regarded locally as having been imposed and the chiefs redistributed the food immediately after the distribution (see also Section 6).



SC UK Zimbabwe, 2004

Involving women in food distributions can improve targeting

**Box 16: Gender inclusion in food aid targeting to improve effectiveness in Northern Bahr Al Gazal in Southern Sudan**

Prior to the introduction of Relief Committees, food was distributed through the chief structure and passed through chiefs, sub-chiefs, ghol leaders, headmen and women at household level. At the last level, food was distributed equally between households by the headman to avoid conflict. The quantities of food finally received were much less than originally intended and therefore nutritionally inadequate. The targeting system was revised and was founded on the development of relief committees, which had equal representation from men and women and were responsible for allocated geographical areas. In addition, women at village level elected a representative who was well known in the community. The representative publicly selected households that were most needy, and linked this information to information on geographic variation gathered by the RC. The distribution was supervised by RC members and the elected female representative at village level. The approach was considered successful as women claimed that more food reached household level. Additional benefits were noted, relating to the empowerment of women to participate in decision making and work alongside men for the betterment of the community.

(Chapman, 1998a, Chapman, 1999)

**Conclusions for best practice**

1. In order for a food distribution system to support targeting, it must be designed to maximise coverage and minimise inclusion errors. Once again, this involves trade-offs between inclusion and exclusion.
2. Maximising coverage requires consideration of the information needs required by the targeted beneficiaries to participate and the opportunity cost which they will bear as a result of participation, which is dependent on distance, cost of transportation and physical capacity to transport the food.
3. Minimising inclusion errors requires careful political analysis of the context and the points at which diversion could take place.
4. Strong and transparent information flow between the recipient community and the agency targeting the food aid is essential to promote effective targeting.
5. The most effective targeting systems are likely to be found in situations where agencies have been present for a long time, have been funded to invest in systems to support effective targeting, and have built up a relationship with the communities.

Recommended reading  
Jaspars, 2000  
Keen, 1991  
Care, 1998

Valid International, Sudan, 2003



Food drop in South Sudan

# 5 Monitoring the targeting system

In the past, little emphasis has been placed on monitoring what happens to food aid after it has reached the distribution point. Donor reporting has been limited to the delivery of food to its intended destination (Jaspars and Young, 1995). For this reason, “good systems of monitoring and evaluation, to establish whether food aid is indeed reaching intended beneficiaries (and at reasonable cost of delivery), are disturbingly rare.” (Barrett, 2002)

As noted in Section 2, targeting is never 100% accurate and there is scope for errors of inclusion and exclusion to arise at every stage of the targeting process. Table 2 highlights some of the key factors that lead to inclusion and exclusion errors at each stage. In the design stages of the targeting system, decisions are made as to which type and degree of error is more acceptable. For example, the aim may be to reach HIV/AIDS affected households by targeting households with a chronically ill household head. If this is done, it must be recognised that this will encompass households with non-HIV/AIDS chronic illness and that there will, therefore, be an unavoidable (although perhaps desirable) inclusion error. The broader and more inclusive eligibility criteria become, the smaller the exclusion error and the greater the inclusion error, and vice versa. Hence, as inclusion errors rise, exclusion errors decline and as exclusion errors rise, inclusion errors decrease.

In the implementation of targeting, i.e. once the quantity of food has been fixed and the size of the targeted population is defined, the relationship between exclusion and inclusion errors changes. That is to say, as inclusion errors increase so do exclusion errors. For example, food distributors could decide to share the food among a greater number of households, including those that are very poor but not affected by chronic illness. This may mean that the numbers of originally- targeted households who receive the food is reduced, or the quantity each household receives is reduced, resulting in a higher exclusion error.

Monitoring exclusion and inclusion assumes that the target group defined in the objectives was correctly identified as the group in greatest need. In addition to inclusion and exclusion errors, a well designed monitoring and evaluation system should determine whether a) the decision to target food within a geographical area was appropriate, b) whether the groups in greatest need were identified by the assessment, and c) whether the objectives were achievable. In practice, inclusion errors may occur because the community has a clearer understanding of need and deliberately subverts the eligibility criteria. In this instance, simply monitoring inclusion and exclusion will show failures in the system whereas in fact, because of the errors, the targeting system may be more effective in meeting people's needs. Thus, it is very important that monitoring allows review of the design of the system itself, as well as checking its implementation.

**Table 2: Overview of monitoring targeting systems**

|  | 1  | 2   | 3   | 4   | 5  |
|--|--|---|---|---|--|
|  | Assessing and defining needs   | Setting objectives                                  | Determining eligibility   | Distribution  |  |
| Key questions for monitoring                             | Were the needs accurately described?   | Were food aid target groups those in greatest need? | Did criteria adequately identify the target group?<br>Were the criteria clear and usable by those responsible for using them?   | Did the targeted group receive the right quantity and quality of food at the right time?  | Did the targeted group use the food to achieve the objective set?  |
| Possible methods   | <ol style="list-style-type: none"> <li>1. Food security monitoring</li> <li>2. Monitoring the prevalence of malnutrition</li> </ol>  |   | <ol style="list-style-type: none"> <li>1. Process monitoring and evaluation</li> <li>2. Food basket monitoring</li> <li>3. Household profile monitoring</li> <li>4. Post distribution monitoring: non-beneficiary monitoring</li> <li>5. Results from complaints mechanism</li> </ol> | <ol style="list-style-type: none"> <li>1. Food basket monitoring</li> <li>2. Post distribution monitoring: non-beneficiary monitoring</li> <li>3. Coverage surveys</li> <li>4. Process monitoring and evaluation</li> </ol> | <ol style="list-style-type: none"> <li>1. Food Usage monitoring</li> <li>2. Market surveys</li> </ol>  |
| Key factors which lead to exclusion and inclusion errors | <ul style="list-style-type: none"> <li>• Type of assessment</li> <li>• The involvement of the community in the definition of need</li> <li>• Taking into account the resource context</li> </ul> |   | <ul style="list-style-type: none"> <li>• Political context</li> <li>• Transparent and accountable systems for identifying the eligible</li> </ul>   | <ul style="list-style-type: none"> <li>• Geographical coverage</li> <li>• Information about programme in the community</li> <li>• Could it be transported</li> <li>• Diversion by powerful people</li> </ul>                | <ul style="list-style-type: none"> <li>• Sharing within households</li> <li>• Redistribution by the community</li> <li>• Diversion by powerful people</li> </ul> |

**Table 3: Different types of monitoring which can be used in targeting systems**

| Type of monitoring                               | Where and when it is done  | Purpose  |
|--|--|--|
| Process monitoring (including appeal mechanisms) | Ongoing with beneficiaries, non-beneficiaries, leaders and authorities | To assess the quality of the implementation and how it is perceived by the population                                |
| Food basket monitoring                           | At the distribution point through interviews with beneficiaries        | Determines whether the ration received at the distribution point matches the entitlement on ration card              |
| Household profile monitoring                     | At the distribution point through interviews with beneficiaries        | Monitoring of beneficiary household profile relative to eligibility criteria   |
| Food usage surveys                               | Post distribution through home interviews with beneficiaries           | Determines how recipient households use the food and how long it could last  |
| Market surveys                                   | At markets post distribution   | To monitor sales and prices of food aid  |
| Non-beneficiary monitoring                       | Post distribution through home interviews with non-beneficiaries       | Monitoring perceptions among non-beneficiaries regarding fairness of the targeting and the distribution process      |
| Coverage surveys                                 | During a targeted feeding programme, through population surveys        | To determine the proportion of the eligible population who are registered for feeding and the proportion who are not |
| Food security monitoring                         | On an ongoing basis among the whole population                         | To determine whether the targeting objectives are appropriate/have been achieved                                     |
| Nutrition monitoring                             | Periodically among the whole population                                | To determine whether the targeting objectives are appropriate/have been achieved                                     |

Table 3 summarises the methods that can be used for monitoring the targeting system, and Table 2 indicates at which stages the various methods can be used. These methods are described briefly. It should be noted that there is no single method for determining inclusion and exclusion errors or the appropriateness of the targeting system. Each of the methods listed here provides part of the information necessary to comprehensively monitor a system.

The information provided by monitoring should be considered immediately and the implications for the targeting system determined.

### Process monitoring and evaluation

Systems should be established for ongoing monitoring of the views of the population on the targeting system. Ongoing methods for participatory monitoring is an integral part of community managed targeting. In systems using administrative targeting, appeal mechanisms can be set up to allow members of the affected population to complain if they have not been targeted or have not received food. These mechanisms can provide an immediate way of monitoring the targeting process. Where appropriate, complaints should be met with an instant response and if necessary, modification of the system.

### Food basket monitoring

Food basket monitoring is conducted immediately after receipt of the ration at the distribution point. It monitors whether the ration that is supposed to be being received by a registered beneficiary is indeed received and thereby, provides a measure of exclusion error. As shown in Table 4 (see p25) planned rations often differ from those received because the number of recipients is greater than planned, and so the food is shared 'more thinly' amongst them. Table 4 shows that in Tanzania, the actual ration size was 10.3kg per capita per month, compared to a planned ration of 12 kg per capita per month. This arose because 15.4 per cent of households were under-registered, where not all household members were registered in order to allow more households to be included in the distribution.

Thus, food basket monitoring data is useful if analysed in conjunction with household profile monitoring data and with the targeting objectives. On its own, food basket monitoring does not tell you whether the beneficiary has been correctly targeted (i.e. whether they should have a ration card) nor indeed, whether they may be receiving two rations because they have two ration cards. Neither does it highlight individuals who

are incorrectly excluded from the distribution. Food basket monitoring has been used predominantly in refugee situations where ration cards are widely used. (Jaspars and Young, 1995)

### Household profile monitoring

Household profile monitoring is very important for monitoring systems which target households, and is a primary measure of the accuracy of the registration process. It also indicates the level of inclusion and exclusion error, assuming the size of the targeted population is known. Household profile monitoring involves determining whether the recipient households meet the eligibility criteria. Box 17 provides some results of household profile monitoring in Zimbabwe.

#### Box 17: Household profile monitoring results from community based targeting in Zimbabwe 2001

Save the Children UK implemented a targeted community based food distribution in Binga district in Zimbabwe. Eighteen out of the 21 wards were selected to receive food. The wealth breakdown in the community at the time of the assessment was:

|              |        |
|--------------|--------|
| Poor -       | 50-60% |
| Middle -     | 25-35% |
| Better Off - | 10-15% |

The poorest 50% were targeted to receive a 75% ration in two one-month distributions. Findings of the Household Profile Monitoring, covering 325 households, indicated that the beneficiaries of the food aid programme were in the following wealth groups:

|                     |       |
|---------------------|-------|
| 'Poor'              | 61.5% |
| 'Poor-Middle'       | 25.8% |
| 'Middle'            | 9.5%  |
| 'Middle-Better Off' | 2.2%  |
| 'Better Off'        | 1.0%  |

This can be interpreted as follows:

- 87.3% of beneficiaries are in need of the food aid. However, it is not clear whether 25.8% of them – the "poor-middle" group - are among the most needy.
- 12.7% of beneficiaries do not need the food aid, and should not have been registered. Conversely, therefore, at least 12.7% of the "poor" group should have received food but did not.

(O'Donnel, 2001a)

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## Post distribution monitoring

Three types of post distribution monitoring can be used for monitoring targeting:

Food usage surveys can contribute to an understanding of inclusion errors by highlighting the extent to which food is redistributed by the recipients, either voluntarily or involuntarily post distribution. It can also help to determine whether the food aid is likely to achieve its desired objectives, e.g. if all the oil in the ration is sold in order to purchase more grain, then any nutritional objective may be harder to achieve.

Table 4 shows the data from a food usage survey in Tanzania conducted during community managed food aid targeting. The questionnaire used for the survey was pre-tested and modified when it became clear that the majority of redistribution or sharing of the ration was with unregistered community members, and occurred through the provision of cooked meals rather than dry food. A small proportion of the ration fulfilled social obligations such as kinship support, debt repayment and the cost of ceremonies. The survey showed that the food would last the average household approximately 2 months, rather than the intended 3 months (Save the Children, 1999). The survey was conducted in a sample of households covering a large geographic area, using a similar sampling frame to a 30x30 cluster anthropometric survey.

Market surveys are often conducted to monitor food aid sales. Sale of food aid should not be interpreted as a targeting failure. All households have needs for cash to meet non-food needs and may have to sell some food to obtain cash to buy other essential commodities, such as soap, clothing, fuel etc. Data from market surveys can be analysed alongside food usage surveys, to further contribute to an understanding of whether the targeting system has achieved its objectives.

Non-beneficiary monitoring is important for understanding errors of exclusion. While the scale of exclusion error can be deduced from household profile monitoring, non-beneficiary monitoring allows determination of whether a particular subgroup of the targeted population has been excluded, and the possible reasons for their exclusion. It also may help identify when the needs assessment and eligibility criteria have excluded a needy group (thereby making the population which should be targeted bigger than planned). Box 18 shows examples of some of the reasons why people are excluded from food for work.

### Coverage surveys

This measure is routinely made for supplementary and therapeutic feeding programmes. Assessment of coverage, using the data required in Box 19, is usually done at the same time as an anthropometric survey. More recently, as greater attention has been paid to increasing the coverage of targeted feeding programmes (see section 4), new methods are being devised (Myatt, 2004, see Figure 6 for some results of this method). The main limitations of the method given in Box 19, are that it does not provide any measure of geographical coverage within the implementation areas (with centre based programmes one would not expect uniform coverage). In addition, the degree of reliability of this method is quite low due to sampling limitations.

### Impact monitoring and evaluation

Monitoring the impact of food aid targeting allows conclusions to be drawn as to whether the objective has been achieved (for an example, see Box 20). Impact monitoring could include periodic anthropometric and mortality surveys, if the purpose of the targeting was to prevent increases in malnutrition and mortality. It should be remembered, however, that factors other than food aid contribute to reductions in levels of malnutrition, including changes in the public health environment. Similarly, assessment of food entitlement can be conducted pre and post food aid targeting to determine whether, for example, the sale of assets or seed was prevented and to determine whether the food deficit, intended to be filled by food aid, was adequately filled.



Chris Op Reis, Afghanistan

Project village of a Concern targeted food distribution programme in Afghanistan

#### Box 18: Typical reasons for the exclusion of needy groups from food for work

1. Women may not be able to participate due to the type of work, cultural constraints or childcare responsibilities.
2. Illness or disability
3. Not being able to wait for payment
4. Having share cropping responsibilities
5. Participation may be seen as being too risky
6. Severity of work norms (i.e. not being able to do other activities later or earlier in the day, degree of flexibility over the length of time to complete a task)
7. Distance from the programme

#### Box 19: Calculation of coverage

Coverage of supplementary and therapeutic feeding is usually calculated using an anthropometric survey. The following formula is used:

Number of individuals in the survey who meet the admission criteria for the programme and report being registered in the programme at the time of the survey, divided by the total number of individuals in the survey who meet the admission criteria for the programme, multiplied by 100

Confidence intervals around these estimates should also be presented.

#### Box 20: The impact of targeted food aid in Ethiopia in 1999

In north east Amhara region in 1999, the impact of targeted food aid was assessed. The table shows the contribution which food aid made to requirements in Dega areas, North Wollo, and the outstanding deficit experienced by households in the same area. The table goes some way to demonstrate the overall shortfall in food aid available to meet the size of the deficit, and the extent to which exclusion errors occurred particularly for poor people.

| Wealth group | % of total households in 1999 | % food aid needs provided by food aid in 1999 | Remaining deficit in 1999 |
|--------------|-------------------------------|---|---------------------------|
| Very poor    | 5-15                          | 25-35   | 40-50                     |
| Poor         | 45-55                         | 25-35   | 20-30                     |
| Middle       | 20-30                         | 15-25   | 5-15                      |
| Better-off   | 10-20                         | 20-30   | 0                         |

## Benchmarks?

The paucity of published data on targeting systems means that it is not possible to provide a comprehensive indication of the level of error that can be expected in different types of targeting systems. Table 4 provides some evidence of data from community managed targeting and illustrates the accuracy of the registration, the extent to which those registered receive the food they are entitled to, and the ways in which the recipients

use the food aid. It can be seen that an error introduced in the registration, for example, has a knock-on effect and results in errors in the distribution, e.g. people get less food because too many are registered. Sphere standards provide an indication of acceptable levels of coverage for supplementary feeding programmes, stating that coverage should be more than 50% in rural areas, 70% in urban areas and 90% in a camp situation.



SC UK, Ethiopia, 2002

Sorting distributed rice in Ethiopia

| Table 4: Example of monitoring data from Save the Children UK community managed targeting systems (Mathys, 2003) |   |  |  |  |
|--|---|--|--|--|
|  |   | Tanzania<br>Singida round 1<br>(Oct, 1998) | Zimbabwe<br>Kariba (May June,<br>2003) | Malawi<br>Salima round 1<br>(March-May,<br>2002) |
| Planned target population<br>(% of total population)   |   | 148,539<br>(60%)                           | 6000<br>(17%)                          | 35,000<br>(65%)                                  |
| Determining Eligibility  | Actual targeted population                            | 153,629                                    | 5,843-5,996                            | 36,573   |
|  | Percent of registered households correctly registered | 84   | 30                                     | NA   |
|  | Percent of registered households under-registered     | 15.4                                       | NA                                     | NA   |
|  | Percent of registered households over-registered      | 0.6  | NA                                     | NA   |
| Distributing food  | Planned ration size                                   | 12kg/cap/month                             | 10kg/cap/month**                       | 50kg/household                                   |
|  | Ration size announced by Village Committee            | 10.97kg/cap/month                          | -                                      | 50kg/household                                   |
|  | Actual ration size                                    | 10.3 kg/cap/month                          | 7.1kg/cap/month                        | 50kg/household                                   |
|  | Food usage*   |  |  |  |
|  | % Consumed within the households                      | 46   | 87                                     | 32   |
|  | % Consumed outside household                          | 18   | 3                                      | 68 (consumption and other uses - mostly shared)  |
| % Balance remaining  | 36  | 10   |  |  |

\*what happened to 3 months supply after 30 days

\*\* maize only

## Conclusions for best practice

- Monitoring the targeting system is an integral part of the system itself, not an optional extra. Monitoring provides the mechanism through which errors can be reduced and the system redesigned.
- There is no single method for monitoring targeting, since error can occur at many stages. Multiple methods should be employed to compile comprehensive picture of the effectiveness of the system.
- Monitoring should focus on assessing inclusion and exclusion errors, as well as evaluating the appropriateness of the targeting objectives.

Recommended reading  
Jaspars and Young, 1995  
Mathys, 2003  
Save the Children, 2004

SC UK, Zimbabwe, 2004



Food basket monitoring can be carried out at distribution points

# 6 Resourcing Targeting

Agencies deciding to implement food aid targeting in emergencies often face constraints on targeting design. Three such factors are dealt with here:

- Quantity and quality of food typically available for emergency food aid targeting
- Overall quantity of resources available to respond to a particular emergency
- Quantity of resources required to put in place an effective targeting system (i.e. the costs over and above the food costs)

These three factors heavily influence the feasibility of the design of any targeting system.

## The quantity and quality of food required

Typically, a 'general ration' in a poor developing country is made up of cereals, sometimes pulses, less often oil and very occasionally, salt and other items. Calculations of food aid needed for households are usually based on an average population nutrient requirement which includes the additional needs of pregnant and lactating women. Even recommended rations fall short in some aspects of dietary quality (see Box 21). Ration planning should, therefore, also include recognition of any special food commodities required to meet the needs of physiologically vulnerable groups in the community, such as the people living with HIV/AIDS, the sick or elderly.

However, in spite of requirements and recommended rations the size and composition of the ration available to be given to emergency affected people varies widely, largely according to the availability of specific commodities. In some locations, the ration falls far short of requirements while in others, e.g. the Balkans, more elaborate rations have been distributed and elsewhere, e.g. Iraq, rations given with the wider objective of income support may include non-food items, such as soap and detergent. General rations are often inadequate, in either quantity or quality, to meet the needs of all individuals. This makes a case for targeting subgroups of the population who have elevated requirements for nutrients (see Section 1).

## Targeting under conditions where the food available is less than needs

Situations where the quantity of food aid available is much less than the assessed survival need, i.e. where there is no possibility of providing aid to meet household needs, however

these are defined, have regularly occurred. In this situation, there are two choices, either to give everyone a tiny share, or target the available resources at a particular group facing the greatest risk. The decision will depend on the context and also the future estimate of availability of resources. For example, in an acute emergency and before the food pipeline has been established and more discriminating systems organised, an agency may decide to do a blanket food distribution for all children aged under five years. This will provide a meagre household ration and may help to protect those most vulnerable to malnutrition, i.e. under fives. The commodity selected may be chosen with children's consumption in mind, e.g. a blended food, or blended food pre-mixed with sugar and oil, in the hope that this will strengthen the targeting by making it difficult to include this in the general household diet.

In the medium term, the management of a situation where there is a gross shortfall in the amount of resources available presents difficulties. Assuming that, a) a population has no alternative lines of action open to them, e.g. migration, b) the food available, even if equally distributed in proportion to need, is insufficient to ensure long term survival, and c) it is not anticipated that the shortage will be quickly relieved e.g. by a harvest, the outcome must inevitably be the death of some proportion of the population.

In designing a system to deal with this situation, a reasonable aim is to ensure the survival of the maximum proportion of the population for the longest period. A logical approach is to provide a ration to the population at greatest risk of death, sufficient to ensure recovery to a level which will reduce that risk, e.g. to provide food only to children 80% of the median weight for height and other age groups, to the extent that risk can be assessed, until they have recovered to the point where risk has been reduced (Seaman & Rivers, 1988).

In practice, the systems which have been used broadly follow this logic, but in many cases, modify the eligibility criteria to include carers and other siblings. For example, in the Karamoja, Uganda famine in 1980/81 where there were gross food shortages affecting all age groups, a chain of centres was developed, located to maximise coverage. These were designed around a compound with shade and a single guarded entrance/exit. The admission criteria were anthropometric and/or clinical, and any individual meeting the criteria would be admitted to receive a full cooked ration to be eaten 'on the spot'.

### Box 21: Average population nutritional requirements and ration recommendations

Example of UNHCR, UNICEF, WFP and WHO recommended food rations for populations fully dependent on food aid (UNHCR, UNICEF, WFP, WHO, 2002). The example ration used in the table below does not meet the population requirement for Vitamin B2 (Riboflavin) or Vitamin C. Analysis of the other example rations show similar results.

| Nutrient                                 | Energy    | Protein | Fat  | Calcium | Iron  | VIT. A (Retinol) | B1   | B2   | B3    | VIT. C |
|--|-----------|---------|------|---------|-------|------------------|------|------|-------|--------|
| Average population requirement           | 2100 kcal | 53g     | 40g  | 450 mg  | 22 mg | 1650 IU          | 1 mg | 1 mg | 12 mg | 28 mg  |
| % of requirements met by standard ration | 101%      | 113%    | 121% | 109%    | 103%  | 284%             | 241% | 83%  | 158%  | 71%    |

In Korem, Ethiopia, SC UK employed similar criteria to admit children to a large feeding centre where, again, a full ration was supplied, in this case also including carers and sometimes siblings. The most malnourished adults, from the many thousands living in the open without food, were clinically selected by MSF for admission to a relief shed.

Imposed targeting criteria and distribution methods, particularly when food aid is in short supply, can be intrinsically undignified and sometimes actively humiliating to the recipient (see Box 10). Protecting the dignity of disaster affected populations is an important human rights principle. Every effort should be made to ensure that to the extent possible, communities are consulted on the approach used and play a role in the design of the targeting system, and humanitarian agencies take action to secure further resources for the affected population where humanitarian assistance falls far short of need.

The time and expertise required to conduct community managed targeting effectively has been well documented and should not be underestimated. Where the time demands on the Relief Committee are excessive, consideration needs to be given to some form of compensation (Shoham, 1999). Once the distribution is up and running, there may be a reduced cost to the external agency as the community takes responsibility and any field presence is limited to a monitoring or supervisory role. The length of time which an agency has been in a particular area, as well as a range of other factors, will affect the amount of time required to start community managed targeting.. For example, in 2001 in Binga, Zimbabwe, Save the Children aimed to reach a total of 51,000 beneficiaries, in approximately 120 villages, with food aid targeted in the community (see also Table 4). If conducted according to the steps outlined in box 14, it would have taken 14 weeks to complete the preparatory work, employing 6 field officers (see Box 22). The original intention was to distribute in weeks 5-8 and 9-12 and yet the entire process, if completed, would have taken 14 weeks. In the end, it was decided to omit stage 5 (see Box 22) and thereby, start distribution in week 10. Targeting food aid, using the methods described in Sections 2-5 for reaching households, are likely to fail in these circumstances. While it may not be possible to avoid the approaches outlined in these sections, high levels of inclusion and exclusion can be expected.

- Box 16 describes the system of relief committees set up in southern Sudan with a strong representation by women. In 1998, there was an extreme crisis with very high mortality. The targeting system described was abandoned by the community and every distribution was subject to redistribution. The main justification given for switching was the deterioration of the situation and "the fact that the Chiefs are solely accountable and responsible for hunger related deaths amongst their communities". In addition, a tax was imposed on the distribution system to support "government authorities" (Chapman 1998b).
- In north east Amhara region, Ethiopia, in 1999, food aid provision (through free food distribution and the employment generation scheme) was insufficient to prevent widespread hunger and elevated rates of malnutrition. In woredas where the needs were greatest, local authorities redistributed the food aid to 100% of households because food aid allocations were perceived to be insufficient relative to local needs and everyone was considered affected by the crisis. In reality, the variation at local level in the actual targeting was substantial.

In addition to errors, there may be other consequences of pursuing these strategies in times of acute shortage, i.e. social division and conflict. In 1996, Oxfam undertook a targeted food distribution in Turkana district in Kenya. Under pressure to limit the extent of the food distribution, the community was asked to identify only the "worst cases" (estimated by the local famine early warning system to be approximately 30% of the population). An unexpected time lag between the time of the assessment and the first distribution meant that the situation had deteriorated and, at the time of the distributions, the community felt that many more people should have been eligible for assistance. In fact, they were having to choose between the destitute. Table 5 below shows the problems highlighted by Oxfam when the programme was evaluated according to each distribution centre. Oxfam notes that it was remarkable that the community agreed to actually apply the targeting criteria given to them by Oxfam, and that this was probably due to the long and well-established relationship that the agency had with the affected community.

**Table 5: Community reported problems with targeting in Turkana, 1996**

| Problems  | Centres  |       |         |         |           |       |         |
|---|----------|-------|---------|---------|-----------|-------|---------|
|   | Mandaleo | Kapua | Namadak | Loboolo | Kangatosa | Kerio | Nakurio |
| Culturally acceptable                                 | ✓        | ✓     | ✓       | ✓       | ✓         | ✓     | ✓       |
| Sharing means reduced ration                          | ✓        |       |         | ✓       |           | ✓     |         |
| Resentment  | ✓        | ✓     | ✓       | ✓       | ✓         | ✓     | ✓       |
| Complaints unregistered                               | ✓        | ✓     | ✓       |         | ✓         | ✓     | ✓       |
| Division and enmity                                   |          | ✓     |         | ✓       | ✓         | ✓     | ✓       |
| Cursing   |          |       | ✓       |         | ✓         | ✓     | ✓       |
| Community not involved                                |          |       |         | ✓       |           |       |         |
| Division within the household                         |          |       |         |         | ✓         |       | ✓       |
| Accusations of nepotism                               |          |       |         |         |           | ✓     |         |
| Ex-communication of key informants / relief committee |          |       |         |         |           | ✓     | ✓       |
| Mis-information                                       |          |       |         |         |           | ✓     |         |
| Everyone affected                                     | ✓        | ✓     | ✓       | ✓       | ✓         | ✓     | ✓       |
| Theft during distribution                             |          |       |         |         |           | ✓     |         |
| Disturbance during distribution by non-beneficiaries  |          |       | ✓       |         |           |       |         |

## Cost of targeting

It is generally assumed that targeting systems which require higher degrees of accuracy require greater resources (see Table 6). However, the evidence for this is limited. Each type of targeting system carries different types of budgetary costs and human resource requirements. Some carry costs for the implementing agency, some carry costs for the community.

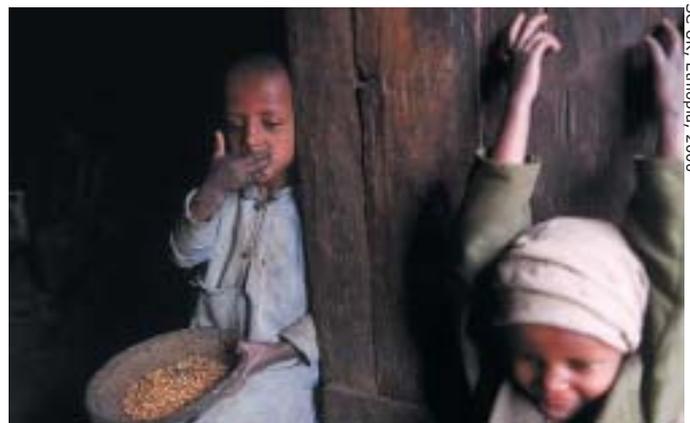
The costs of a particular targeting system should also be considered in relation to the extent to which objectives have been effectively achieved. The cost effectiveness of general distribution, in comparison to targeted supplementary feeding, was reviewed in Hartisheik A camp in Ethiopia for Somali refugees, 1988-1989 (AbuSaleh, 1993). The results showed that a dry supplementary feeding programme, targeted to moderately malnourished children under five, and a general ration averted malnutrition at a cost of \$US221 per case. If, rather than delivering separate supplementary feeding services, the general ration was improved in quality (rather than quantity) to include the increased nutrients available in the supplementary ration, the cost fell to US\$118 per case averted. The study also examined the cost effectiveness of wet supplementary feeding, both in the context of a small general ration and a large general ration. The analysis found the cost per case of malnutrition treated was US\$437 per case in the first situation, and \$56.7 in the second situation. The authors concluded that a high quality general ration was significantly more cost effective in preventing malnutrition than a small general ration coupled with wet feeding.



SC UK, Zimbabwe, 2004

Community based targeting in Binga, Zimbabwe

| Type of targeting                        | Costs   |
|--|---|
| Centre based feeding & family ration     | Staff costs in centres<br>Cost for community in terms of time: frequent visits, prolonged stays at centres                              |
| Community based feeding                  | Time required to set up system<br>Logistics costs to maintain decentralised care  |
| Community based, general ration          | Considerable time required setting up the system (see below)<br>Ongoing and considerable time commitment required from Relief Committee |
| Administrative targeting, general ration | High cost in data collection and analysis to determine feasible eligibility criteria and registering beneficiaries                      |
| Food for work                            | Considerable budgetary costs in addition to the food aid to manage the work programme (e.g. tools, administration etc)                  |
| Market intervention                      | Budgetary costs of market manipulation (e.g. subsidies, storage, etc)   |



SC UK, Ethiopia, 2000

Children may be a group targeted to receive food, when needs exceed what food aid is available

### Box 22: Time table of preparatory work for community based targeting in Binga, Zimbabwe

Week number

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| 1. Hiring staff, motorbikes and equipment                                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 2. Drawing up lists of beneficiaries by community leaders                  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 3. Sensitisation of / getting acceptance of targeting by community leaders |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 4. Checking lists and issuing ration cards                                 |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 5. Village meeting to publicise lists of beneficiaries                     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
| 6. Food distribution begins  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |

(O'Donnel, 2001b)

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# Conclusions

## The operational contexts for 'within geographical area targeting' are limited

This supplement has focused on targeting food aid in emergencies within geographical areas. Within area targeting is only likely to be appropriate when:

- there are routinely identifiable differences between the targeted population and the non-targeted population
- where the community co-operates with the targeting strategy
- where distribution mechanisms can be established which are not subject to massive diversion by powerful groups
- where the amount of resources available broadly matches, or even better, exceeds the scale of the immediate needs of the population.

In the absence of these conditions, any targeting system is either likely to be so expensive that any saving realised by delivering a smaller quantity of food aid is eliminated, or the system will experience a scale of inclusion and exclusion error which invalidates any attempt at targeting in the first place.

## In practice, biased assessment and definition of needs can undermine the primary principle of targeting

Ensuring that resources are received according to need is the main reason for targeting food aid and indeed, is supported by human rights principles of non-discrimination, impartiality and equity. In practice, agencies assessing needs have their own 'needs agenda', often have pre-determined their intervention (based on the financial and material resources available to them), and choose methods of assessment which provide recommendations to support their plans. This means that in practice, emergency affected populations' needs are not always assessed in an objective manner. The result is often targeting which does not address real needs.

People on the move challenge how food and can be delivered



## Inclusion and exclusion errors occur at all levels

Errors can occur at every stage of the targeting process and will never be entirely eliminated. Careful judgements on expected and acceptable errors should be made and factored into food aid planning.

## Minimise errors by combining approaches

The best targeting systems which manage to minimise errors are those that employ multiple approaches simultaneously, e.g. community managed targeting combining community-determined and administrative criteria, targeting some households according to socio-economic criteria and targeting malnourished children with a feeding programme to ensure a safety net for those excluded from the household distribution.

## Minimise errors by applying key principles

This supplement has shown that participation of varying degrees by the community in the process is an essential prerequisite for effective targeting. Targeting can be specifically improved by involving women in the process. The tension between participation of powerful groups, and the threat the same groups may pose to the integrity of a targeting system, will be felt and should influence the system design. Transparency in the use of information and in communicating the details of the targeting system to the affected community is another prerequisite for success.

## The lack of monitoring and evaluation data on targeting is a real barrier to progress

There are some examples in this supplement where programmes have attempted new innovative approaches, building on the key principles in order to apply targeting in contexts which may have previously been considered unsuitable. It is only through careful documentation of robust monitoring data that practice can move on and new approaches be validated and more widely adopted. This supplement should serve as a call for more, and better, monitoring and evaluation of targeting.



Women selling food in South Sudan

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Back: Food drop in South Sudan, Valid International, Sudan, 2003

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