



### BACKGROUND

The concept of collective outcomes was first presented in the Secretary-General's 2016 report for the World Humanitarian Summit: **One Humanity, Shared Responsibility**. The report called on humanitarian, development and other relevant actors to “deliver collective outcomes: transcend humanitarian development divides” in response to the growing numbers of people living in fragility and the increase in humanitarian need. On the current trajectory, not only will the most vulnerable be excluded from sustainable development, but progress towards the 2030 Agenda will be threatened. Working towards collective outcomes offers a way for humanitarian, development and other actors to align efforts around clear and jointly shaped goals, helping to ensure collaboration in protracted crises is effective and delivers results for the most vulnerable.

The notion of collective outcomes is central to the New Way of Working (NWOW), which is designed for contexts where short-term humanitarian action and medium- to long-term development programming are required simultaneously in areas of vulnerability (particularly those listed in Sustainable Development Goals 1 to 7). In fact, the articulation of a collective outcome is the key driver for all following planning, programming and financing processes. Taken together with the other two core aspects of the NWOW – working over multi-year time frames and utilizing the comparative advantages of a diverse set of actors – the approach requires profound changes in analysis, planning, programming, leadership and financing for stakeholders at the country level.

The NWOW has been met with broad interest and support from many corners, and there are numerous ongoing efforts to explore the practical implications for existing tools, processes and forms of collaboration. It has now been embedded in the mandates created by the UN Quadrennial Comprehensive Policy Review (QCPR) for the UN Development System and the General Assembly resolution covering emergency response for the humanitarian system. For the approach to become a reality on the ground, it will require support for country-based efforts to adapt it to local contexts, while ensuring that it remains focused on collective outcomes.

### ABOUT THIS DOCUMENT

This document is not intended as a prescriptive manual. The main objective is to initiate and contribute to discussions at the country level, to support the identification of collective outcomes in the field. It outlines the main issues for consideration, provides examples, suggests possible steps for defining and operationalizing collective outcomes and notes links to relevant SDG targets. The recommendations are based on lessons gathered through day-to-day country support and field missions, as well as from workshops and meetings with a wide range of stakeholders. In 2018, the Center for International Cooperation at New York University will collect evidence from the field with a view to sharing further lessons on promising practices and identifying bottlenecks that need to be addressed.

## **DEFINING COLLECTIVE OUTCOMES**

A collective outcome is a **concrete and measurable result that humanitarian, development and other relevant actors want to achieve jointly over a period of 3-5 years to reduce people's needs, risks and vulnerabilities and increase their resilience.**

As such, collective outcomes neither purely refer to life-saving humanitarian action nor longer-term development outcomes. Instead, the focus is on collective outcomes at the point where humanitarian and development action meet. They provide a common vision that aims to build a bridge between short-term assistance, medium-term outcomes and long-term development programming and financing. The underlying aim is to broaden the reach of development outcomes to the most vulnerable in fragile and conflict affected settings.

Based on joint situational analysis, these outcomes act as the target which all relevant actors work towards. Collective outcomes should be articulated to make a direct contribution towards advancing towards achievement of the Sustainable Development Goals (SDGs) by measurably reducing needs, risks and vulnerabilities through a combination of humanitarian and development efforts in protracted and recurrent crisis settings. (However, it is not expected that collective outcomes would be developed around every SDG). Each actor is expected to contribute towards these shared outcomes based on their comparative advantage and mode of operation. This means that humanitarian and development actors will have different responsibilities: humanitarian actors will focus on life-saving assistance, basic livelihood maintenance and protection, while development actors will focus on medium/longer-term support to reduce vulnerability and dependence on humanitarian aid.

## **WHAT DO COLLECTIVE OUTCOMES LOOK LIKE?**

Collective outcomes should represent a measurable, intermediate target between the current level of need, risk and vulnerability and the targets set by the Sustainable Development Goals (SDGs). They should not be confused with generic strategic objectives (e.g. reduce mortality, improve governance, increase resilience) or replace SDG targets. Even if some activities remain under the sole remit of humanitarian or development responses, programmes and projects should, as far as possible, be organized around commonly agreed outcomes to avoid duplication and fragmentation. **Collective outcomes need to aim at reducing need, risk and vulnerability of targeted populations (not just meet needs) and change the status quo.**

Collective outcomes should be ambitious but realistic. For example, a collective outcome on a particular disease might be too specific; a more appropriate outcome might focus on the reduction in deaths from health-related emergencies. The focus of collective outcomes – how broad or specific they are – will undoubtedly depend on the context and the range of issues to be addressed.

## EXAMPLES OF COLLECTIVE OUTCOMES DEVELOPED BY COUNTRY TEAMS INCLUDE:

### Chad (2017)

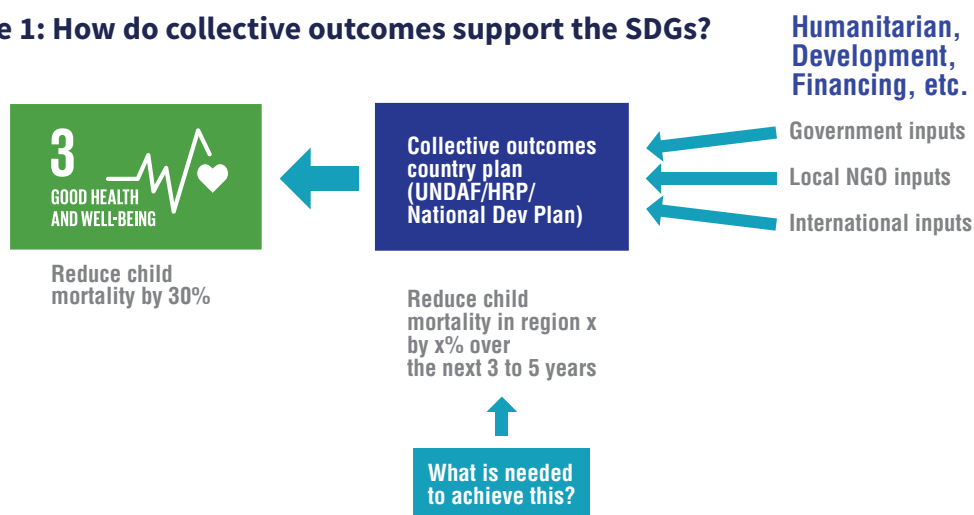
- Reduce the number of people in severe food insecurity from 27 per cent (from 1 million to 770,000 people) by 2019.
- Reduce the number of people in food insecurity by 32 per cent (from 2.8 million to 1.9 million people) by 2019.
- Reduce the rate of Severe Acute Malnutrition (SAM) among children 5 years and under from 2.6 per cent to 1.8 per cent by 2019.
- Reduce the rate of Global Acute Malnutrition (GAM) among children 5 years and under from 11.9 per cent to 10 per cent by 2019.
- Reduce the obstetric case fatality rate from 5 per cent to less than 1 per cent by 2019.
- 90 per cent of people in need have access to functioning basic social services including water, sanitation and education by 2019.

### Somalia (2018)

- By 2022, the number of people in acute food insecurity decreases by 84 per cent, with Global Acute Malnutrition (GAM) rates reduced by 5 per cent and sustained below the emergency threshold.
- Risk and vulnerability reduced and resilience of internally displaced persons, refugee returnees and host communities strengthened in order to reach durable solutions for 100,000 displaced households by 2022.
- Number of vulnerable people with equitable access to inclusive basic social services increases by 27 per cent by 2022.
- Proportion of population affected by climate-induced hazards (drought and flood) reduces by 25 per cent by 2022.

The examples of collective outcomes (above) are incremental steps towards achieving the 2030 Agenda in crisis contexts. A reduction in child mortality, for example, works towards SDG 3, while reducing the number of people in food security contributes to SDG 2.

**Figure 1: How do collective outcomes support the SDGs?**



## **PROCESS FOR DEVELOPING COLLECTIVE OUTCOMES**

Before starting the process, it will be important to decide on the appropriate time to begin the process. Ideally, **collective outcomes should be agreed before the start of a planning cycle, so that relevant elements can subsequently be incorporated into respective plans** (e.g. Humanitarian Response Plans (HRPs), the United Nations Development Assistance Framework (UNDAF) and national development plans). For countries in the middle of their planning cycle, partners can identify the areas of overlap between plans as a basis for identifying collective outcomes.

**Who should be involved in the formulation of outcomes will always depend on the context, such as whether there is an ongoing conflict.** Particularly important is the nature of the crisis (is it a conflict or disaster?) and the level of violence in cases of armed conflict (is it high or low intensity? Is there an emerging or established political settlement?) as achievable results and the contributions by development actors will differ in areas affected by acute fighting. The formulation of collective outcomes will also depend on the role and capacity of the government – for example, whether or not it has a budget for development activities and is committed to reaching ‘those furthest behind first’. In some situations, it may be appropriate for international peace and security or DRR actors to contribute to such frameworks. Collective outcomes should also include consultation with affected communities and make provisions for civil society actors such as non-governmental organizations (NGOs) to participate. The latter is particularly important in contexts where the HRP has been phased out and the UNDAC remains the main planning instrument.

**The process of identifying collective outcomes is context specific** and will depend primarily on what national and local capacities are available and whether the government is involved in a conflict. It should be based on a joint analysis of the situation, priority needs, risks and vulnerabilities, as well as the relative capacities of humanitarian and development actors.

**Below are some suggested steps for how to define and articulate collective outcomes:**

- 1.** Based on joint humanitarian–development analysis of needs, vulnerabilities and risk, including the causes and impacts of a crisis, determine and **prioritize a small number of areas that require simultaneous humanitarian and development action** (e.g. protracted displacement, basic social services). All sources of data can be pooled to inform the joint analysis, including socio-economic, conflict/security, demographic, among others.
- 2.** Determine **what time frame you are working towards** (ideally, between 3-5 years), taking into account other relevant planning time frames (e.g. the UNDAF time frame, the national development plan time frame).
- 3.** Based on a review of relevant national SDG objectives (i.e. what the country is working towards achieving by 2030), determine **what target would be appropriate for each collective outcome** (e.g. 25% reduction).

**Below are some suggested steps for operationalizing the outcomes.** These are based on practices from a range of different contexts.

1. Bring together relevant partners from across the humanitarian–development nexus, based on their respective comparative advantages.
2. Work backwards from each outcome to determine what activities are required to achieve it.
3. Identify which response priorities and activities are humanitarian and which are development-related, and which organizations can contribute particular programming to an identified collective outcome.
4. Think through the sequencing and layering<sup>1</sup> of short-, medium- and longer-term interventions to ensure that assistance is provided in a way that will most effectively reduce people’s needs and vulnerabilities over the chosen time frame.
5. Incorporate response priorities and activities in the relevant planning frameworks (e.g. humanitarian, development, government). If appropriate/useful, one option may also be to include the collective outcomes in a joint document.
6. Discuss the conditions that need to be met for humanitarian efforts to be effective and what can be done to reach these conditions (e.g. increased government capacity, social safety net programmes, budget allocations to health, etc.).
7. Secure flexible and predictable financing from national governments, donors and other financial partners aimed at financing outcomes (not activities), and resourcing those actors that are relevant or required to achieve the collective outcome. These could be UN entities, civil society, government, etc.
8. Develop a results-based framework for collective outcomes that is aligned with relevant planning frameworks. The collective results-based framework could become the joint accountability tool for humanitarian and development partners.

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<sup>1</sup> Sequencing refers to one programme ‘handing over’ to another over time as thresholds are met; layering refers to multiple programmes (humanitarian and development) providing assistance to the same people at the same time but over different time scales (humanitarian programmes would be for a shorter time period)

## Annex: Unpacking collective outcomes – two generic examples

These examples are not meant as templates to follow but to show how activities could be derived from each collective outcome as part of a broader implementation plan.

### Collective outcome

 3-5 years

15% reduction in child mortality (-5 years) by 2020				
Strategic objectives	100% of children suffering from SAM are admitted for care	75% children under 5 years have an adapted diet	Increase by 60% of the number of children with access to potable water and minimum hygiene standards	100% of newborns benefit from quality and timely care
	Families recognize the signs of SAM and act upon them	Families have sufficient resources to guarantee minimum nutritional intake	Populations adopt healthy WASH practices	Women and girls adopt suitable practices during their pregnancy
Changes sought	Families have access to SAM treatment	Women and families benefit from quality and affordable advice and support	WASH kits and advice tailored to vulnerabilities are provided in a coordinated way	Health centers are accessible and functional
	Emergency assistance is provided on time	Reduction of risky attitudes and practices in vulnerable populations	Health / sanitation infrastructure (latrines, water points...) are sufficient and accessible	Essential services (deliveries, vaccination) are guaranteed
	Ambulatory care clinics in zones at risk	Awareness raising of safe and healthy feeding and breastfeeding practices	Distribution of WASH kits	Training and remuneration of competent and responsible health personnel
Activities	Nutritional therapeutic programme for treatment of SAM	Promotion of the woman's role in the family, community and political life	Renovation and installation of sanitation structures, water points and boreholes	Capacity building for local nutritional surveillance (state, community)
	Feeding programme for infants and nursing mothers	Support to agricultural activities	Community participation project to promote improved practices and behaviours	Emergency vaccination campaigns

#### Legend

##### Collective outcome

A concrete and measurable outcome focused on the reduction of needs and vulnerabilities that requires a mix of humanitarian and development action.

##### Strategic objectives

Measurable objectives around the reduction of needs and vulnerabilities.

##### Changes sought

Objectives related to impact (sectoral or intersectoral), assistance provided, changes in behaviour or improvements in the environment.


##### Activities


The activities needed to achieve the collective outcome, with no consideration as to the nature of the intervention (humanitarian or development) or of its duration (short, medium or long term).

 Humanitarian intervention

 Resilience intervention

 Development intervention

 Sectors concerned by the achievement of the collective outcome

 Period of time allotted to achieve the collective outcome

# Collective outcome

 3-5 years

X [#] IDPs no longer require humanitarian assistance in x [provinces] by 20xx [year]				
Strategic objectives	X [#] IDPs have sustainable livelihoods	X [#] IDPs have access to housing, land and property	X [#] IDPs have access to quality education	IDPs have access to basic social services (health, WASH)
	IDPs' livelihoods are (re-) established early on	IDPs have security of tenure	IDPs, both boys and girls have access to quality education	IDPs have access to primary health care and hospitals within x kilometres
Sub-objectives	IDPs generate their own income and no longer rely on assistance	Settlements with many IDPs have urban infr., access to livelihoods and basic services	IDPs children are able to go to school with the general population to ensure their integration	IDPs have access to WASH services in their locations
		IDPs have housing in locations with access to livelihoods and basic services		
Activities	Addressing discriminatory roadblocks to accessing jobs	Registration of IDP property	Financial support for vocational training and secondary education	Payment of salaries
	Creation of new markets	Upgrading IDP settlements and transferring ownership to inhabitants	Training of teachers, payment of teacher salaries	IDPs included in social safety nets to access healthcare
	Grants to re-establish pre-existing small businesses	Voucher programmes to allow IDPs to find housing solutions	Additional resources and teachers provided to accommodate IDPs in existing schools	Construction of boreholes and water treatment facilities
	Free transportation to access livelihoods opportunities	Legal advice and mechanisms to address land and property issues	Rehabilitation of damaged schools	Communicable disease surveillance and response
	Rental arrangements for agricultural land	Housing reconstruction	Support families to send children to school (uniforms, books, etc)	Provision of essential medicines
	Cash-for-work	Shelter / Transitional shelter	Alternative learning spaces to facilitate IDPs' integration into school (incl. language)	Mobile medical units
	Short vocational trainings			Water trucking, emergency latrine installation and hygiene kit distribution
	Microgrants			

## Legend

### Collective outcome

A concrete and measurable commonly agreed result or impact focused on the reduction of needs, risk and vulnerabilities and increase in the resilience of the targeted population, which is achieved through the combined efforts of humanitarian and development actors, the targeted population (here IDPs), local communities, civil society and the private sector and, depending on the circumstances, human rights, peace and security or DDR actors. It needs to be strategic, clear, quantifiable and measurable.

### Strategic objectives

Measurable objectives around the reduction of needs and vulnerabilities.

### Activities

The activities needed to achieve the collective outcome, with no consideration as to the nature of the intervention (humanitarian or development) or of its duration (short, medium or long term).

 Humanitarian intervention

 Development intervention

 Sectors concerned by the achievement of the collective outcome

 Period of time allotted to achieve the collective outcome