



## COMMUNITY CONSULTATIONS TO INFORM TARGETING AND PRIORITIZATION

UNHCR and WFP have made a [joint commitment](#) to adopt a **people-centred, protection-focused and evidence-based** approach to targeting or prioritizing assistance to meet basic needs. As part of this commitment, communities are actively engaged throughout a targeting or prioritization process by regularly consulting them to ensure their **involvement in key decision-making processes**, that **essential information** is shared, and enabling communities to ask questions, provide feedback and complaints, and make targeting or prioritization related **appeals**.

One essential element of this approach is the **use of community feedback to inform decisions on targeting and prioritization approaches**. This brief explains how communities can be consulted and engaged on targeting or prioritization of assistance for basic/ essential needs during the **validation stage** of the targeting process and presents some lessons from previous exercises.

### TARGETING

Targeting is the process by which **people in need are identified** to enable the provision of timely and relevant assistance. As people affected by crisis have **distinct needs and capacities**, humanitarian assistance should be provided to people according to **needs** instead of providing the same assistance to everyone (referred to as ‘blanket assistance’).

The **targeting of assistance** ensures that **the right individuals receive the most appropriate support** to address their needs, support their protection and reinforce their capacities.

### PRIORITIZATION

Prioritization is a **resource-driven process** and occurs when funding shortfalls mean that not all needs can be met with available resources. The **prioritization of assistance** can be achieved through either:

1. A reduction in the **amount of assistance**,
2. A reduction in the **number of beneficiaries**, or
3. A **combination** of reducing the amount of assistance and the number of beneficiaries.

## WHY CONSULTING COMMUNITIES IS IMPORTANT

As one component of community engagement, consulting **forcibly displaced** and **host communities** during a targeting or prioritization process gives people an opportunity to actively **contribute to decision-making on how assistance should be provided** among those who are in need.

Consulting and engaging communities contributes to increased respect and dignity, since people's ideas, concerns and capacities are considered. **Ownership** and **buy-in** of the exercise increases, and assistance is **better adapted to people's needs** and the **context**.

Community consultations can **provide high-quality qualitative information at different stages of a targeting or prioritization process**.

Pairing qualitative community feedback with quantitative data can be used to validate analytical findings and further improve a targeting or prioritization approach, by

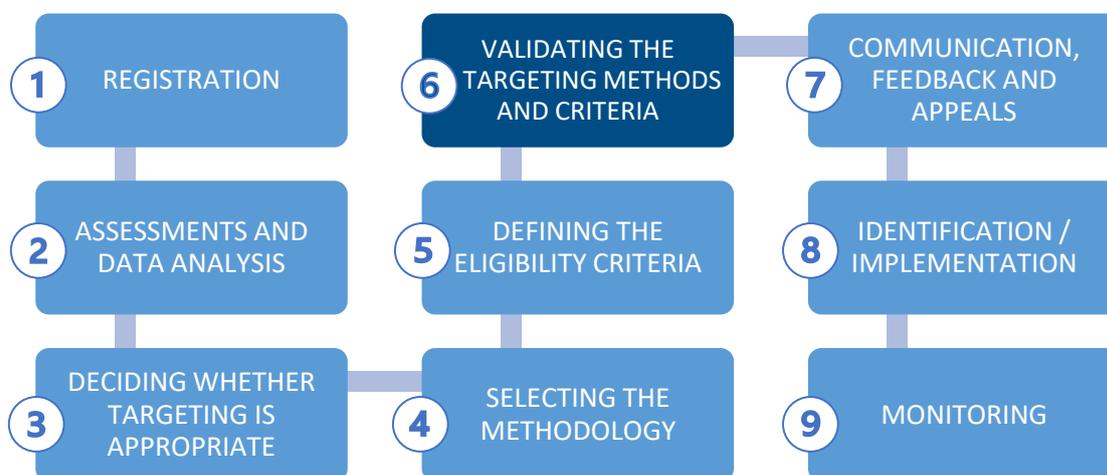
highlighting certain aspects, such as social norms, cultural aspects, or power imbalances not captured by quantitative assessments.

Consultations with communities can be useful after the analysis of available quantitative data, to **validate the targeting methods and findings** from quantitative analysis.

Community consultations can also help **mitigate potential risks** such as the exclusion of highly vulnerable groups from assistance, as affected people can provide information on vulnerable groups to be targeted or prioritized.

Reviewing the targeting or prioritization approach together with those who know the context or will be affected by it and adapting it to the extent possible based on their feedback also **reduces questions, complaints, and appeals relating to eligibility from beneficiaries and non-beneficiaries** once implementation starts.

### STEPS IN THE TARGETING AND PRIORITIZATION PROCESS



This document covers consultations at the stage of **validating the targeting or prioritization methods and eligibility criteria**.

The **eligibility criteria** determine whether an individual or household is included in an assistance programme and inform the level of assistance they receive, should this be tiered.

Analysis from quantitative assessments is used to identify vulnerability characteristics that are then validated by community consultations.

A set of clear and observable characteristics are then established as eligibility criteria, used to identify eligible beneficiaries, often using [UNHCR's proGres database](#).

For more information on the overall joint targeting/prioritization process, see the [UNHCR-WFP Joint Targeting Guidelines](#). These guidelines help UNHCR and WFP Country Offices to implement targeting and prioritization in a transparent, accountable, and coherent manner.

# OBJECTIVES AND BENEFITS OF COMMUNITY CONSULTATIONS

## OBJECTIVES



Capture community **perceptions of their vulnerabilities and capacities.**



Collect feedback on the proposed **eligibility criteria** for assistance.



Identify potential **protection risks** and appropriate **mitigation strategies.**



Assess people's **capacities, skills** and **support needs** in terms of **livelihoods and self-reliance.**



Identify **communities' preferred and trusted two-way communication channels** for receiving information, sharing questions, giving feedback, and making appeals.



Share **essential information** with **affected people** and **host communities** on:

- The targeting/ prioritization process,
- Their rights and entitlements,
- How to make an appeal to be considered for assistance and provide feedback.

## POTENTIAL BENEFITS



Increased **community ownership** and **buy-in.**



**Communities feel more respected** as their ideas, concerns and capacities are considered.



Community feedback **complements quantitative data analysis** by providing additional insights and validation.



The targeting or prioritization **approach is better adapted to refugees' needs** and the **context.**



Communities are **well informed** about the exercise and its different steps.



**Fewer questions, complaints and appeals** from recipients and non-recipients.



Community engagement helps **mitigate potential risks** of the exercise.



## METHODOLOGY

Community consultations are a **qualitative exercise**, generating information that cannot be easily measured in numerical terms, such as people's opinions and feelings, and can be conducted through **focus group discussions (FGDs)** and **key informant interviews (KIIs)** with affected people and the host community.

### CONSULTATION PARTICIPANTS

The consultations should include a **diverse group of participants** such as:

- Members of refugee committees, women's groups, organisations for people with disabilities, youth groups and others,
- Zone and block representatives (if relevant),
- Religious or traditional leaders,
- Teachers and health workers,
- Other members of the community.

It is important to ensure that participation in consultations is **not only limited to community leaders** but that other voices are heard as well.

**Consulting community leaders in KIIs** rather than FGDs can reduce risks of maintaining or exacerbating **existing power dynamics** that might negatively affect the **quality of the community feedback** collected, as community leaders may dominate discussions which makes it difficult to hear less dominant voices.

For FGDs with **host communities**, key opinion leaders can be selected as participants.

### ENSURING INCLUSIVENESS

Care should be taken to **include vulnerable profiles** in consultations, such as older people, people with disabilities, with serious medical conditions, ethnic or religious minorities, or indigenous peoples, to ensure all voices have equal chances to be heard.

Ensure diversity, cultural and conflict sensitivity of facilitators, note-takers and observers according to the context, such as female

### DEVELOPING A JOINT ACTION PLAN

Try to develop a **joint action plan** for the community consultations that elaborates the **activities** to be conducted together and outlines a **timeline** for key steps as well as **responsibilities** of UNHCR, WFP and partners in the process.

facilitators of focus group discussions with women.

Separate consultations with women and men and other categories of refugees as appropriate in each context are useful in contexts where there are gender disparities in households, or a risk of conflict.

Depending on the context, it may also make sense to further **divide the group discussions along age and diversity criteria** by conducting, for example, separate group discussions with children who are household heads.

if possible, steps should be taken to **facilitate the participation of other diverse** groups such as people with hearing impairments (by having co-facilitators who know sign language or providing written information).

Consultations should be conducted in participants' **native languages**, using translators if necessary.

### CONSULTATION SITES

The location of consultation sites should be determined with **local actors** and sites selected to ensure the range of contexts.

As **field staff** are amongst those who know the local context well, they should be involved in selecting the consultation sites.

Camps, sites, and populations that have **received assistance for many years**, have **high food insecurity** or **economic vulnerability** and/or where **potential security and safety risks may rise due to changes in assistance** should be included to ensure concerns and

suggestions from people living in these locations are considered. Ensuring participation in such contexts and collecting specific information during these consultations may help to **mitigate some of the potential risks** of the targeting or prioritization exercise.

When deciding the **number of consultation sessions** to be held with refugees and host communities, having a representative sample of community members is not essential, as this is **not a quantitative exercise**. However, careful consideration on sites and their characteristics should be made to ensure context heterogeneity is properly captured.

## ETHICAL PRINCIPLES

Consultations should be conducted in accordance with ethical research standards, including the following principles.



### Voluntary participation

All participants should decide to participate in consultations independently and voluntarily and should be allowed to withdraw at any point should they feel uncomfortable proceeding with the discussion.



### Confidentiality

Collected data should be treated confidentially, and participants' names and other personal identifying information should not be included in any report or dissemination material, unless

strictly necessary and with the participants' informed consent. If any personal identifying information is collected during consultations, data protection procedures should be put in place to ensure this information is securely handled and stored, password-protected, only accessible to selected users and available to the consultation participants if they ask to access, update or delete their data. Moreover, the context of consultations pertains to the community-level, hence study results should never be linked to individual participants or answers.



### Minimal risk of harm

There are usually few risks associated with community consultations. However, risks could be higher in certain contexts, such as conflict-affected areas, and should be minimised and communicated to consultation participants in advance.



### Informed consent

An informed consent form, detailing the purpose of consultations, the duration for keeping the data, participants' rights (including data rights), potential foreseeable risks and benefits to participation, confidentiality procedures, voluntariness, partners involved, and additional information channels should be administered before the start of any consultation session.



## COMMUNITY CONSULTATIONS AS A PROTECTION TOOL

Protection demands **meaningful engagement with affected persons** during **all phases of a response** in a manner that recognises and is sensitive to age, gender and diversity. Affected persons should be **actively engaged in decision-making processes** at key stages of the programme cycle. Meaningful engagement that goes beyond dialogue and the assessment of risks enables humanitarian actors to **respond to the priorities of affected persons** and determine the impact of humanitarian and development action on them and, in turn, to design, implement and adapt activities that address or prevent patterns of violence, abuse, coercion and deprivation and assist people to claim their rights.

As affected persons can identify the risks they face and their own capacities to address these risks, specific risks are more likely to be detected through **meaningful engagement with affected populations**. Using a protection lens places the human being and their needs at the centre of humanitarian action and strategic planning.

## STRUCTURING CONSULTATION SESSIONS

The below table summarises topics that can be covered through focus group discussions and key informant interviews. It is important to allocate sufficient time to the discussions, to ensure that discussion members have enough time to share their perspectives and understanding. **Templates** can be found on the [UNHCR-WFP Joint Hub website](#).

THEMES	EXAMPLE QUESTIONS
<b>Vulnerability</b>	<ul style="list-style-type: none"> <li>• Which are the most vulnerable groups in the community that are most in need of assistance? And why?</li> <li>• Which types of households can meet their needs without humanitarian assistance?</li> <li>• Do the proposed eligibility criteria capture the most vulnerable groups?</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• How might the planned changes in the assistance affect the different members of the community?</li> <li>• How might different community members react to the planned changes?</li> <li>• How might the planned changes affect relationships between different groups within the community?</li> <li>• How might the planned changes affect relationships with the host community?</li> <li>• What actions can be taken to avoid or reduce risks?</li> </ul>
<b>Livelihoods &amp; self-reliance</b>	<ul style="list-style-type: none"> <li>• What are the most common livelihoods related opportunities and challenges?</li> <li>• How can WFP and UNHCR strengthen livelihoods and support self-reliance?</li> </ul>
<b>Information sharing</b>	<ul style="list-style-type: none"> <li>• What are preferred and trusted ways (channels and sources) for receiving essential information about the planned changes?</li> <li>• What challenges are faced when it comes to accessing information (also considering age, gender, disability, and other diversity factors)?</li> </ul>
<b>Feedback, complaints, and appeals</b>	<ul style="list-style-type: none"> <li>• What is the level of awareness of existing feedback mechanisms?</li> <li>• What are the preferred ways for asking questions, providing feedback, or making complaints and targeting or prioritization-related appeals?</li> <li>• What challenges are faced when asking questions, providing feedback, or making complaints (also considering age, gender, disability, and other diversity factors)?</li> </ul>

**Consultations with host communities** can focus on how the planned changes would affect host community members and their relationships with forcibly displaced populations, and preferred communication channels for receiving information and sharing feedback and complaints.

## COMMUNITY CONSULTATIONS IN RWANDA

In 2021, WFP and UNHCR moved to targeted food assistance for camp-based refugees in Rwanda using three vulnerability categories.

The two agencies held **41 community consultation sessions** with **over 200 participants** in all refugee camps, ensuring the **participation of persons of concern** in an inclusive and transparent manner.

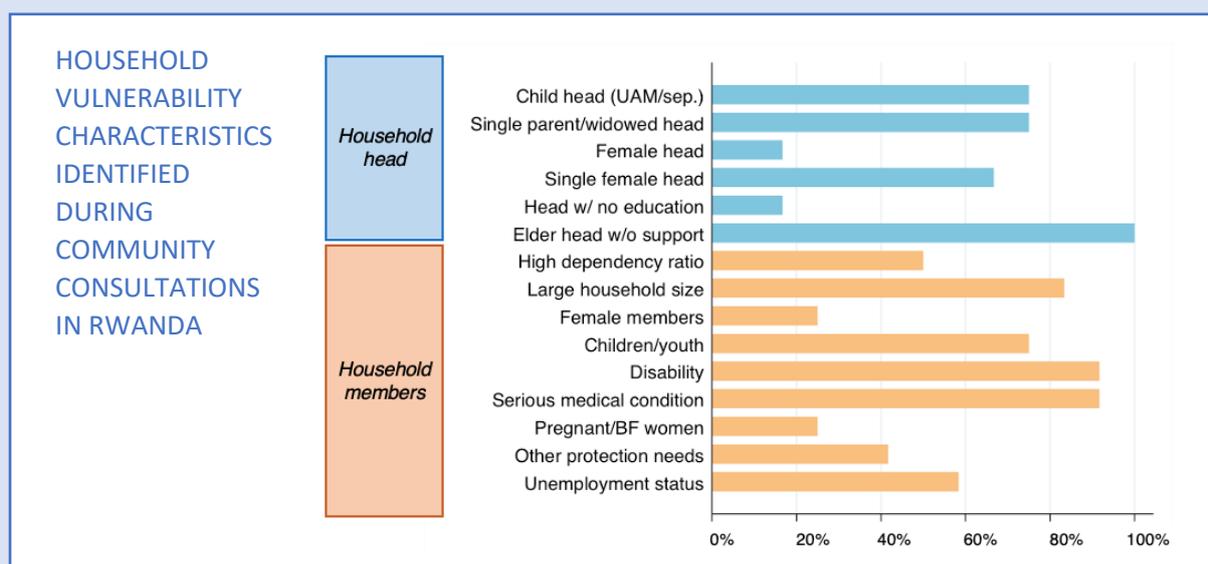
Focus group discussions were held with women and men in each of the six refugee camps, complimented by key informant interviews. Participants were consulted on a set of proposed eligibility criteria, identified through the analysis of quantitative household-level data, to **capture essential aspects of vulnerability within the community** to inform the targeting approach.

### VULNERABILITY CHARACTERISTICS

The following vulnerability categories were highlighted by the communities, and included as part of the final eligibility criteria:

-  People with disabilities
-  Serious medical conditions
-  Older persons with no support
-  Households with many members
-  Households headed by a minor, or by a single head

Participants also highlighted other important aspects linked to vulnerability, such as household **working capacity**, which were considered in the targeting approach.



Following a review of the collected feedback data, the results were compiled into categories, such as the frequency of a vulnerability characteristic or a protection risk mentioned across the KIIs and FGDs.

### INFORMING ACCOUNTABILITY APPROACHES

Community feedback on preferred communication channels informed the **establishment of a joint appeals mechanism** and an **information sharing strategy** on targeting.

The consultations confirmed the **validity of the proposed eligibility criteria**, which considered aspects related to education, marital status, dependency, household size, protection, and specific needs.

For more information on the targeting approach in Rwanda, including the final eligibility criteria, you can access an explanatory briefing note [here](#).

## CARRYING OUT THE CONSULTATIONS

### TRAINING

An essential step in ensuring that the consultations yield usable results and are conducted in a protection-sensitive manner is the training of staff to undertake the consultations.

Great care should also be taken in the [selection of facilitators](#), according to the context, and ensuring cultural and gender sensitivity.

**Facilitators, note-takers and observers** of consultation sessions should be trained on the following issues in advance:



How the **targeting or prioritization approach** was developed and the **objectives of the consultations**.



How the **proposed eligibility criteria** were developed, and how to explain these to consultation participants.



How **data collection tools** are structured, how to protect the collected data, what questions should be asked, and how to probe for detailed and clear responses.



Why it is important to involve a **diverse range of consultation participants**.



How the **main discussion points** should be recorded.



**Protection considerations**, such as protocols for dealing with sensitive topics, the **confidentiality of information shared by participants**, access to **feedback mechanisms**, and referral of **sensitive complaints**.

Ideally, training should also include **field-testing of the data collection tools** so that training participants can familiarise themselves with the questions to be asked during the consultations and make any last changes to the tools to improve their clarity should they face any challenges during the field-testing.

### USING VISUAL MATERIALS

The vulnerability characteristics or **proposed eligibility criteria** can be presented visually, such as on **flipcharts**, and **read out to the communities**.

Additional visual materials can be used to better explain the criteria to the consultation participants, which can be especially useful if there is a significant share of **illiterate** participants or people with impairments in reading.

To ensure that these materials are ready on time, it will be important to agree early in the planning process how the materials will be paid for and who will lead on their development.

Depending on the contents of the training, it will take between a **half a day and two days** to cover all key issues.

### DATA COLLECTION

Teams consisting of a **facilitator, note-taker and observer** should facilitate the **focus group discussions**, while teams consisting of a **facilitator and note-taker** should conduct the **key informant interviews**. Observers can help note-takers to finalise consultation notes once consultation sessions have ended to ensure the main discussion points are recorded.

The data collection tools can be administered either by using password-protected **tablets** or on **paper**. Using tablets, smartphones or laptops saves time digitising hand-written notes.

Where tablets, smartphones or laptops are used, feedback can be captured with secure mobile data collection platforms such as **KoBo Toolbox**, used by UNHCR, or WFP's **MoDa**. Answer options can be prepared for some questions (including "other" answer option with a text field). This allows to skip manual data entry and to speed up the analysis of the collected feedback data.



## THE ANALYSIS AND USE OF CONSULTATION FINDINGS

### CONSULTATION DATA ANALYSIS

Once consultations during the validation phase have been conducted, community feedback should be analysed so that key findings can be triangulated with those from quantitative analysis and used to strengthen and finalise the **targeting or prioritization approach**, including the **eligibility criteria**.

The consultation data analysis process should be rigorous and follow the standard rules for data analysis, capture the **collective point of view of the community**, and explore **context heterogeneity** to better inform decisions on targeting and prioritization.

In general, the data analysis should focus on the **frequency of mentions** of a certain topic or characteristic. For example, exploring how frequently a certain demographic characteristic, such as large household size, is mentioned as a key factor of vulnerability in the consultations would help better understand its importance for the community, relative to other characteristics.

Since consultations are carried out in heterogeneous contexts, the data analysis should also allow to capture potential differences across areas where the communities were consulted. This can be done

through disaggregation at different levels, for example comparing results by:

 **Type of consultation**, such as Focus Group Discussions vs Key Informant Interviews.

 **Gender, age, and other relevant demographics**, such as consultations held with women vs those held with men.

 **Geographical level**, such as by province, health zones, or field office.

 **Security threats**, such as conflict affected vs. more secure areas.

### FURTHER USE OF FINDINGS

Community feedback on their **preferred and trusted communication channels** should feed into the **establishment of an appropriate appeals mechanism** that will receive, process, and respond to targeting or prioritization related appeals as well as the **preparation of an information sharing strategy** to inform refugees and asylum seekers about the upcoming changes.

Findings should also inform a **risk register** that details risks and mitigation measures relating to the targeting or prioritization exercise.

## COMMUNITY CONSULTATIONS IN CAMEROON

**163 community consultation sessions** were held across **27 locations** in Cameroon in support of the prioritization exercise for WFP food assistance.

The consultations highlighted communities' views on existing vulnerabilities, proposed eligibility criteria, protection risks, and preferred channels for receiving information and providing feedback, complaints, and lodging appeals.

### PROTECTION RISKS AND MITIGATION

The **main protection risks** identified in the consultations with refugees included:



**Tensions within the refugee community**



**Demonstrations**



Increase in **malnutrition**



Increase in **school dropouts**

To mitigate the risk of tensions and unrest, refugees frequently recommended carrying out **effective and timely information sharing** to ensure that refugees understood upcoming changes.

Field staff reported that participation of communities in the prioritization process had helped to successfully reinforce **social cohesion between refugees and host communities**.

### HOST COMMUNITY PERCEPTIONS

**Host communities** raised several concerns such as **theft and other crime** carried out by refugees, a **negative impact on the labour market** as refugees may intensify job searching and increase competition for limited available jobs, a **heightened risk of deforestation** from woodcutting, and increasing **tensions between refugees and host communities**.



### ACCOUNTABILITY TO REFUGEES

Refugees **preferred and trusted ways to receive essential information** was through community leaders, community meetings, community mobilisers, religious leaders, WFP, UNHCR and partner field staff, megaphones, and hot-lines.

Some of the **main challenges** refugees faced in receiving essential information included:



The **mobility of refugees** (such as for out-of-site agricultural activities or job searching)



**Barriers for people with disabilities** (such as hearing or mobility impairments)



**Barriers for older people** (such as a lower likelihood of owning a phone)



**Barriers for children and women**, partly for cultural reasons



The **remoteness of refugee sites**



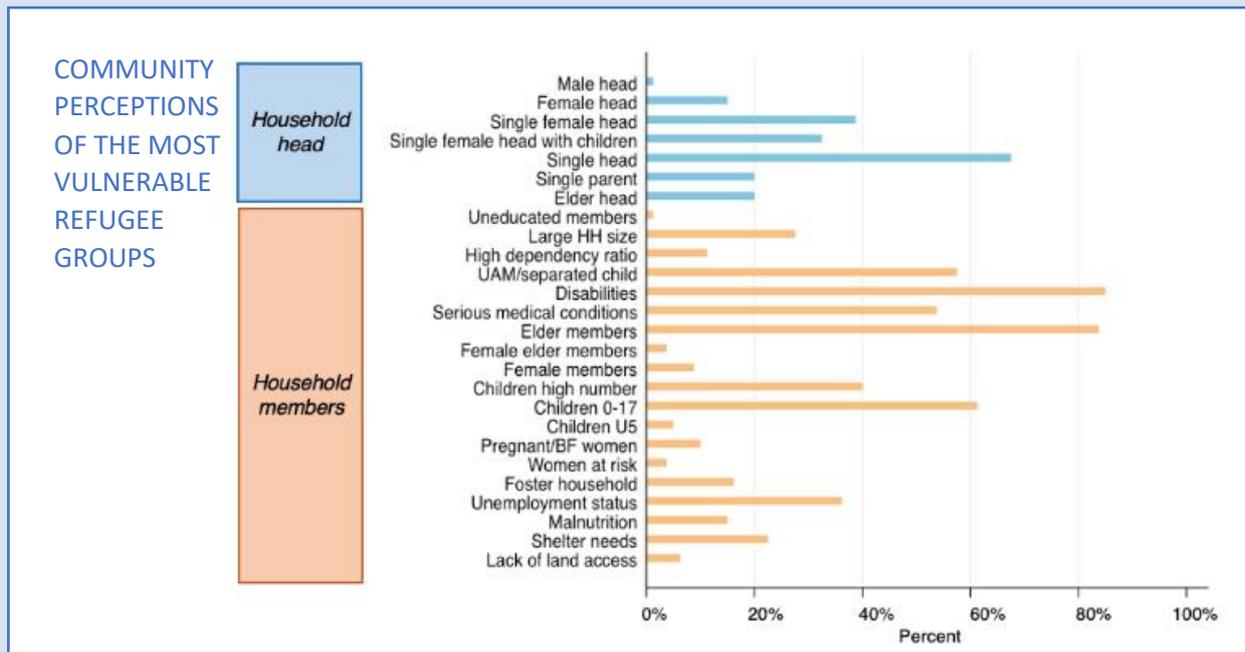
**Lack of access to mobile networks**

## REFUGEE COMMUNITY PERCEPTIONS OF VULNERABILITY

Vulnerability categories mentioned by communities included single-headed households, persons with disabilities, older persons, and households comprising children or young members.

Unaccompanied or separated minors, members with serious medical conditions, and households with many children were also frequently reported.

These aspects were largely captured by the proposed eligibility criteria, and general agreement was reached on using the proposed criteria to finalize the prioritization approach.





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## CONSULTATIONS TO FACILITATE REFUGEE INCLUSION IN THE NATIONAL SOCIAL REGISTRY IN MAURITANIA

UNHCR and WFP worked with the Government of Mauritania and the World Bank to design a targeted approach to humanitarian assistance and to include a vulnerable sub-set of refugees in national social protection programmes in Mauritania.

Community consultations were an important component of the process. The consultations helped to collect feedback on verifiable characteristics of the most and least vulnerable refugee profiles, which was used to inform the measurement of household vulnerability for the refugee population in Mauritania.

### COMMUNITY RANKING OF VULNERABILITY CHARACTERISTICS

Through a ranking methodology, participants were asked to list up to seven socio-demographic characteristics to describe the most and the least vulnerable in their community, as well as the assets and livelihoods activities that are (or are not) most likely to be associated with highest and lowest vulnerability.

This process helped validate common vulnerability characteristics that had been identified through the analysis of available data.

### INCORPORATING CONSULTATION FINDINGS IN THE DEVELOPMENT OF VULNERABILITY GROUPS

Aspects such as the presence of household members with a disability, employment status, age of the household head, and marital status were often mentioned by participants and considered during the development of a **household vulnerability score**, which includes food access, education, dependency, protection, and working capacity.

Based on their vulnerability level, **refugee households were categorised in three vulnerability groups**, with the most vulnerable group included in the Mauritanian social inclusion programme Tekavoul, in addition to receiving food and cash assistance from WFP and UNHCR.



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## KEY COMPONENTS FOR SUCCESSFUL COMMUNITY CONSULTATIONS TO INFORM JOINT TARGETING AND PRIORITIZATION

This list highlights the **key components** for successful community consultations that inform joint targeting and prioritization decisions, and that strengthen accountability to affected people and protection mainstreaming in the targeting and prioritization process.



A **Joint Action Plan** detailing **actions**, **responsibilities**, and **deadlines**.



Joint **Terms of Reference**, that include:

- ✓ Objectives
- ✓ Types of consultation participants
- ✓ Types of facilitators
- ✓ Consultation sites
- ✓ Consultation approach (such as through FGDs and KIIs)
- ✓ Number of consultation sessions
- ✓ Data collection tools and data protection measures
- ✓ Training
- ✓ Analysis, and
- ✓ Budget



**Focus Group Discussion and Key Informant Interview guides**, that include:

- ✓ Informed consent statements
- ✓ Consultation questions
- ✓ For mobile data collection: Coding of questionnaires



**Visual materials** to communicate proposed eligibility criteria, where relevant



**Training** of facilitators, notetakers and observers



Preparation of **consultation sites**, including **refreshments** for participants, agreement on **WASH standards** and **access** of participants (e.g. transport)



Mobilisation of **consultation participants**, providing information and encouraging attendance



**Facilitation of consultation sessions**, including comprehensive notetaking



**Qualitative analysis** of community feedback



Discussion on **key findings** and **decision on way forward**



World Food Programme

**JOINT PROGRAMME EXCELLENCE AND TARGETING HUB**



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