Targeting mechanism

This tool will help you to work through the most important issues to be considered when choosing the targeting mechanism. The most commonly used mechanisms are:

* Community-based targeting,
* Self-targeting
* Categorical targeting

These are summarised in the table at the end of this document. All of these mechanisms have pros and cons. Your final choice will likely be a trade-off between the costs, accuracy and feasibility associated with each of them.

Targeting mechanism will need to be influenced by discussions with the community, so as to ensure a smooth operation. This is especially true when there are recurring cash transfers. The clearer and easier it is to identify who qualifies under the set targeting criteria, the easier it will be for the CTP to run.

The Response and feedback mechanism in place will have to deal with many more inclusion and exclusion errors if the affected population does not understand or agree with the chosen targeting mechanism.

In CTP the targeting mechanism may be influenced by your choice of modality and delivery mechanisms as some forms of cash transfers may be more suited to targeting mechanisms. For example, you can use existing social safety net beneficiaries as a potential target group to top of their cash transfer in an emergency.

In the table below you will find questions worth rising in order to identify the best balanced targeting mechanism.

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| **Impact of the emergency** | | For example, if the entire community has been affected, blanket targeting may be appropriate, at least in the first phase of the intervention. | |
| **Type of programme** | | For example, if the programme is designed as a cash-for-work intervention, self-targeting may be appropriate.  On the other hand, if the programme has a health objective, categorical targeting, probably, would be most appropriate. | |
| **Accuracy** | | What is the probability of excluding individuals or households who, according to the defined targeting criteria, should be included in the project?  What is the probability of including people who, according to the defined targeting criteria, should be excluded from the project? | |
| **Administrative costs  (and capacity)** | | What are the costs (time, staff, etc.) that the agency will have to bear through each of the mechanisms? | |
| **Incentive, social and private costs** | | Could households or individuals change their behaviour in order to qualify? (E.g., targeting those below a minimum income may cause households to reduce the amount of work they do, and thus their earned income.)  Would participation in the planned intervention imply any stigma for beneficiaries? (E.g., would targeting involve public identification of beneficiaries as poor or HIV positive, etc.?)  Would beneficiaries have to bear transaction or opportunity costs (e.g. transportation costs, queuing time to register and collect benefits)? | |
| **Cultural and political feasibility** | | Is there any context-related issue regarding the cultural or political acceptance of the different targeting mechanisms? (E.g., targeting may shift the balance of political support for, or opposition to, transfer programmes)  Use commonly understood and used targeting criteria / mechanisms and any existing CTP delivery mechanisms | |

Below you will find a table giving an overview of the three most commonly used targeting mechanisms, and their strengths and weaknesses.

### Most commonly used targeting mechanisms

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| --- | --- | --- | --- | --- |
| **Mechanisms** | **Description** | **Pros** | **Cons** | **Comments** |
| **Community-based targeting** | Eligibility based on vulnerability criteria; households identified by community leaders and members; results triangulated and verified by the agency | Community engagement  Responsibility shared with community representatives  Low administrative costs | Frequent exclusion and inclusion errors  Might be politically difficult  Potential tension within communities  Can reinforce existing power structures and imbalances within community | Requires cohesive, well-defined and represented communities  Suitable when there is low administrative capacity and strong community structures |
| **Self-selection** | Eligibility based on beneficiaries’ willingness to participate | Low rate of exclusion errors  Administratively easy to implement | High rate of inclusion errors  Risk of stigmatization | Requires good design to encourage the most affected, food insecure, etc. to apply, and the non-affected otherwise (e.g. CFW pay set at a level just below local daily labour rates) |
| **Categorical targeting** | Eligibility based on a categorical approach (all individuals belonging to a category: e.g., child-headed households) | Administratively simple  Low cost | Potential high level of inclusion errors | Requires good civil registry  Appropriate when targeting specific vulnerabilities |