



World Food
Programme

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Considerations for prioritising humanitarian assistance

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Introduction

This paper was developed by the WFP Cross-Functional Targeting and Prioritisation Working Group, comprised of Emergency Preparedness and Response Service (PPGE), Nutrition and Food Quality Service (PPGN), Gender, Protection and Inclusion Service (PPGG), Analysis, Planning and Performance-Assessment and Targeting Unit (APPF), and Supply Chain and Delivery - Delivery Assurance Service (SCDD). For more information, please reach out to HQ.EPR.Support@wfp.org

In the current humanitarian context characterised by rising global conflict, political instability, climate and socio-economic shocks and disease outbreaks, which continue to drive humanitarian needs, WFP is increasingly forced to make difficult decisions on how best to deliver humanitarian assistance with limited resources. At the strategic level, WFP Country Offices (CO) are shifting to formulate more effective, realistically designed Country Strategic Plans (CSPs), in line with the universe of needs, CO capacity and ability to operate, comparative advantages, and funding perspectives. At the operational level, despite these strategic adjustments, COs often still need to prioritise assistance due to funding shortfalls. These decisions are complex, challenging, and inevitably have a negative consequence on the people we aim to serve.

Prioritisation will inevitably affect the food and nutrition security of households and individuals in vulnerable situations, and the impact will vary significantly due to differences in sex, age, cultural norms and other social or physiological factors. People may be forced to adopt negative coping mechanisms—selling assets, taking on debt, withdrawing children from school, engaging in illicit forms of income generation—to meet basic needs, which in turn jeopardises livelihoods, diminishes resilience to future shocks, and

may have a negative impact on broader social cohesion.¹ Nevertheless, even among those most vulnerable, assistance may need to be prioritised.

This paper presents factors that should be considered when faced with the need to prioritise humanitarian assistance, recognising that any approach must be principled, context-specific, evidence-based, informed by cross cutting issues and cross-functional considerations, and should be made transparently, in consultation with communities, partners, and governments. This paper discusses only general food assistance (GFA), whether in-kind or cash-based transfers (CBT), as part of Strategic Objective 1 activities: saving lives. It does not discuss prioritisation between or within other WFP activities.

This paper does not define the best approach for specific operations (as that is entirely context-specific), nor how to implement an approach (guidance is already available, see Additional Resources at the end of this paper). Instead, it is a collection of considerations that will help WFP country offices decide on what approach to take in their context.

This document is intended for CO managers (Deputy Country Director, Head of Programme) and members of the CO targeting working group (programme activity managers, research analysis and mapping/RAM, monitoring and evaluation/M&E, cash-based transfers/CBT, risk officer, partnership officer, nutrition officer, cross-cutting areas, etc.). The decisions reached on the selected prioritisation approach should be documented by the targeting working group and approved by the Country Director. A sample template for CO prioritisation plans has been developed; please see link under Additional Resources, at the end of this paper.

¹ [WFP, Impact of Cuts, Summary of Country Case Studies, 2023.](#)

Key Definitions

Targeting is the cross-functional process through which populations are selected for assistance, informed by needs assessments, programme objectives, and with the participation of affected communities. A targeting system comprises mechanisms to define target groups, targeting methods and eligibility criteria; identify eligible communities, households, and individuals; and monitor the outcomes of targeting decisions.

Prioritization is necessary when needs outweigh the budget available to meet those needs, resulting in the need to adjust assistance downwards, either by reducing beneficiary caseloads or transfer values due to resource constraints. This is most often done in the following ways:

- **Option 1: a breadth** approach prioritises the planned beneficiary caseload over the transfer value, resulting in a reduced amount of assistance per person.
- **Option 2: a depth** approach prioritises the level of assistance per person, over the caseload. This method accepts a reduction in the overall caseload but ensures that those who do receive assistance get a more adequate level of support.
- **Option 3: a hybrid** approach combines breadth and depth, tailoring the level of assistance to the severity of need and scale of vulnerability, through a tiered model along a spectrum of prioritization – on one end, some communities/households/individuals receive higher transfers to address more severe needs while others receive lower transfers to maximize coverage.



Before prioritisation: good practice and cost-saving options

Improving the efficiency of regular food assistance operations (not just when resources run out) ensures programme quality that meets assurance standards, and can also provide long term cost savings, lessening the need to reduce assistance for targeted populations. While not exhaustive, the following good practices and adjustments should be mainstreamed to optimize food assistance operations:

Undertake robust gap analyses — including food gap² and essential needs analyses — to help tailor in-kind and cash-based transfers to actual household needs, taking own resources and resources received through other programmes into account.

Optimise the food basket - tools like Optimus³ should be used to refine food basket composition to meet the criteria for nutritional adequacy⁴ while also identifying cost-effective rations. For example, in Algeria, adjustments to the food basket for refugees reduced costs by 9% while improving quality.

Similarly, **digital beneficiary management systems** enhance targeting accuracy and reduce costs, as seen in Bangladesh's refugee camps, where beneficiary planning figures were reduced by 20% due to deduplications revealed through digitization.

Adjusting assistance modalities may offer additional savings, depending on factors such as market stability, seasonality (e.g. supply of diverse and nutritious foods at different times of the year), and socio-political risks such as conflict or political instability. Switching between in-kind, cash, vouchers, digital payments or a combination of modalities can optimize costs while ensuring alignment with community preferences, nutrition, and donor requirements.

Tailoring transfers to actual household size rather than averages ensures more equitable assistance, reducing the risk of over-assisting smaller households, leading to potential cost savings. This requires strong data systems and community engagement to adjust food baskets and implement effectively, including considering repackaging, scooping, and new distribution approaches.

Streamlining distribution schedules by **reducing frequency or combining assistance cycles**, which can lower operational costs, such as logistics and fuel. However, these changes must align with community needs and preferences to avoid negative impacts.

Supply chain and staffing adjustments, combined with **stronger collaboration with governments and partners**, can further minimize duplication and improve delivery systems.

² [Gap Analysis - Data Analysis - WFP VAM Resource Centre: Setting the Transfer Value for CBT Operations](#)

³ [Optimus](#), a corporate solution to optimise food baskets and sourcing and delivery strategies for operations.

⁴ A nutritionally adequate ration provides essential nutrients, including macronutrients (carbohydrates, proteins, and fats) and micronutrients (vitamins and minerals), necessary for optimal health and well-being. This involves also ensuring that salt and sugar levels are within reasonable limits. [Nutrition Adequacy of Household Assistance: Interim Policy Brief | WFPgo](#)

General considerations for all prioritisation approaches

Several essential considerations must be analysed or planned for.

- Any prioritisation approach **must be based on humanitarian principles**, enabling WFP to build trust, manage political risks and secure sustainable access. While adhering to the humanitarian principles can require trade-offs, flexibility, and context-specific approaches, compromises around humanity, neutrality, operational independence and – particularly – impartiality, risk undermining WFP's approach to prioritisation, resulting in reputational damage, loss of funding, loss of humanitarian access/space, and loss of community acceptance.
- **Significant conflict sensitivity risks can** also arise from prioritisation, particularly where needs and targeting overlap with societal fissures including ethnicity, politics, religion etc.

In such cases, the risk of WFP programming becoming inadvertently caught up in conflict dynamics is magnified.

» To mitigate these risks, COs should ensure that decisions are based on current **context analysis and risk assessments**⁵ to identify potential challenges, such as protection risks, social tensions, or negative impacts on gender dimensions. This exercise ensures that adequate mitigation measures are in place to address identified risks and facilitates informed discussions with donors, governments, and other stakeholders on risk-sharing responsibilities and collective strategies for minimizing adverse effects.



⁵ [WFP, Integrated Cross-Cutting Context Analysis and Risk Assessment \(I-CARA\), 2023.](#)



IMPACT OF PRIORITIZATION ON SOCIAL COHESION

A recent WFP study in four countries showed that social relations among community members can be negatively impacted by ration cuts. Focus group discussions in **Malawi** showed increased occurrences of theft and criminal and degrading behaviour, and in **Bangladesh** reduced assistance worsened the relationship between Rohingya refugees and the host community in Cox's Bazaar.⁶

- Community consultations is key to ensure communities understand the need for prioritization, the options available and their implications, and can express their preferences and have these considered as part of the decision-making process.
- To counter misinformation/damaging narratives that can arise around WFP prioritisation, COs must **engage, consult** and **ensure transparency with beneficiaries** and the wider community who will be indirectly impacted.
 - » Have a community engagement plan in place: to raise awareness of the funding shortfall, validate targeting/eligibility criteria, consult on preferred prioritisation approaches, inform on changing entitlements, and to promote appropriate preparation and consumption of food particularly where the food basket has changed.⁷
- Community consultations include men and women, as well as individuals/groups that may be marginalised, hard to reach, speak different languages, and/or use different means of communication, so that the voices of all community members are included.
 - » Ensure access to diverse, accessible, and locally appropriate community feedback mechanisms (CFM) so people can give feedback, ask questions, and make complaints/appeals.
- **Ensure nutritional adequacy of general food assistance**, the cornerstone of WFP's strategy to prevent food insecurity, malnutrition, and associated mortality.⁸ Inadequate energy and nutrient intake increases poor birth outcomes, compromises healthy child growth and developments, and increases morbidity and mortality. Ensuring that WFP's rations support households to access food in sufficient quantity, quality, and diversity to meet their basic food and

⁶ [WFP, Impact of Cuts, Summary of Country Case Studies, 2023.](#)

⁷ [WFP Community Engagement for AAP Action Plan Guidance Note, 2023.](#)

⁸ [WFP, Revised Wasting Approach in Humanitarian and Fragile Contexts, 2024.](#)

nutrition needs is therefore essential to enable people to maintain energy and productivity levels and protect their health.

- **Understanding the food and nutrient gap that the assistance needs to fill ensures that we provide what is required** and can prioritize resources to those most in need. When households can meet part of their own food needs, the rations should only aim to meet the identified gap, and the nutritional adequacy should be assessed for the ration size provided rather than against the 2100 kilocalories (kcal) / person/ day standard. COs should also assess and document the proportion of food needs that households are able to meet through their own production and/or income, or through other forms of assistance.

- Ration reductions can have implications on nutrition, food security, community cohesion, and security. It is thus important to **assess different scenarios and adopt actions that can limit the impact of funding constraints on the quality of the support provided** and guarantee it remains aligned with global standards.

- Households (HH) that consume below the WHO survival level of 1,500 kcal (70 percent of daily Kcal requirement) have significant risks for mortality and poor development, even when complemented by nutrition prevention programmes. It is therefore recommended that:

» **Rations should not fall to an amount that would not enable beneficiaries to meet 70% of their daily caloric requirements** taking into consideration all food sources (i.e. survival level) for more than three months in IPC 4 or more than one month in IPC 5 in the past 6 months. In exceptional circumstances, where ration reductions would result in beneficiaries being unable to meet survival level food requirements, even temporarily, it is recommended that

alternative approaches to prioritisation such as depth or hybrid approaches be considered. If alternatives are not feasible, COs should alert the Nutrition team in PPG of this significant and high-risk decision.⁹

- In contexts with high food insecurity and high rates of acute malnutrition, consider that household assistance alone will not meet the elevated needs of nutritionally vulnerable individuals, such as pregnant and breastfeeding women and girls (PBWG) and children, and even more so when the transfer value is reduced due to the need to prioritize. Inclusion of **targeted interventions to prevent and supplement acute malnutrition** in the wider response is therefore essential to reduce the risk of poor birth outcomes and maternal and child mortality. The UNICEF/WFP joint strategic approach emphasizes GFA as the backbone for nutrition prevention and supplementation, which is in line with new WHO guidelines for management of wasting.¹⁰

- It's important to understand cultural practices such as **ration sharing** both within and among households, which may compromise the effectiveness of rations prioritised to specific households or groups, as well as the efficacy of individual nutrition rations, especially critical when general food assistance is reduced.

⁹ [WFP, Nutrition Adequacy of Household Assistance: Interim Policy Brief, 2025.](#)

¹⁰ [WFP, Revised Wasting Approach in Humanitarian and Fragile Contexts, 2024.](#)



UNDERSTANDING CULTURAL PRACTICES OF SHARING FOOD

In **Yemen**, several stakeholders observed that targeting and aid distribution approaches often fail to fully account for local customs and cultural dynamics, particularly regarding the communal sharing of food aid. Given the scale of assistance and the need for prioritization, many interlocutors emphasized the importance of reviewing and learning from other approaches to targeting and prioritization and exploring avenues for more closely aligning with local norms and enhancing community acceptance .

- **Ensure rigorous monitoring**, reporting on food security and nutrition results, as well as any negative impacts, such as intrahousehold sharing, selling rations, backsliding resilience gains, increased social tension/conflict, as well as protection risks such as sexual exploitation and abuse (SEA), abuse, fraud (see Section E, below).

» Document evidence of monitoring results, e.g. impact of prioritisation on different areas/communities, or before and after comparison, to support decision-making/adjustment of approach, evidence-generation on humanitarian impact, and advocacy/fundraising.

- To ensure transparency and operational continuity, **engage early with cooperating partners** (CP) on the need to prioritise assistance. Consult with partners on possible approaches, leveraging their established relationships and access to communities for planning, community engagement throughout, as well as development of mitigation measures. Prepare for potential adjustments to field level agreements due to reduced scope of operations.

- To promote shared accountability and manage reputational risks, **inform governments and donors** on the scale and implications of prioritization in advance of its implementation, and with regular updates throughout. Explore donor flexibility on contributions, e.g. widening/restricting planned geographical scope, adjusting modalities/commodities. Ensure government/local authorities have been informed of the reduced transfer value.

- **Multiple scenarios or options based on predicted funding** should be developed in advance; use these to adjust plans as well as to engage in advocacy with donors, governments, and others on funding needs in order to restore to full ration/transfer value or full caseload.

- Build and maintain strong **coordination with other humanitarian actors**, working groups and forum through joint planning and information sharing to avoid duplication, ensure complementary programming and maximize overall coverage and impact of assistance.

- **Ensure appropriate staffing** in place to implement planning and prioritisation efforts, e.g. programme and monitoring officers.

- **Document CO targeting and prioritization decisions**, reflecting on the considerations included in this paper, in CO targeting and prioritization strategy documents.

6 [WFP, Impact of Cuts, Summary of Country Case Studies, 2023.](#)

7 [WFP Community Engagement for AAP Action Plan Guidance Note, 2023.](#)

8 [WFP, Revised Wasting Approach in Humanitarian and Fragile Contexts, 2024.](#)

Prioritisation approaches

Option 1: Breadth - assist the full caseload with a reduced transfer value

There are several ways to reduce the transfer value of in-kind rations or cash-based transfers: a uniform reduction based on available resources can be applied, e.g. reducing transfers from a 100% ration to 80%; reducing the duration of the programme, e.g. from 6 months to 3 months; or rotating assistance among different communities, e.g. target group receives planned transfer on first and third months only, thereby reducing the overall value. Reducing the transfer value uniformly across the targeted population may be the best option when the target caseload is highly homogenous (e.g. following a sudden onset

disaster), when information on which to base more sophisticated prioritization cannot be obtained, because there are tensions between communities, or when the planned operation is of a shorter duration (that investments in more sophisticated and more expensive prioritization methods would not be cost-effective).



BENEFITS

- ✓ Follows a leave no one behind (LNOB) approach with less risk that people in need will be excluded
- ✓ Fastest option: does not require in-depth population profiling/re-targeting
- ✓ Appropriate option where evidence is not sufficient to enable more granular differentiation of vulnerabilities
- ✓ May be seen as more equal/fair option by communities, which may have a positive impact on social cohesion

LIMITATIONS

- ✗ Should be limited in duration and transfer value considered together with HH resources should not be less than 70% of assessed food gap, defined by WHO as the survival level¹⁴
- ✗ Impact of reduced assistance on HH food and nutrition security may be hard to demonstrate over time
- ✗ The most vulnerable to food insecurity and malnutrition may be unable to cope/complement their basic needs with resources beyond the reduced ration

¹⁴ WFP, [Nutrition Adequacy of Household Assistance: Interim Policy Brief, 2025](#)

KEY CONSIDERATIONS - BREADTH

Programme Objectives:

- Consider the objective: when programmatic and other strategic considerations are oriented towards ensuring that a broader population can meet a basic level of food and/or essential needs, typically in contexts of high prevalence of food insecurity, a breadth approach may be more appropriate.
- Consider when the timeliness of response is critical to meet the programme objective, i.e. urgency of assistance may not allow for further assessment for better prioritization, including a wider consultative process in the immediate term.
- Consider when the planned intervention is a one-off with a shorter duration, where investments in other prioritization methods may not be cost-effective.

Vulnerability profile:

- Is there evidence that the food insecurity and/or acute malnutrition levels are relatively uniform across the affected population, making a standardized transfer approach feasible?
- Are existing vulnerability and food security data sufficient to indicate that most households face broadly similar levels of need, reducing the potential gains from more granular targeting?
- Are geographic variations in food insecurity minimal, with no significant hotspots that would require prioritization of specific areas?
- Can a breadth approach be implemented without significant risks of over-assisting some households or under-serving others, based on available profiling data?

- Is there a need to cover a larger proportion of the population due to widespread food insecurity or high levels of vulnerability across the area?

In general:

- » If the levels of food insecurity among affected households, socio-demographic groups or geographic areas are relatively similar, and/or are relatively shallow, then a breadth approach with a uniform transfer size may be more cost-effective, since gains from prioritization efforts may be small.

Community context:

- Do community members feel that everyone is equally affected/in need of assistance?
- Do communities prefer that everyone receives something, even if less?
- Do communities have a preference on how to receive the reduced transfer value, e.g. as per regular schedule, or bundled/multiple cycles combined?
- Are there tensions between groups/communities that may worsen if some people receive more than others?



Minimum transfer amounts:

- If the target population is fully reliant on WFP assistance to meet their daily food and nutritional needs (i.e. they have no access to other resources), the reduction of the transfer should not fall below the WHO survival threshold of 1,500 kcal (70 percent of average daily Kcal requirement of 2,100 Kcal), and only as a short-term measure.¹⁵ WFP recommends that rations at survival level are not implemented beyond one to three months, depending on the context (e.g. in contexts in or close to IPC 5 in the previous 6 months, the maximum is one month).
- Similarly, where the transfer aims to complement a household's own limited resources, as well as any resources they may receive from other programmes, to allow them to meet their daily food and nutritional needs, the reduced assistance combined with household own resources should still allow the household to meet at least 70% of daily food needs and should only be implemented as a short-term measure.
- In-kind transfers: The proportion of daily food needs covered by an in-kind ration should consider the proportion of food needs that households are able to meet through own resources, e.g. income, own production, other sources of assistance. The reduced ration (breadth) should ensure that, with own resources, a HH is able to meet 70 percent of the food gap. For example, if a HH is able to meet 30% of their own food needs, the in-kind ration should be no less than 40%, so that the combined food sources reach 70%. The nutritional adequacy of the reduced rations (proportion of protein, fat and micronutrients content relative to the energy provided) can be assessed in Optimus.
- CBT: The transfer value should allow households to cover 70% of their food needs, including what the household can meet through their own resources/income and the WFP contribution. If the transfer value has been calculated to meet

food and other essential needs, this would mean that the portion of the transfer value intended for food should allow the household to meet 70 percent of their daily food and nutritional needs. For example, if a family was able to meet 30 percent of their daily food needs, the WFP contribution should cover the 40 percent gap to reach this minimum requirement.

- » If the transfer, considered together with other HH resources, including from other programmes, does not allow a HH to meet at least 70% of daily food and nutritional needs, it is more appropriate to target those most in need with a fuller ration e.g. through Option 2 (Depth) or Option 3 (Hybrid).

Budget Analysis:

- Can other WFP resources be reallocated to life-saving assistance, allowing a fuller ration?
- How long can this approach be implemented with current resources? Is that timing sufficient to meet a critical food gap period/likely change in the context?
 - » If the funding shortfall is expected to last more than a few months, consider undertaking a retargeting exercise and applying Option 2 (depth) or Option 3 (hybrid), where limited resources will have the most impact.

Complementarity with other actors:

- Consult the Food Security Cluster (FSC)/Working Group and cash working groups: the shift to a reduced food basket / cash transfer value should be discussed at the FSC level to explore options for gap filling (when other partners have available resources); should this not be possible, the reduced food basket / cash transfer should be aligned among partners to avoid creating social tensions, and avoid WFP's misalignment with cluster official guidelines (which can be taken as a reference point by donors).

¹⁵ [WFP, Nutrition Adequacy of Household Assistance: Interim Policy Brief, 2025](#)

- Consult cooperating partners: can WFP make referrals for highly vulnerable households to benefit from assistance of other actors to meet the food gap, reduce caseload and assist those in most severe need for example with fresh food top ups? Note: this will require close coordination with partners and data sharing agreements, more often possible in protracted refugee contexts.

- Consult government partners: can WFP make referrals for integration of highly vulnerable households into government social protection programmes to complement the reduced transfer value?

COUNTRY EXAMPLES OF BREADTH APPROACH

BANGLADESH

WFP operations in Cox's Bazar in **Bangladesh** faced very low levels of available funding during most of 2023. The CO decided to prioritize by reducing transfer values equally across the refugee population, due to the high level of vulnerability and the challenge of implementing an accurate targeting approach with minimal errors. Therefore, the planned GFA ration of \$12 USD per person per month was reduced to \$10 USD in March 2023, and further to \$8 USD in June 2023. To mitigate negative food security outcomes, WFP put in place safeguarding measures, including a fresh food top up for most vulnerable populations, and switching to fortified rice to supplement the reduced micro/macro nutrient intakes. To mitigate negative impacts such as mounting debt, exploitative work, and child labour, WFP, in close collaboration with other humanitarian actors and local stakeholders, adopted urgent community engagement initiatives. These focused on enhancing community participation in decision-making, ensuring consistent and inclusive communication, improving responsiveness to feedback and complaints, and fostering closer personal interaction between WFP staff and refugees.¹⁶

BURUNDI

According to **Burundi's** November 2024 IPC analysis, 1.9 million people (15 percent of the total population analysed) face high acute food insecurity (IPC Phase 3 or above): around 179,000 people are classified in IPC Phase 4 (1 percent) and around 1.8 million people (14 percent) are classified in IPC Phase 3. High deterioration of the security situation in the Eastern DRC presents a high risk of displacements, including an influx of new asylum-seekers. Burundi hosts more than 80 thousand Congolese refugees and nearly 60 percent of them reside in one of the historical 6 camps and a camp that has been newly opened. Targeting in Burundi is done geographically and through a status-based approach. Provinces classified as IPC Phase 3 or above are prioritized as well as internally displaced persons (IDP), returnees and acutely malnourished individuals. In the context of insufficient resources, support for refugees, returnees and IDPs will continue to be the main priority for WFP – which implies no reduction in the beneficiary caseload. However, if the planned contributions are significantly lower than expected the CO will opt reduce the duration of assistance from 9 to 7 months, resulting in a lower overall transfer value.¹⁷

¹⁶ [Impact of Cuts: Bangladesh Case Study Summary, 2023](#)

¹⁷ [WFP RBN, Navigating Prioritisation in the Region, 2024.; Burundi: Acute Food Insecurity Situation November - December 2024 and Projection for January - March 2025 | IPC - Integrated Food Security Phase Classification](#)

Option 2: Depth - Reduce caseload and assist those in most severe need

This option assists only communities/households/individuals assessed as in most severe need with the planned ration, while removing others who are still vulnerable but potentially better able to meet their food needs. This can be done at the geographical level (assisting one district over another), or at the community level (assisting some HHs over others). This will require adjusting vulnerability thresholds from existing targeting data or undertaking a retargeting exercise where data does not exist or is too outdated. The depth approach may be appropriate in protracted crisis settings, such as long-term displacement or protracted food and nutrition insecurity due

to prolonged conflict or economic instability where some households are likely to have other means to support household income or food intake, or where funding is so limited that it will not allow for minimum transfer values to ensure nutritional adequacy, it may be more appropriate to focus assistance on the households who are worse off than others.



BENEFITS

- ✓ Ensures resources are concentrated on addressing the most severe needs
- ✓ Programme objectives can be met for the target group
- ✓ Those that are assessed as more vulnerable will not be left behind
- ✓ Can be seen by the community as fair: the people who need it the most receive assistance

LIMITATIONS

- ✗ Requires in-depth vulnerability profiling and identification of areas/populations/households most in need, or even a retargeting exercise, which takes time and resources
- ✗ Programme objectives may still not be met in case widespread sharing of assistance takes place.
- ✗ People who are less vulnerable but still food insecure and at risk of acute malnutrition will be excluded
- ✗ Risk of increased social tension between targeted and non-targeted households, even despite implementation of mitigation measures

KEY CONSIDERATIONS - DEPTH

Programme Objectives:

- Consider the objective: When programmatic and strategic considerations prioritize addressing the most severe needs or reducing acute risks for specific vulnerable groups, a depth approach may be more appropriate, especially in contexts with significant variation in food insecurity or malnutrition levels.
- Is the planned transfer value essential to meet programme objectives for the most vulnerable?
- Does the response window and programme duration allow time for identifying households more vulnerable to food/nutrition insecurity?

Vulnerability profile:

- Does Integrated Phase Classification/Cadre Harmonise data for acute food insecurity/acute malnutrition exist to support geographical targeting within a larger shock-affected area?
- Does satellite-based analysis exist to support finer geographical targeting, e.g. cropland changes, flood/drought-affected areas, composite geospatial analysis, etc?
- Does other recent vulnerability analysis related to food insecurity and malnutrition exist at the municipality level, to support more precise geographical targeting?
- Are there previous assessments that determine acute malnutrition trends as well as the overlap with food insecurity? Are the areas for which depth targeting applies a nutrition and/or food security hotspot? If the area is an overlapping hotspot from both food security and nutrition, additional prevention and supplementation programmes are advised.
- Does recent vulnerability profiling data exist (or can be obtained) to identify HH/individuals most vulnerable to food/nutrition insecurity?

- Is it clear there are members of the affected population who are worse off/more vulnerable than others in the community e.g. PBWG and children under 5, female headed household members, people living with HIV (PLHIV) or disability?
- How are gender and other social power dynamics considered in vulnerability profiling to support identification of specific needs of individuals, considering various socio-demographic factors? Are communities informed of any new needs assessments or retargeting exercise and why WFP is doing these?
- Do communities – including those who are marginalised/most vulnerable – have the opportunity to engage in the prioritization process, including in the determination of eligibility criteria/thresholds and final beneficiary selection?



- If household-level prioritization is employed, will WFP and partners have sufficient capacity to systemize, receive, and process prioritization appeals? Has an analysis been undertaken to estimate the nature and scope of required CFM enhancements? Has associated resources been committed by WFP CO?

- Is there sufficient capacity (WFP and CPs) to implement this strategy, and to verify its implementation?

- **In general:**

If food insecurity or malnutrition levels vary significantly among households or geographic areas or socio-demographic groups and/or there are identifiable pockets of severe need, a depth approach may be more effective. Concentrating resources on the most vulnerable households ensures those with the greatest deficits receive adequate support, addressing acute food and nutrition gaps. Also, if the area is an overlapping hotspot for both food security and nutrition, additional prevention and supplementation programmes are advised.

Community context:

- Is there a strong social fabric in the community, assessed by a context and risk analysis, where people are seen to look out for one another, in particular for those who are most in need?

- Does the community agree that some people are able to cope better than others?

- Is it likely the community will support with identification of most vulnerable HH, in a fair manner?

» If yes to the above, a depth approach may be more readily accepted by the community.

- What is the likelihood of targeted HHs sharing their transfer (or being forced to) with non-targeted HHs, thereby reducing the effectiveness of the approach?

- Are there tensions between communities (or groups within communities) that might be exacerbated by a shift to more restrictive eligibility criteria?

- Are there reasons why more vulnerable HH will not want to be identified, e.g. security, stigma?

- Are there security or humanitarian access challenges that could affect the delivery of assistance to prioritized locations? For example, does the route to prioritized areas require passing through deprioritized locations, potentially impacting operations or creating tensions?

» If yes to the above, a breadth approach may be more appropriate.

Budget and feasibility Analysis:

- Is the prioritization approach cost-efficient? Or is it likely the number of HH to be phased out of assistance/not meeting prioritized eligibility criteria is so low it does not warrant the effort?

» If so, it may be better to go for Option 1 (breadth) or Option 3 (hybrid)

- Does the funding outlook show a likely improvement in the near future?

» If so, it may be better to go for Option 1 (breadth)

15 [WFP, Nutrition Adequacy of Household Assistance: Interim Policy Brief, 2025](#)

- Run through a budget analysis with reduced tonnage to determine how much of a cost-saving this approach will provide. Develop multiple scenarios based on available funding; use these to adjust plans as well as for donor advocacy.

Complementarity with other actors:

- Can deprioritised individuals/HH/communities benefit from government or other partner programmes, e.g. social protection schemes?

- Can deprioritised individuals/HH/communities benefit from activities of other food security/ livelihood actors? If present, consult with the Food Security and Nutrition Clusters cash working groups for their awareness and options. The clusters / WGs could also be valuable fora to obtain information about the impact of WFP de-prioritization of certain areas, e.g., providing valuable information on moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) admission rates, morbidity rate amongst others.

COUNTRY EXAMPLE OF DEPTH APPROACH

ETHIOPIA

Prioritization in **Ethiopia** is based on the national multi-agency seasonal food security assessment, WFP's Emergency Food Security Assessments (EFSA), IOM's Displacement Tracking Matrix (DTM), and regional government assessments. Currently, four regions (Tigray, Amhara, Afar, and Somali region) are undergoing the targeting and prioritisation process. Once areas of interventions are identified, beneficiary identification and selection follow a data-driven, community-based approach. Evidence-based eligibility criteria are drawn from household-level food security assessments and are then validated by community-based committees. Families that meet a minimum number of vulnerability criteria are entered into a beneficiary registration database and given a unique QR code, which allows them to receive food at the next distribution. Verification protocols have been established to identify potential instances of incorrect inclusion or exclusion of beneficiaries. The QR codes and the corporate card tracking tool are being used to verify food recipients at

distribution sites and to produce distribution reports which can be analysed in real-time. WFP planned to target 3.2 million beneficiaries in 2024, a reduction from 8 million people targeted in 2023. Refugees benefitting from WFP assistance will increase to 1 million following the increase in the number of refugees observed since the outbreak of the conflict in Sudan.¹⁸



¹⁸ WFP RBN, *Navigating Targeting and Prioritisation*, 2024.

Option 3: Hybrid approach – adjust assistance based on level of needs

In this approach, a combination of breadth and depth measures are taken based on the assessed level of needs: those who are more vulnerable to food and nutrition insecurity will receive more, while those who are less vulnerable or have access to other resources will receive less, and assistance to some relatively better off may be stopped altogether. This can often be the preferred approach, as it allows meeting life-saving programme objectives for the most vulnerable while providing a safety net for those who are not yet fully self-sufficient. However, it requires robust vulnerability profiling and time to implement as well as a strong community engagement strategy.

A hybrid approach may be most appropriate in protracted crisis settings, such as long-term displacement or protracted food and nutrition insecurity due to prolonged crises; in contexts where resources are not enough to cover fully the IPC4+ population but no other actors are present to share the caseload.



BENEFITS

- ✓ Merges a needs-based approach with the commitment to leave no one behind
- ✓ Balances equity and efficiency, meeting programme objectives for the most vulnerable while not excluding others still in need
- ✓ In some contexts, may be seen to be the fairest option: everyone gets some assistance but relative to their needs
- ✓ Easier to justify to stakeholders (donors, governments, communities) as it considers both humanitarian principles and resource constraints

LIMITATIONS

- ✗ Requires vulnerability profiling and, in some cases, retargeting, which takes time & resources
- ✗ Reduced transfers for less vulnerable households may not fully meet their needs, risking partial achievement of programme objectives.
- ✗ In other contexts, may create tensions between those receiving full ration and those receiving less
- ✗ Differentiated eligibility criteria and thresholds may be challenging to define, communicate and manage effectively.

KEY CONSIDERATIONS - HYBRID

Programme Objectives:

- Consider the objective: when programmatic and strategic considerations aim to balance meeting the critical needs of the most vulnerable while providing at least some level of assistance to the broader affected population, a hybrid approach is preferable.
- Does the programme duration allow time for identifying households more vulnerable to food and nutrition insecurity?



Community context:

- Does the community agree that some people are better able to cope, while others have higher need?

- Is it likely the community will support with identification of most vulnerable HH, in a fair manner?
- What is the likelihood of more vulnerable HHs sharing their transfer (or being forced to) with those receiving less assistance, thereby reducing the effectiveness of the approach?
- Are there tensions between communities (or groups within communities) that might be exacerbated by a shift to different eligibility criteria/ration amounts?
- Are there reasons why more vulnerable HH will not want to be identified, e.g. security, stigma?

Vulnerability profiling:

- Does recent vulnerability profiling data exist (or can be obtained) to identify HH/individuals most vulnerable to food/nutrition insecurity and acute malnutrition?
- Is it clear if there are members of the affected population who are worse off/more vulnerable than others in the community, e.g. IDPs in camps, PBWG and children under 5, female headed household, people living with HIV or disability?
- See also considerations under Option 2, depth.

Country office capacity:

- Implementation: A hybrid approach requires sufficient capacity within WFP and cooperating partners (CPs) to manage the complexities of differentiated targeting, varied transfer sizes, and accurate delivery. Without this, implementation can become confusing and error prone. Is there sufficient capacity (WFP and CPs) to implement this strategy, and to verify its implementation?

- **Monitoring:** Effective monitoring systems are essential to track the performance of this complex programme design, ensuring assistance reaches the intended recipients and objectives are met. Is the country office able to invest in requisite monitoring systems and partner capacities?
- **Training and Coordination:** Strong coordination and training are crucial to align WFP, CPs, and stakeholders, ensuring everyone understands and can operationalize the approach effectively. Can the required resources be set aside for this purpose?

Budget Analysis:

- How long can this approach be implemented with current resources?

Complementarity with other actors:

- Consult with the Food Security Cluster/WG or other coordination forum, e.g. cash working group, to inform – as early as possible – on WFP plans to prioritize, with as much detail as possible, for better coordination and joint plans to mitigate risks.

COUNTRY EXAMPLE OF HYBRID APPROACH

SOUTH SUDAN

For relief assistance, WFP **South Sudan** targets counties according to their relative food insecurity based on the IPC analysis, ranking them into four categories of severity according to the proportion of severely food insecure households. This is further reviewed for conflict sensitivity to ensure assistance does not exacerbate high levels of sub-national violence. Given the limited resources available, WFP was forced to cut IPC Phase 3 counties from assistance, resulting in the exclusion of two million households from assistance. In IPC 4 areas, rations were reduced to 50 percent of consumption needs, while maintaining 70 percent in locations where IPC 5 conditions persist. The number of rounds of assistance were also reduced to between four and eight rounds per year within the lean season, further reducing the overall transfer value. For refugees and IDPs, a shift from status-based to vulnerability-based targeting was implemented together with UNHCR and other partners.¹⁹

NIGER

In a 2024 prioritisation strategy for crisis response interventions, WFP Niger outlined three potential funding scenarios and planned prioritisation approaches: fully funded, 80% funded, or current situation at 47% funded operations. The relevant scenario is activated/changed by the Country Director, based on the available resources and context. Under a fully funded operation (scenario 1), crisis response activities would maintain the Need based plan (NBP), including rapid response mechanism (RRM, 3-month unconditional resource transfer (URT) of 100% food minimum expenditure basket (MEB) for forcibly displaced persons); protracted crisis response (12-month URT for protracted displaced populations as well as vulnerable host populations with 80% food MEB, all the year); emergency lean season response (3-month URT with 80% food MEB to most food insecure persons during agro-pastoral lean season); and malnutrition prevention and treatment activities. In scenario two (80% funded), RRM would continue receiving 3-month URT of 100% food MEB, as they are

¹⁹ [WFP RBN, Navigating Targeting and Prioritisation, 2024.](#)

entirely dependent on assistance, but targeted caseloads will be reduced up to 75% of the initial plan; protracted crisis beneficiaries would receive 65% food MEB, with increase to 80% during lean season; emergency lean season caseload would be reduced to 55% of the NBP and duration of assistance would reduce from three to two months to cover the critical agricultural lean season; nutrition interventions would be implemented in full. In scenario 3 (current funding level at 47%), RRM continues at 100% transfer value targeting 41% of its NBP' caseloads, protracted crisis ration would be at 65%, with no increase during lean season, and as the caseloads should not be reduced (in line with WFP' commitment after the retargeting exercise, to provide assistance until September 2026), the duration of the assistance would be reduced from 12 months to 9 months for all caseloads; emergency lean season transfer would reduce from 80% to 65% and the caseload would reduce up to only 18%; nutrition activities would continue with full ration, but targeted supplementary feeding under refocused exclusively in hotspot priority 1 areas.²⁰

DEMOCRATIC REPUBLIC OF CONGO

In North Kivu, WFP's prioritization strategy focuses on reaching IDPs facing the most severe vulnerabilities, particularly those with limited access to land, livelihoods, and essential services. This strategy is informed by a combination of displacement patterns, food security indicators, protection considerations, and access constraints within the province. The approach was adopted according to three distinct target groups: IDPs in managed sites, IDPs in informal or spontaneous sites, and host families. Protection analysis showed that IDPs in sites were experiencing a protection crisis in addition to high food insecurity, particularly around Goma where conflict was surrounding the area. It was determined that reducing the assistance or removing any households in sites would put women at greater risk as they would be forced to leave sites in order to find food and firewood, likely leading to kidnapping, violence or sexual exploitation and abuse. Therefore, it was decided to maintain the full ration for IDPs residing in sites, reduce duration of assistance for IDPs living in informal sites to maximum six months, and reduce or suspend assistance for host families where at least six months of support has already been provided.²¹



²⁰ [WFP Niger, Crisis Response Prioritization Strategy, 2024.](#)

²¹ [WFP DRC, Targeting and Prioritization Approaches, 2024.](#)

Monitoring the impact of prioritisation for decision-making

Regardless of the prioritization approach selected—breadth, depth, or hybrid—it is imperative to establish a robust monitoring and impact measurement system to track the evolution of risks, measure the impact on households, and generate evidence to advocate for the restoration of full assistance. Whenever feasible, monitoring must begin with a baseline established before implementation, enabling meaningful comparisons over time, and must be planned with due consideration to the corporate Minimum Monitoring Requirements (MMR). The following are some of the key monitoring adjustments useful in contexts of prioritization:

I. Adjust the monitoring design: Where feasible, incorporate more rigorous designs allowing for comparisons with unassisted/removed households or those receiving reduced rations (e.g. the quasi-experimental approach), to generate robust evidence on the impacts of prioritization. Sampling should also accordingly be adjusted to enable group comparisons, with due consideration of available resources.

II. Adapt monitoring tools: If not already done, ensure the monitoring tools would permit the tracking of inclusion and exclusion errors by integrating the prioritization/eligibility criteria. This will also enable monitoring of whether targeting is reaching the intended beneficiaries and minimizing errors. In addition, consider including questions or indicators that assess community cohesion and potential tensions arising from prioritization.

MONITORING FOOD INSECURITY IN NON-PRIORITIZED COMMUNITIES

In Afghanistan, a reduction in funding forced WFP to reduce assistance in 2023 and again in 2024, even though the scale of needs has not decreased. WFP relies on IPC frameworks to assess levels of food insecurity across Afghanistan at province level, and to inform national food security targeting. However, it is increasingly difficult to distinguish among highly food insecure households across locations as the IPC provides infrequent analysis (once or twice a year) over large geographic areas, limiting its use for emergency response programming, particularly in a context of prioritised assistance. WFP Afghanistan has therefore invested in an early warning workstream that monitors monthly food security trends, identifies insecurity hotspots at the sub-district level, and makes recommendations for appropriate programmatic actions. This includes activating WFP's hotspot response, a mechanism used to respond rapidly to emerging hotspots of extreme food insecurity in areas not (sufficiently) targeted for food assistance. The CO emergency team manages a hotspot allocation already included into the Implementation Plan, for which funds are regularly tracked. The actual number of beneficiaries, duration of assistance and ration sizes depend on early warning analysis as well as operational considerations.²²

²² [WFP Afghanistan, Early Warning Guidance Note, 2024.](#)

III. Focus on critical outcomes: Monitor changes in food security, nutrition, morbidity, and negative coping mechanisms, such as child labour, early marriages or transactional sex, with an emphasis on identifying and addressing protection risks.

IV. Leverage qualitative and secondary data sources: Use focus group discussions, key informant interviews, and other qualitative methods to capture in-depth insights into the effects of prioritization on communities and individuals and to monitor risks. Combine these with secondary data sources, such as health records (e.g. MAM and SAM admissions, recovery, default, non-response, mortality and average length of stay), protection reports, and market data, to complement quantitative findings. This provides a richer understanding of the impacts and identifies trends or gaps that may not be visible through surveys alone.

V. Strengthen feedback and referral mechanisms: Strengthen community feedback mechanisms (CFM) to capture complaints, appeals, or additional needs, ensuring that data from these systems feeds into mainstream analysis to inform programme adjustments.

VI. Operational considerations: Enhancing the monitoring systems requires sufficient staffing, funding, and logistical resources to manage data collection and analysis effectively. Ensure that the monitoring system is digitized to the extent possible to streamline processes and enhance timeliness and quality.

VII. Ensure Coordination: It is recommended to coordinate with clusters and other partners, including protection actors, to ensure joint efforts to monitor the impact of the reduced transfers (in-kind or cash) and/or reduced caseload and layer data to get a comprehensive picture.



Conclusion

This paper aims to support Country Offices to make appropriate, context-specific decisions on how to prioritize assistance as a last resort when all other measures and cost-saving operational adjustments have been exhausted. There is no one size fits all approach; in the same country it is likely that different approaches will be required.

These decisions must be taken in close collaboration with partners, government, donors, but first and foremost with the communities we are there to serve themselves. There will be a negative impact of any prioritisation approach; these need to be monitored so that results can inform programmatic decision-making, as well as advocacy and fundraising efforts.

Key resources

[WFP, Country Office Humanitarian Response Prioritisation Plan, Draft Template, 2025](#)

[WFP, Gap Analysis, VAM Resource Centre, 2023.](#)

[WFP, Integrated Cross-Cutting Context Analysis and Risk Assessment \(I-CARA\), 2023.](#)

[WFP, Impact of Cuts, Summary of Country Case Studies, 2023.](#)

[WFP, Navigating Humanitarian Scale-Downs: Strategies for Managing Deprioritised Beneficiaries and Enhancing Food Security Outcomes, 2023.](#)

[WFP, Nutrition Adequacy of Household Assistance: Interim Policy Brief, 2025.](#)

[WFP, Revised Wasting Approach: Operational Brief, 2024.](#)

[WFP, Scaling Down Operations - Key RAM Considerations When Prioritizing Assistance, 2023.](#)

[WFP, Setting the CBT Transfer Value Guidance, 2022.](#)

[WFP, Targeting and Prioritization: Operational Guidance Note, 2021.](#)

Acronyms

CBT	Cash-based transfers
CFM	Community feedback mechanism
CO	Country Office
CP	Cooperating Partner
CSP	Country Strategic Plan
FSC	Food Security Cluster
GFA	General Food Assistance
HH	Household
IDP	Internally displaced person
IPC	Integrated Phase Classification
KCAL	Kilo calorie
MAM	Moderate acute malnutrition
MEB	Minimum Expenditure Basket
MMR	Minimum Monitoring Requirements
M&E	Monitoring and Evaluation
NBP	Needs Based Plans
PBWG	Pregnant and breastfeeding women and girls
PLHIV	People living with HIV
RAM	Research, Analysis and Mapping
RRM	Rapid response mechanism
SAM	Severe acute malnutrition
SEA	Sexual exploitation and abuse
UNICEF	United Nations Children's Fund
URT	Unconditional resource transfer
WHO	World Health Organisation
WFP	World Food Programme

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