



COMMUNITY PARTICIPATION IN THE DESIGN OF MULTI- PURPOSE CASH PROGRAMS

Perspectives from the field

JUNE 2024

Acknowledgements

This learning brief documents Mercy Corps experience with consulting affected communities on the design of its multi-purpose cash program in Lebanon. Data collection for this report was carried out between September 2023 and February 2024.

The author would like to thank the Mercy Corps Lebanon team for their valuable inputs and support with the consultation process. Particular thanks go to: Malik Abou-Daya, Nabil Dalleh, Ziad Maalouf, Remie Mhanna, Yara Nasser, Laila Taha, and Renee Tohme.

The author is grateful to peer reviewers Eva Erlach (Ground Truth Solutions), Hannah Miles (Ground Truth Solutions), Louisa Seferis (independent consultant).

The author would like to thank the members of Lebanese communities that gave their time to share insights on their lived experiences.

The author of this brief is Chiara Genovese.

Table of Contents

- EXECUTIVE SUMMARY3**
- BACKGROUND AND CONTEXT4**
- METHODOLOGY5**
 - Limitations 7**
- PERSPECTIVES FROM THE FIELD8**
 - The power imbalance between aid providers and affected communities 8**
 - Navigating multiple humanitarian principles 12**
 - The role of local cultural norms 15**
- CONCLUSIONS16**
- RECOMMENDATIONS17**

Executive Summary

The design of cash and voucher assistance (CVA) programs, especially when implemented at scale, is often driven by technical considerations. The conversations often focus on the survival minimum expenditure basket, financial service provider’s fees and targeting algorithm. Important decisions regarding the design of CVA systems are made at the proposal stage and can be difficult to reverse later. Implementing agencies often have very narrow windows of opportunity to get the systems right for the people they aim to support. Therefore, consulting affected populations at proposal stage is important to ensure that CVA programs are people-centric.

Between September 2023 and February 2024, Mercy Corps has conducted a consultation loop at the proposal stage of its multi-purpose cash program in Lebanon. This learning brief documents the best practices and lessons learnt during this initiative. It takes the perspective of the field teams who were tasked with the challenge of operationalizing the participation commitment in practice. Consulting affected populations at a time when funding is not confirmed runs the risk of raising expectations for assistance. Meaningful engagement can empower community members to form their opinions about what to expect next and who to hold to account. Hence, participation has the potential to act as an antidote to raising expectations. However, limited evidence exists to support this. In some cases, community preferences conflict with humanitarian principles, limiting the extent to which systems can reflect those preferences. Finally, the notion of participation needs to be adapted to local cultural norms and overcome siloed views of what accountability to affected populations really means.

Mercy Corps experience underscores the importance of generating evidence on the benefits and best practices on participation. A critical mass of evidence is needed to win the hearts and minds of aid providers about the benefits of participation. Having frank discussions about what works and what doesn't work is the first steps to a learning culture on participation.

Background and Context

Participation in humanitarian program design is the process through which crisis-affected communities influence the way humanitarian aid programs are designed, set-up, implemented and monitored. Increasing the participation of affected communities is part of the humanitarian sector commitments towards accountability to affected populations (AAP). Involving communities in the decisions on program design so they reflect their priorities is not only the right thing to do, but it also yields better humanitarian outcomes in relation to relevance and sustainability¹. Yet, the extent to which affected populations feel they meaningfully participate in the way humanitarian assistance is designed, delivered, and monitored remains limited. The 2022 independent review of the Grand Bargain initiative found that no substantive shift towards a demand, rather than a supply, driven humanitarian response has taken place yet².

Cash and voucher assistance (CVA) is often seen as a technical form of intervention that leaves limited scope for tailoring and incorporating the preferences of affected populations³. The design of CVA programs, especially those implemented at scale, is often driven by technical parameters such as the minimum expenditure basket, financial service provider's fees and targeting algorithms. Important decisions regarding the design of CVA programs are made at the proposal stage and can be difficult to change later. For example, the registration for multi-purpose cash programs for basic needs is often open for a limited amount of time, before the process moves on to the next steps of the program. Aid providers only have a short window of opportunity to get registration systems right for the people they serve. Consulting communities before the program starts is therefore important to ensure that the program systems take on a people-centric approach.

Participation is only meaningful when it is sustained. Tokenistic engagement is detrimental to the relationship between aid providers and affected populations. Closing the information loop, by going back to the communities they consulted and providing follow-up information, contributes to generating trust and increasing the sense of shared decision making. In fact, the level of participation can vary within a spectrum of options, with an increasing degree of community influence on decision-making: information, consultation, involvement, collaboration and empowerment⁴. While the goal of information is to provide communities with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions, empowerment is a more radical form of participation in which final decision making is placed in the hands of the public.

Funded by DG-ECHO and Gates Foundation, the "Services and assistance for enabling recovery" (SAFER) program by Mercy Corps aims to alleviate economic suffering among vulnerable Lebanese families in the Bekaa Valley. Between December 2022 and February 2024, a total of 1,254 vulnerable Lebanese households

¹ Obrecht, A. and Swithern, S. with Doherty, J., "[2022 The State of the Humanitarian System](#)", September 2022

² Metcalfe-Hough, V., Fenton, W. and Manji, F., "[The Grand Bargain in 2022: an independent review](#)" (June 2023)

³ Examples of community engagement initiatives in CVA programs include those that use community-based approaches to targeting and group cash grants.

⁴ IAP2, "[Spectrum of public participation](#)"

received monthly transfers of multi-purpose cash assistance (MPCA) for twelve months to help them meet their basic needs. As parts of the Bekaa Valley continued to experience emergency food insecurity in September 2023 as per round 2 of the Integrated Phase Classification (IPC)⁵, Mercy Corps planned for a new phase of the SAFER project to assist those that remained in need. Ensuring that cash programs adhere to a people-centric design is one of the pillars of Mercy Corps global approach to cash and voucher assistance. The next phase of the SAFER program aims to operationalize this commitment by integrating the preferences of the communities and strengthening their participation in the design and shape of the program. To this end, Mercy Corps conducted a consultation loop with members of Lebanese communities in the Bekaa Valley on their preferences on the design of the next SAFER program and keep them informed about the status of the project proposal. This resulted in a multi-step consultation loop.

Consulting affected populations on the design of MPCA programs at project proposal stage comes with a specific set of opportunities and challenges. Limited guidance exists on how to do it without causing unintended harm to affected communities, while promoting a sense of meaningful participation that goes beyond one-way information sharing (or data collection) and aims for empowerment. This learning brief documents Mercy Corps Lebanon's experience with consulting affected populations in the Bekaa Valley. It aims to document the process of consulting affected populations and monitoring their sense of participation. It takes the perspective of the frontline teams with piloting participation initiatives and offers a frank first-hand account of what happens when an aid organization decides to walk the talk on participation. Its target audience are AAP and cash practitioners, donors and sector coordinators seeking practical ways to operationalize the AAP commitments on participation.

Methodology

There is a lack of guidance on consulting communities at the proposal phase of MPCA programs. Although some community engagement tools exist (for example, IFRC's Guide to Community Engagement and Accountability), these are not tailored to specific assistance modalities or stages of the project cycle. There is also a lack of guidance on how to measure the degree of success against the participation spectrum, in the form of agreed-upon indicators and benchmarks. Against this backdrop, Mercy Corps produced and piloted the set of tools described below. Between September 2023 and February 2024, Mercy Corps engaged in a consultation loop with Lebanese communities in the Bekaa Valley. The consultations focused on the community preferences on some design elements of MPCA programs, namely targeting, outreach and registration channels and selection of financial service provider. The activity spanned a period of six months during which Mercy Corps went through the steps of the consultation loop, from consulting communities on their preferences to sharing back with them information about the use of information to draft the project proposal.

⁵ Between May and October 2023, 30 percent and 25 percent of the Lebanese population lived in IPC Phase 3 Crisis in Baalbek and Zahle respectively. During the same period, 5 percent of the Lebanese population lived in IPC Phase 4 Emergency in Baalbek and Zahle. Source: Integrated Food Security Phase Classification, "[Lebanon: Acute Food Insecurity Situation May - October 2023](#)" (August 2023)

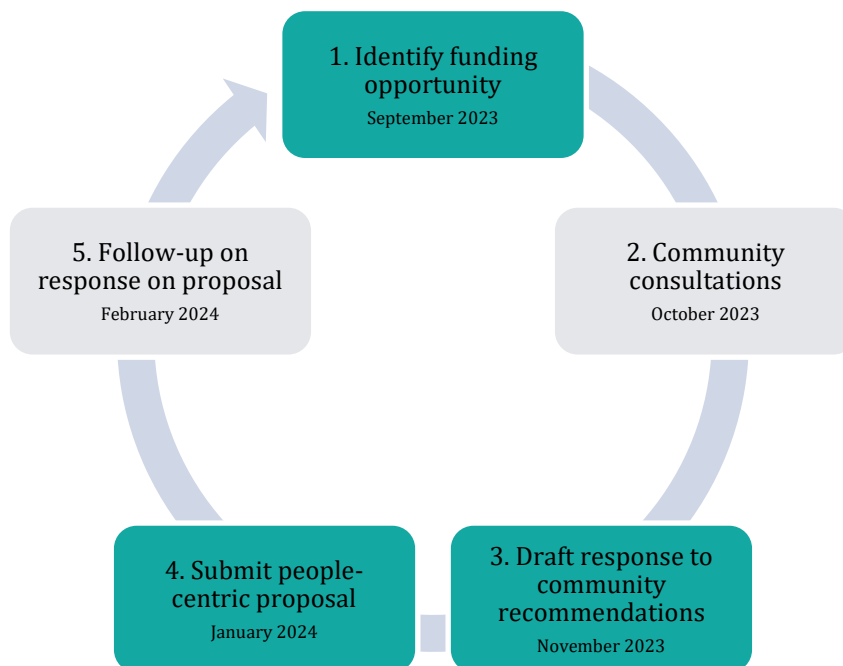


Figure 1 Consultation loop at project proposal

1. Identify funding opportunity: Mercy Corps sought funding for the next phase of SAFER program under the 2024 DG-ECHO humanitarian implementation plan (HIP). The 2024 DG-ECHO HIP response strategy included basic assistance in the form of monthly multi-purpose cash transfers, addressing the food and non-food needs of people living below the survival threshold.
2. Consultations with communities: A dedicated terms of reference (TOR) document outlined the specific and overall objectives of the consultations, methods, scope, sampling strategy, locations, limitations, analysis framework and reporting⁶. Mercy Corps selected four vulnerable communities by triangulating round 2 IPC data at district level with economic vulnerability scores (EVS) at cadaster level⁷. Tailored consultation tools (invitation phone script, facilitation guide, note-taking tools, informed consent sheet) were created. The facilitation team undertook training on the purpose of the activity, facilitation methods, verbatim and thematic note taking, snowballing techniques. The consultations took the form of 16 gender- and age-disaggregated focus group discussions (FGDs), 9 in-depth interviews (IDIs) and 9 key informant interviews (KIIs)⁸.
3. Draft management response to community recommendations: The consultations resulted in a set of six recommendations on the design of the MPCA program. The team discussed the community recommendations and documented its response, articulating reasons for accepting or rejecting them and ways to operationalize the accepted ones. The management response served as a reference for drafting the people-centric project proposal and closing the information loop with participants. It will

⁶ The sampling strategy aimed to include key groups of the community, including men and women, the vulnerable and non-vulnerable. However, spontaneous participation by other interested members of the community was not possible due to limited resources. The team pre-defined the scope of the consultations on specific elements of the programme, further

⁷ The Economic Vulnerability Score (EVS) measures socio-economic vulnerability at cadaster level using night-light reflectance and population data. For more information, see ["Night-time Light Reflectance: A New Economic Vulnerability Score \(EVS\) For Lebanon"](#)

⁸ The results of the consultations and recommendations can be found in: ["Will our opinion matter? Community consultations for the design of multipurpose cash assistance programs in Lebanon"](#)

also serve as a reference to hold the team accountable to community recommendations during project implementation.

4. Submit people-centric proposal: the design of the proposed MPCA program reflected the community recommendations. The proposal highlighted the project elements that were recommended by the communities. Mercy Corps submitted the SAFER proposal to DG-ECHO in January 2024.

5. Follow-up discussions with communities: a dedicated TOR document outlined the objectives, methods (ex-ante and ex-post perception surveys and facilitated discussions), analysis, reporting and risk assessment. The facilitation team undertook training on the purpose of the activity, response to the recommendations, and use of sensitive language. The activity took the form of 8 gender-disaggregated community meetings with the same participants as the community consultations (step 2). At the follow-up discussion, Mercy Corps provided information about the design of the proposed program and status of the proposal. However, no information was available yet about funding.

Box 1: Measures to manage expectations

Mercy Corps adopted multiple measures to explain the purpose of the consultations and managing expectations about assistance across communities:

- The **phone script** used to invite participants to the consultations explained about the purpose of the consultations, voluntary nature of participation, what should or should not be expected of the consultations, among other information.
- A paper **information sheet**, distributed in person during the consultations, served as a reference and reminder for participants. In addition to the information provided over the phone, the information sheet contained the CARM helpline number for feedback and complaints.
- The facilitators received training on the use of **sensitive language** and reiterated about the unconfirmed status of funding whenever appropriate.

The unconfirmed status of funding did not discourage participation to the consultations. Out of 194 community members contacted, 81 percent accepted to participate, 11 percent could not attend due to previous commitments (attending medical appointments or family commitments), 6 percent could not attend due to work commitments and 1 percent could not attend due to physical limitations (limited mobility). Nobody declined the invite out of lack of interest.

During the consultation loop, the third round of IPC analysis became available, showing the food security situation of the consulted communities had changed. Out of four communities, two had improved food security and were classified as IPC Phase 2 (Stress). Additionally, more information became available about the donor preferences to use IPC analysis for area selection. This meant that the two villages would be excluded from SAFER assistance if funding was confirmed. The proposal received confirmation of funding in April 2024.

The lessons learnt and best practices presented in this brief are supported by the triangulation of multiple data points collected across the steps of the process. The triangulation allowed to monitor the levels of trust and participation of community members and the pre-identified risks across the consultation loop. The data included qualitative and quantitative sources, specifically: survey data with consultation participants; notes from FGDs with consultation participants; notes from debrief discussions with field teams. The data provides the evidence base for the reflections on what worked well or didn't work well in the process, which are then distilled into the best practices and lessons learnt documented below.

Limitations

During the consultation loop, the following limitations were experienced:

1. Given their qualitative nature, field activities involved a limited group of community members. Mercy Corps collected survey data to measure the sense of expectation for assistance, participation in the design of its program and satisfaction with the consultation loop with those who participated. It was not possible to measure the ripple effect on the wider community and the extent to which the activities generated a sense of participation in the rest of the community.

2. The design of steps 2 and 5 of the consultation loop offered limited participation in two respects. The selection of participants aimed to represent key population groups (men and women, adults and elderly) but could not be extended to any interested member of those groups due to limited resources. Similarly, the team decided the scope of the consultations, i.e. the specific elements of the program to consult on. Participants were not consulted on other elements of the program design.

Perspectives from the field

While important commitments to AAP and participation are taken by policymakers, frontline teams are tasked with translating those commitments into practice. As this brief will highlight, while increasing participation may seem a good commitment in principle, operationalizing it needs to navigate important challenges in the field. Mercy Corps has documented the perspectives of the frontline team related to the opportunities and challenges of consulting affected populations on MPCA design at project proposal stage. The best practices and lessons learnt from Mercy Corps consultation loop are grouped around three themes. These are related to the power imbalance between aid providers and affected populations, the need to navigate multiple humanitarian principles and the role of local cultural norms.

The power imbalance between aid providers and affected communities

Mercy Corps conducted the consultation loop at proposal stage. At this stage, funding for MPCA was not confirmed. Consulting populations at this stage runs the risk of raising expectations for assistance and doing unintended harm to the communities, as participants could be disappointed if funding was not confirmed and they didn't receive assistance. Disappointment could turn into distrust towards aid providers, when community members have limited information to form their opinions. Participation has the potential to mitigate and act as an antidote to the risks of expectation-raising. The underlying logic is the following: by providing follow-up information about the proposal process, aid providers can strengthen community members' understanding of the process and the roles and responsibilities of aid providers in it. With the relevant information at hand, community members can form their own opinions about what to expect next. In addition, they can distinguish between what aid providers are accountable for and what is beyond their control, such as funding decisions. They feel that they are treated with respect and develop trust in the aid organization. This provides a solid foundation of social capital, which becomes critical especially at times when having difficult conversations with communities about assistance. While receiving assistance is important for vulnerable members of the community, being treated with respect is more important when assistance is not available.

Mercy Corps aimed to measure the level of expectations and participation during the follow-up discussions (step 5). Given the lack of guidance on consulting populations at project proposal stage, Mercy Corps constructed and piloted a set of ad-hoc tools and indicators. It conducted ex-ante and ex-post perception surveys (n=96) to measure the level of participation and expectations changed over the course of the consultation loop. Table 1 describes the indicators used. While participation (as measured by participants' level of confidence that Mercy Corps will take their views into consideration when designing its MPCA program) was measured in both ex-ante and ex-post surveys, allowing to measure the impact of the follow-up discussions on participants' perceptions on participation, expectations for assistance (as measured by participants' level of confidence that Mercy Corps will distribute assistance in the community) was only measured ex-ante. This meant that Mercy Corps was not able to effectively measure the extent to which

increased participation can mitigate the risks of raising expectations, due to the lack of ex-post data on this indicator.

Table 1: perception	
Expectation	Participation
1. Percentage of participants who are confident or very confident that Mercy Corps will distribute assistance to the community (ex-ante survey)	1. Percentage of participants for whom the top/most important reason they attended the consultations was they wanted to have their voices heard and know how Mercy Corps used their perspectives to inform the project proposal (ex-ante survey)
2. Percentage of participants for whom the top/most important reason they attended the consultations was they hoped to receive assistance from Mercy Corps in the future (ex-ante survey)	2. Percentage of participants that were confident or very confident that Mercy Corps will take their views into consideration when designing its MPCA program (ex-ante and ex-post surveys)
3. Percentage of participants who thought that Mercy Corps should not consult communities until they have confirmed funding and are sure they will provide communities with assistance (ex-post survey)	3. Percentage of participants who thought that Mercy Corps should have done nothing different in the consultations (ex-post survey)
	4. Percentage of participants who would participate to the consultations again, even if they are followed by no assistance (ex-post survey)

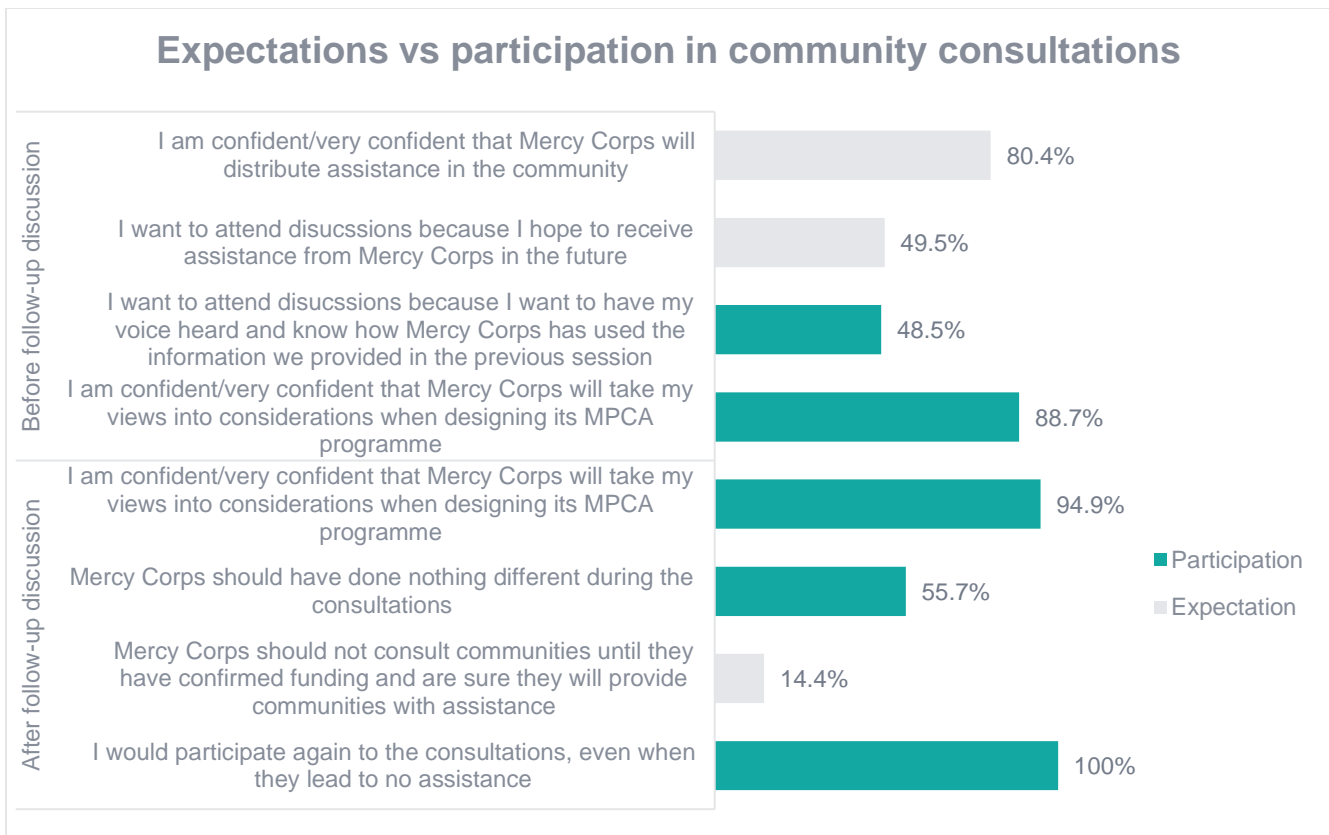
The results of the perception survey showed that, at the start of the discussions, a large (80.4 percent) portion of participants felt confident or very confident that Mercy Corps would distribute assistance to the community in the future, 16.5 percent of participants had little confidence and 3.1 percent of the participants did not expect Mercy Corps to distribute assistance. The remaining participants had some expectations for assistance. For around half (49.5 percent) of participants the most important reason to participate in the discussions was to receive assistance from Mercy Corps in the future and for around the other half (48.5 percent) the most important reason to participate in the discussions was to have their voices heard and know how Mercy Corps used their perspectives to inform the project proposal. The remaining 2.1 percent of participants mentioned other reasons. One male participant said: *“I am a person that likes people and I like to help people”*. For some, the sustained form of engagement fueled expectations. A female participant said: *“I trust Mercy Corps because they organized two meetings to discuss about MPCA and Mercy Corps provided assistance before to some area so I have feelings that we will get assistance in the future”*.



“Doing this activity with us and inviting us several times means that we can expect to receive assistance.”

— Female participant

Even though Mercy Corps put in place several mitigation measures to manage participants’ expectations (see box 1), the above results show that these mitigation measures were not sufficient to avoid raising expectations. For community members the fact that Mercy Corps was consulting communities was per se an indication that they would soon distribute MPCA to the community. In Lebanon, like other contexts, affected populations are not used to being consulted by aid providers on the design of assistance programs. In most cases, when aid providers approach communities, it is to distribute assistance. A chance of receiving aid may look like the only lifeline for people living in extreme poverty and unable to meet their monthly basic needs. Even when presented with extensive information about the nature of the consultations (unconfirmed funding status, participation to the consultations does not affect chances of receiving assistance, etc.), vulnerable people may be selective in what they choose to focus on. This is related to the power imbalance between vulnerable populations and aid providers. The power imbalance is always there, it’s worse when communities have a history of mainly engaging with aid providers when there are established projects in place.



Participants’ trust that Mercy Corps would reflect their preferences in its MPCA program grew as participants received more information and increased their understanding during the consultation loop. The portion of participants that were confident or very confident that Mercy Corps will take their views into consideration when designing its MPCA program increased from 88.7 percent before the follow-up discussions to 94.9 percent after the follow-up discussions. However, as mentioned above, it was not possible to measure the

extent to which this translated into more awareness of the proposal process and lower expectations for assistance. The level of confidence was higher among women. One of them said: *“They let us feel that we have a place in the community as women”*. When asked about what Mercy Corps should have done differently in the consultation loop, over half (55.7 percent) of participants said Mercy Corps should have done nothing different, 14.4 percent of them said Mercy Corps should not consult communities until they have confirmed funding and are sure they will provide communities with assistance, 13.4 percent of them said Mercy Corps should increase the amount of transportation allowance to participate and another 13.4 percent of them said Mercy Corps should explain that consultations do not lead to assistance. Some 8 percent of them made other suggestions, such as making the consultations more frequent without leaving a long time in between.

Ninety-eight percent of participants were satisfied or very satisfied with the follow-up discussions. The reasons for being satisfied hinged around transparency, trust, and participation. One female participant said: *“[I am satisfied because] Mercy Corps has followed up and I feel that we [community] are able to make a change”*. Another female participant said: *“This is the first time I feel that I trust an INGO, they work hard to organize this meeting to explain how they used our information”*. One male participant cited the unconfirmed status of funding as the reason for being dissatisfied. Another male participant indicated that the unconfirmed status of assistance limits the level of engagement in the discussion: *“We are participating in the discussion for potential projects and when the project comes it will be different talking”*. When funding is not confirmed, community members feel less vested interest in participating in the discussions. All participants said they would participate in the consultations with Mercy Corps again in the future, even if they are not followed by assistance.

These results indicate a complex dynamic. On the one hand, despite the extensive measures used to manage participants expectations regarding assistance and clarify what participants could expect or not expect from participating, Mercy Corps consultations raised expectations for assistance in the community. Expectations increased as Mercy Corps returned to the communities to share follow-up information and maintain a meaningful engagement with communities. However, as the engagement continued and Mercy Corps provided updates on the status of the project proposal, community members socialized with the sense of participation. This points to the fact that the consultations were effective at fostering participation and trust. However, the lack of survey data on the levels of expectations after the consultations means that it is not possible to assess the extent to which participation acts as an antidote to expectations.



“Especially that a person puts his trust in some agency, and they don’t neglect him and consider him since he has the right to know everything, he doesn’t want anything else.”

— Male participant

Best practices:

- Adopt comprehensive communication measures to manage community expectations for assistance: phone scripts and facilitation tool should contain clear messaging about the unconfirmed status of funding; written messages serve as a helpful reference for participants; frontline staff, who has direct and regular contact with communities, should take the lead in drafting; messages could be co-written with community members.
- Conduct an assessment of the risks of consulting affected populations at project proposal: before consulting communities at the proposal stage of the project cycle, assess the risks, likelihoods, impacts of doing so and identify relevant mitigation measures.

- Monitor the risks and participation level at every stage of the consultation loop: construct relevant indicators to measure risks and participants' perceptions; run baseline (ex-ante) and endline (ex-post) surveys to detect shifts in attitudes as a result of engagement activities.

Lessons learnt:

- Participation is an antidote for raising expectations: while the power imbalance between aid provider and affected populations is acutely felt when consulting communities, sustained engagement and follow-up contribute to creating trust and foster participants' agency. Participants are better informed about the steps of the project cycle to make their own judgements and critically assess the efforts of aid providers. Ultimately, while assistance matters to crisis-affected communities, being treated with respect matters more when funding for assistance is not available.
- Do not consult communities if you are not planning for a sustained engagement: tokenistic engagement, for example one-off or sporadic discussions or surveys, generates confusion about the purpose, fuels distrust towards those who conduct it and can cause unintended harm to crisis-affected communities if not followed by assistance. Not receiving assistance is better than being left uninformed after being consulted. If you cannot ensure sustained engagement of affected populations on the design of the program before securing funding, advocate for flexible funding to design the project after funding is secured.

Navigating multiple humanitarian principles

Community consultations resulted in relevant and valuable recommendations on the design of Mercy Corps MPCA program, including the selection of financial service provider and the design of registration and outreach channels. Out of six community recommendations, Mercy Corps accepted five and partially accepted one⁹. Some community preferences reflected lessons learnt and insights that Mercy Corps had collected in the first SAFER phase and was planning to reflect in the implementation of the next phase, for example the need for a broad range of outreach channels including municipality, helpline, registration desks, schools, mosques, and churches. In this sense, community consultations validated project adaptations that the project team had learnt through the previous phase. However, the process is just as important as the outcome to foster agency and participation.

In some cases, community views need to be balanced with do-no-harm considerations. Based on their experiences with existing cash programs by humanitarian (MPCA programs) or government (national social safety nets) programs, consultation participants mentioned that sometimes not all those receiving cash assistance are truly vulnerable and some community members who are more vulnerable are excluded from assistance. They expressed dissatisfaction with the selection outcomes of those cash programs, which are often based on mathematical formulas. As a solution, they suggested involving the communities in the selection of program participants, to ensure that the most vulnerable members of the community are prioritized. However, vulnerability can be difficult to measure, as family circumstances change rapidly. Also, vulnerability is subjective: people can have different opinions on who is vulnerable. Lebanon is characterized by deeply fractured social relationships between religious and political lines. When a community is experiencing pre-existing tensions among its members, involving them in the decisions regarding the distribution of assistance risks exacerbating those tensions. Existing evidence shows that, in conflict settings,

⁹ Examples of accepted recommendations include: adopt a targeting approach that is easy to explain and understand; inform the selection of financial service provider based on capacity and presence in the selected areas of intervention; set-up multiple registration channels such as open registration desks in the village. For more information on the recommendations, see Mercy Corps, [“Will out opinion matter? Community consultations for the design of multi-purpose cash assistance programs in Lebanon”](#) (January 2024)

who gets to represent the community is often contested and there are more opportunities for corruption and fraud¹⁰. Mercy Corps decided to partially accept this community recommendation by making it conditional on the results of an assessment of social conflicts in the community, at the start of the project. During the follow-up discussions, Mercy Corps explained the rationale. Participants understood the explanations and did not express frustration with it.



“There are many things that community members can support but critically not the selection of the program participants. For example, a participant said: ‘I volunteer to give you all the names that are truly vulnerable in our village’. We cannot do this because he would add the names of his relatives and friends. I would do the same.”

— Male staff member

During the consultations, community members were asked for their views on the vulnerability of family categories. The objective was to rank family categories to prioritize for cash assistance. Categories were based on easily verifiable characteristics. Female-headed households, households including only elderly members, families with a member with a disability are examples of categories with clearly identifiable characteristics. The exercise was inconclusive in that participants’ views were diverging. While this reflects the subjective nature of vulnerability, it can also indicate a conflict of interest between the participants’ expressed preferences and their own realities. Consultation participants have an interest in prioritizing their own family category. This does not mean to say that other family categories are not vulnerable. Rather, it is a way of expressing one’s own vulnerability. Community members that are in need make use of strategies to ensure that they are not left behind.

Consulting communities at the proposal phase of the project cycle may suffer from bias due to lack of direct experience. Community members that have never been on the receiving end of multi-purpose cash assistance programs may be unfamiliar with their systems, specifically those for registration, assessments, distribution, submitting complaints and feedback mechanisms. When asked about their views and preferences for how these systems should be designed, the answers are likely to be based on experiences with other systems or the reported experiences of other community members. For example, regarding the selection and use of financial service providers to redeem cash assistance, a male participant said: “*We never went through this to know if there are any challenges*”. This is particularly relevant for MPCA programs where some of the decisions on program design are made at the proposal stage and can be difficult to change later, due to fixed costs and the nature of the cash project cycle. For example, the registration window to SAFER program is only open for two weeks. The program is unable to accept registration after the window is closed, because all participants will receive 12 months of cash transfers before the program ends. The design of registration channels is decided before they open and is difficult to change while the process is ongoing due to its limited duration. Overall, the lack of direct experience could limit the usefulness of consultations. In these cases, community consultations may not yield relevant information and teams may need to make decisions and choices based on other considerations that may end up being less preferable by program participants.

Another reason for program design not reflecting community views is related to rigid funding options and targeting. At the time of the consultations, 35 and 30 percent of the Lebanese population in Baalbek and Zahle respectively lived in IPC Phase 3 or above, indicating the need for urgent humanitarian action to reduce food

¹⁰ Sabates-Wheeler, R.; Szypl, C., “[Key considerations for targeting social assistance in situations of protracted crises](#)” (March 2022)

gaps, diversify food intake, protect, and restore livelihoods, and prevent acute malnutrition. In this context, MPCA in the form of regular monthly transfer of cash is a relevant form of assistance to help food insecure Lebanese families meet their basic needs. MPCA programs need to use targeting solutions to identify food insecure families. However, some level of error is inherent in every targeting system. Inclusion error means that some families receive MPCA assistance, while they would prefer other forms of assistance. During community consultations, two male participants below 60 mentioned they preferred forms of cash assistance that support longer-term solutions, such as small grants for entrepreneurial activities in support of livelihood outcomes. One of them said: “Don’t give me USD 100 and tell me to sit at home. Find us jobs. [...] Provide jobs for youth. One person can employ 10. Instead of giving me USD 100 for a year. Give me USD 1,000 to open a shop. That way I can support my family”. This points to the fact that even if we identify MPCA as a relevant form of assistance for those that are food insecure, MPCA programs still face the challenges of correctly identifying them.



“If community members suggest that the program should provide USD 150 in assistance and then we only provide USD 100, they may accuse us of embezzlement.”

— Male staff member

There is limited guidance on the elements of MPCA programs to co-design with affected populations. Mercy Corps chose to not consult affected populations on the amount of the MPCA transfer value. Guidance on MPCA programming recommends calibrating the transfer value based on economic capacity to meet essential needs, which compares the survival minimum expenditure basket (SMEB), i.e. the monthly amount of money a family needs for a dignified living, with the average income from work and other activities¹¹. The difference between the two corresponds to the recommended MPCA transfer value. The Mercy Corps team felt that the transfer value is a sensitive element of MPCA and consulting populations on it can carry its own risks. For example, there was a perception that consultation participants would hold the team to account to adopt the preferred amount. Although the affected populations were not consulted at design phase, the program will disseminate the information on transfer value during implementation phase.

Best practices:

- Draft a management response to community recommendations: the management response will provide a basis to explain to communities the reasons for designing the MPCA program in line with or against their recommendations. It will also provide an important reference to draft a people-centric proposal.
- Conduct a consultation loop even when the scope for program adaptations is limited. Community members want to have their voices heard. Even if the program ends up looking similar to their current design, the process of designing MPCA programs, and who’s involved, is as important as the outcome.

Lessons learnt:

- The design of MPCA includes many elements. For some of these elements, coordination sectors produce guidelines to support harmonized responses. For example, sector guidelines on transfer value aim to harmonize the amount of cash assistance and avoid tensions between participants of different programs, notably humanitarian and government assistance. While harmonized programs

¹¹ In Lebanon, the survival minimum expenditure basket, i.e. the monthly amount of money a family needs to survive, is used to calibrate the MPCA transfer value.

result in improved outcomes, they can discourage teams from consulting communities on those design elements, because they feel that sector guidance should take precedence over what affected communities prefer. While there could be very valid reasons to follow sector guidance, consult populations can still serve the purpose of generating evidence on community preferences, which can be used for advocacy.

The role of local cultural norms

Holding those in power to account and ensuring a demand-driven system of assistance is the result of a balance of power supported by appropriate governance structures. In many contexts where humanitarian programs operate, systems of state provision are often damaged or non-existent. In these contexts, populations are unfamiliar with the notion and practice of participating to the way policies and programs are designed or have diverging views of what that means¹². The consultation loop sparked relevant discussions and internal dilemmas on the appropriate extent of information to share with affected communities. The risk of raising expectations and doing harm was acutely felt, especially among team members that lived close to the communities from which participants came from. In this case, concerns about doing unintended harm prevailed over the perceived benefits of transparency and participation, especially when teams had no first-hand experience of those benefits. Overall, this reflected the lack of a common understanding of what participation and accountability to affected populations mean in practice.

The consultation loop took place over the course of 6 months and included field activities (consultations with communities and follow-up discussions) and office-based work (drafting tools, training activities, drafting the management response to community recommendations and people-centric proposal). The team worked on the preparations for each field activity (initial consultations and follow-up discussions), which included drafting terms of reference and tools, assessing risks, identifying mitigation measures and planning. The full team worked full-time to undertake training, invite participants, facilitate discussions and debriefing. Overall, this took 15 full-time days for a team of 10 members. This represents a considerable investment of resources, especially at the project proposal stage when no funding is available yet and indicates the significant operational challenges to conducting consultation loops at project proposal.

Following the six-month consultation loop, the underlying context and vulnerability situation of the consulted changed. In April 2024, the update to round 3 IPC data showed that, out of the four communities where the consultation loop took place, two belonged to districts that had become less food insecure. This meant that the SAFER program would exclude those communities. At this stage, the team was understaffed and lacked the resources to inform the relevant participants. Although some forms of communication such as SMSs or phone calls require less resources, the team felt that participants' expectations had been managed sufficiently in the consultation loop and no further action was needed. Informing those communities about exclusion was perceived as damaging for social cohesion. There was also the perception that if participants wanted to know about the outcome of the proposal, they could call Mercy Corps helpline. This reflects the mindset that establishing and sharing the information about the organization's complaint and feedback mechanisms (CFM) is sufficient for AAP purposes. However, an increasing body of evidence shows the shortcomings of relying on CFM mechanisms to advance on AAP commitments. For example, in Lebanon, although 83 percent of aid organizations indicated that they analyze complaint and feedback trends to inform programming and

¹² In February 2024, the government of Lebanon adopted a rights-based national social protection strategy. The new strategy introduced a rights-based framework for social assistance. This means that social assistance became a right, as opposed to handout. That provides the conceptual foundations for holding those in power to account to assist vulnerable citizens.

advocacy, 32 percent of aid recipients indicated that they did not feel comfortable using the complaints and feedback mechanisms, citing the lack of positive change resulting from their input.¹³

Lessons learnt:

- Getting comfortable with saying “we don’t know” is a process. Frontline staff needs to be supported in developing the skills needed to have uncomfortable conversations with communities. In humanitarian settings, providing assistance to some communities goes hand in hand with explaining to others the reasons they cannot receive assistance.
- The proposal step of the project cycle can be long and complex, including negotiations and contracting with the donor. This means that a long time goes between consulting affected communities and the start of project implementation. During this time, the underlying context and vulnerability levels may change, with important implications for the eligibility for assistance of consultation participants.
- There is limited consensus on the definition of participation and the objectives of community engagement. Teams have different understandings of the appropriate amount of information to share with communities, which can be influenced by local cultural norms.
- Accountability to affected populations is often relegated to specialized functions such as the organization hotline. There is limited awareness of the role that program functions play in upholding accountability standards and achieving meaningful participation.
- The structured consultation loop requires extensive resources. It can be challenging to find the required resources to meaningfully engage communities at the project proposal stage.

Conclusions

While consulting affected populations to ensure that the design of aid programs reflects their preferences is an important AAP practice, doing so at project proposal stage for MPCA programs comes with a unique set of opportunities and challenges. Little guidance exists on how to consult affected populations at the proposal stage of MPCA programs, in a way that fosters participation without doing unintended harm. The lack of evidence on participation initiatives limits the uptake and scale-up of this practice by humanitarian agencies, who are reluctant to pilot initiatives on their own. For participation to become the norm, a critical mass of evidence needs to exist. This learning brief offered a frank account of Mercy Corps’ experience in consulting affected populations on the design of MPCA programs at proposal stage. It takes the perspective of frontline staff and provides a critical assessment of what works and what does not work in the field. As this brief demonstrates, involving communities on the design of MPCA programs can be a good practice in principle, but it needs to navigate important challenges.

Mercy Corps’ experience with the consultation loop showed that sustained engagement fosters trust between aid providers and affected communities. In principle, meaningful empowerment promotes the sense of agency among community members, who become better informed about the proposal and funding processes and can form their own opinions about what to expect next and who to hold to account. In practice, Mercy Corps experience was unable to generate evidence on this point, due to the lack of tools to measure relevant perceptions. Aid providers also need to be realistic about the extent to which community views can be taken into consideration, resulting in programs that do not fully reflect the community preferences. In some cases, humanitarian principles, such as do-no-harm, may prevail over community preferences in designing assistance programs. In these cases, explaining the reasons for not taking up community preferences can

¹³ OCHA, “[Lebanon - In-focus - Complaints and Feedback, Accountability to Affected Populations \(AAP\)](#)”, September 2023

mitigate the disappointment. Aid providers also need to be conscious about other operational risks to consult communities, such as the local cultural norms on community engagement, number of resources needed and risk for contextual changes to undermine the participation process.

As the humanitarian aid sector strives to increase the participation of affected populations in the design of its programs, there is a need to be frank about the opportunities and challenges of doing so, especially from a frontline perspective. While Mercy Corps remains committed to ensuring that its MPCA programming uses a people-centric approach, this learning brief offers three cautionary tales about the extent to which participation is possible, without doing unintended harm. It aims to provide a wake-up call to the humanitarian aid community and promote a learning culture to support the advancement of AAP commitments. Without an open and honest exchange of lessons learnt, the sector is poised to make limited progress on these commitments and the populations we aim to serve will continue to be frustrated with the way the systems work.

Recommendations

1. **To donors:** increase the level of flexible funding. The project proposal and contracting phases can be long. Consulting populations on their preferences for program design before funding is confirmed increases the risks of raising expectations and leaving them unmet. Donors should allow for the design of MPCA programs to be defined in consultation with communities, after funding is confirmed. Proposal templates should not include sections on the expressed preferences of affected populations.
2. **To coordination structure in Lebanon, such as the Cash Working Group, and global initiatives, such as OCHA's Flagship Initiative:** provide guidance on consulting with communities on MPCA design and promote the use of harmonized indicators and benchmarks to measure the sense of participation and expectation. Some initiatives to measure participation through a set of standard indicators (for example DG-ECHO protection mainstreaming indicator and Ground Truth Solutions Cash Barometer) exist but these are not widely used. This can help to measure progress, define success and agree on definitions for participation.
3. **To coordination structures in Lebanon, such as the Cash Working Group, and global initiatives, such as OCHA's Flagship Initiative:** promote and expand the use of independent, third-party initiatives to consult with communities about their preferences for the design of assistance systems. Segregation of functions can mitigate the risk faced by those who provide aid to raise expectations among communities. Aid providers can use the information generated by those independent initiatives to inform their programming.
4. **To aid organizations:** build technical capacity in relation to participation across organizational functions. This should aim to overcome the siloed notion of accountability and help program teams socialize with the objectives of participation.

CONTACT

Chiara Genovese
Cash Advisor
cgenovese@mercycorps.org

Laila Al Amine
Country Director
lamine@mercycorps.org

About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



45 SW Ankeny Street
Portland, Oregon 97204
888.842.0842
mercycorps.org