Emergency Multi-Purpose Cash Assistance (EMPCA) Guidelines

Lebanon Cash Working Group
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Acknowledgements

The Emergency MPCA guidelines were developed in March/April 2026 by a multi-agency Task Team on behalf of the Lebanon Cash Working Group. The Task Team was co-led by UNHCR and NRC and comprised Amel, IRC, Mercy Corps, NRC, Sphere Building Tomorrow, the CWG Co-Lead representing MoSA, UNICEF, UN Women, UNHCR, WFP, and World Vision.

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Executive Summary

The Emergency Multi-Purpose Cash Assistance (EMPCA) Guidelines establish a harmonized, interagency framework to enable a **rapid, coordinated, and scalable cash response** to populations affected by conflict escalation in Lebanon. Developed by the CWG EMPCA Task Team, the guidelines align humanitarian and national systems to ensure coherence across actors and population groups.

EMPCA is positioned as a **cash-first intervention**, providing timely and flexible assistance to support households in meeting immediate basic needs while reducing reliance on negative coping strategies. The approach is inclusive and cross-population, with Lebanese households supported through the national Shock Responsive Social Safety Net, and non-Lebanese populations assisted by UN agencies, NGOs, and local partners. The framework is grounded in key principles of transparency in targeting, proportional data collection, complementarity with sectoral responses, and inclusion across gender, age, and diversity dimensions.

Activation of EMPCA is led by the Government of Lebanon in coordination with the CWG, based on predefined triggers such as displacement, active conflict, and reduced household capacity to meet basic needs. The response can be activated at national, sub national, or local levels depending on severity, geographic scope, market conditions, and operational access.

The current **transfer value is set at USD 20 per household member, capped at five members, with an additional USD 45 per household, delivered monthly for up to three months**. This value is benchmarked against the Survival Minimum Expenditure Basket and will be periodically reviewed by the CWG in line with market trends, household needs, funding availability, and policy considerations.

Access to EMPCA is facilitated through **multiple entry points**, including self-registration, referrals, existing beneficiary databases, and outreach. Targeting follows a two-tier approach combining geographic prioritization and household level vulnerability criteria, including disability, dependency ratios, chronic illness, and absence of a fully capable adult.

EMPCA is **embedded within a broader ecosystem of emergency cash responses**. It is designed to complement national social protection mechanisms, population specific assistance, and sectoral cash interventions. Deduplication is required where assistance addresses the same needs, while layering is encouraged to respond to distinct or sector specific vulnerabilities.

Delivery is ensured through **diverse and context appropriate payment mechanisms**, selected based on safety, accessibility, liquidity, and beneficiary preference. Strong accountability measures are integrated throughout, including transparent communication, accessible feedback channels, data protection safeguards, and safe handling of sensitive complaints.

The guidelines further set **minimum standards for monitoring, reporting, and coordination**. Post distribution monitoring focuses on assessing adequacy, access, coping strategies, and beneficiary experience, with particular attention to barriers faced by different groups. All partners are required to report through agreed interagency systems, while the CWG, in collaboration with the Ministry of Social Affairs and partners, will ensure regular review and adaptation of the guidance as the context evolves.

1. EMPCA Introduction, Scope, Objectives, and Principles

Introduction and Scope

Emergency Multi-Purpose Cash Assistance (EMPCA) is provided to populations affected by conflict escalation in Lebanon under the leadership of the Ministry of Social Affairs (MoSA) and in coordination with the Lebanon Cash Working Group (CWG). For Lebanese nationals, assistance is delivered through the MoSA-led Shock Responsive Safety Net (SRSN), which may be complemented by vertical expansion through coordinated sectoral top-ups to support vulnerable displaced households.

Non-Lebanese populations receive EMPCA through population-targeted assistance, complemented by sector-specific cash support to address specific needs. UNHCR and partners cover Syrian refugees and refugees of other nationalities; UNRWA and partners cover Palestinian refugees, Palestinian refugees in Lebanon, and Palestinian refugees from Syria; and IOM and partners cover migrant populations.

In March 2026, an EMPCA Task Team was activated under the CWG to develop guidelines applicable across affected populations in response to the rapid conflict escalation. The aim was to ensure a transparent and harmonized approach, informed by consultations with relevant agencies, NGOs, population-specific actors, sectors, and the Assessments and Analysis Working Group. Detailed task team and consultation information is reflected in the annexes where relevant.

Purpose

The purpose of these guidelines is to support partners and cash actors in the design and implementation of EMPCA. The guidance has been developed in line with Government priorities, builds on existing systems, and respects global humanitarian standards. It outlines the technical approach agreed by the CWG for a harmonized, inclusive, scalable, and rapid emergency cash response in Lebanon.

Principles of EMPCA

- **Cash-first approach**: EMPCA is considered the default modality for basic needs assistance and is used wherever markets are functioning and safely accessible to target populations.
- **Cross-population approach**: Assistance is need-based and inclusive, addressing vulnerability across affected groups without unnecessary categorization.
- **Minimal but sufficient data collection**: When data cannot be obtained from existing national and humanitarian systems, data collected from affected populations should be limited to what is necessary for targeting, delivery, and accountability, while capturing sex, age, disability, and other relevant vulnerability characteristics to enable gender-responsive, inclusive, and safe programming.
- **Transparent targeting**: Criteria for beneficiary selection should be clearly defined and communicated to affected populations to promote accountability and trust.
- **Complementarity**: EMPCA is designed in coordination with other sectoral responses to ensure alignment and avoid duplication.
- **Technical grounding and adaptability**: EMPCA is based on technical analysis and remains flexible to adapt to evolving response strategies as the context requires.
- **Gender, age, and diversity responsiveness**: EMPCA is designed and implemented to ensure equitable, safe, and dignified access for all population groups, taking into account barriers, risks, and specific needs.

EMPCA Objectives

- Enable conflict-affected households to meet immediate basic needs in a flexible and dignified manner, while ensuring a do-no-harm approach.
- Reduce reliance on harmful coping strategies.
- Ensure gender, age, and diversity inclusion and equitable access across population groups.

- Ensure that all population groups can safely access and benefit from assistance without facing avoidable barriers or risks.

2. Triggers and Activation

The Government of Lebanon, in coordination with the CWG, is responsible for the activation of EMPCA under its response leadership role and in line with activation of the SRSN. EMPCA may be activated in response to one or more of the following triggers:

- Evacuation orders causing immediate displacement.
- Areas experiencing active conflict or occupation.
- Conflict-affected people being unable to meet essential needs required to maintain a minimum standard of living or dignity.
- Rapid deterioration in basic needs, including increased food insecurity, loss of income or livelihoods, and inability to afford food, rent, or healthcare.

Activation may be national, sub-national, or local depending on the context.

3. Transfer Value and Response Design

The transfer value is designed to support households in meeting basic needs for one month. As of May 2026, the EMPCA transfer value is set at USD 20 per household member, capped at five household members, with an additional fixed amount of USD 45 per household. A household of two people would receive USD 85, while a household of five people would receive USD 145. At the time of drafting, the maximum transfer value is aligned with the maximum transfer provided under AMAN.

Transfer Value	Duration	Frequency
USD 20 per person, capped at five members, plus USD 45 per household	3 months	Monthly

Following an initial one-off blanket response, EMPCA is to be provided to targeted households for two additional months to support costs associated with displacement. The transfer value, frequency, and duration should remain aligned with SRSN parameters and be applied consistently across nationalities. In exceptional circumstances, EMPCA may be extended beyond the standard timeframe, up to a maximum of six months, based on demonstrated vulnerability and humanitarian need and subject to agreement among the CWG and relevant stakeholders.

The emergency basket, SMEB basis, inflation assumptions, and proposed methodology for future transfer value adjustments are reflected in **Annex 1**.

4. EMPCA Entry Points

Affected populations can access EMPCA through multiple pathways. Assisted registration and outreach modalities should be available to ensure access for individuals facing barriers, including limited mobility, low literacy, lack of digital access, or documentation constraints.

- **Self-registration**: The SRSN self-registration form launched by MoSA allows conflict-affected individuals of all nationalities to submit their information.
- **Referrals**: Households may be referred through sectoral cash or other assistance programmes.
- **Existing registries**: Beneficiaries may be selected from established population databases, including nationally recognized systems adopted by MoSA, such as the Rights and Access programme for Lebanese households, the UNHCR database for Syrian refugees and refugees of other nationalities, and the UNRWA database for Palestinian refugees.
- **Field-based outreach**: Vulnerability assessments conducted by field teams can identify eligible households directly.

5. Targeting

Eligibility and prioritization for EMPCA are based on a geographically driven categorical scorecard approach. EMPCA is considered the primary modality outside collective shelters in areas where markets are functioning. In-kind assistance is prioritized within government-managed collective sites and in areas where markets are not functioning. The targeting process is implemented through two sequential layers: geographic eligibility and household-level vulnerability prioritization.

Layer 1: Geographic Eligibility

Targeting Method	Inclusion Criteria	Exclusion Criteria
Geographic eligibility at village or cadaster level	Origin or last residence is within a declared evacuation area; conflict-induced displacement or displacement in response to insecurity; informal collective sites; official UNRWA shelters where feasible; hard-to-reach areas where markets are functional.	Official Government of Lebanon collective sites/formal shelters where services and commodities are provided through in-kind assistance; households hosting IDPs who have not been evacuated and are not in an area experiencing conflict or occupation.

Layer 2: Household-Level Vulnerability Prioritization

Only households meeting geographic inclusion criteria proceed to vulnerability scoring. Prioritization is based on a ranking approach, with the highest-scoring households receiving assistance. Easily verifiable characteristics are used to minimize inclusion errors and support accountability.

Criteria	Definition	Score
Single female with at least one child	Household composed of a single female over the age of 18 and one or more children aged 14 or under.	+1
At least one household member with a disability	Based on the Washington Group Short Set questions.	+1
Older person/s-only household	Household composed only of adults aged 60 years and older.	+1
High dependency ratio or more than three children	Household with a dependency ratio of 65 percent or more, or more than three children.	+1
At least one chronically ill household member or member with a serious medical condition	Includes noncommunicable diseases such as cardiovascular disease, cancer, chronic respiratory disease, diabetes, and severe mental health conditions.	+1
No fully capable adult within the family	All adults registered in the household report a serious medical condition, chronic illness, or disability.	+1

Detailed targeting rationale, data limitations, and recommendations for future weighting and recalibration are reflected in **Annex 2**.

6. Complementarity with Other Emergency Cash Assistance

EMPCA is designed to complement national shock-responsive systems, population-specific assistance, and sectoral cash interventions. Sectoral cash assistance may be complementary when it addresses specific risks or needs that are not fully covered by EMPCA and extend beyond basic support needs. Where cash interventions address the same needs as EMPCA, deduplication should be applied to avoid overlap.

Top-up grants are provided in addition to EMPCA to enhance support for needs already partially covered by MPCA, while standalone grants are delivered independently and do not require EMPCA receipt as a prerequisite.

Intervention	Complementarity with EMPCA	Deduplication Guidance
SRSN	Nationally anchored emergency cash mechanism for Lebanese nationals.	Deduplicated against AMAN and relevant existing datasets.
NDA emergency extension	Complementary categorical support for persons with disabilities.	No deduplication for the first payment; further deduplication may be considered depending on funding and overlap.
Cash for Shelter	Complementary support for shelter-related displacement costs.	Deduplication with EMPCA is not required where needs are distinct.
Protection Emergency Cash Assistance	Complementary assistance for immediate protection outcomes.	Deduplication with EMPCA is not required where protection needs are distinct.
Cash for Nutrition top-up	Complementary support for maternal and child nutrition needs.	Deduplication with EMPCA is not required where nutrition needs are distinct.
Cash for Work/Short-term Employment	Not complementary where it substitutes for income/basic needs support.	Deduplicate against EMPCA.
Cash for Food	It is not complementary where it is unconditional and unrestricted and addresses basic needs already covered by EMPCA.	Discontinue programming as a standalone intervention. Otherwise, deduplicate against EMPCA.

Detailed programme descriptions are reflected in **Annex 3**.

7. Market Functionality and Delivery Mechanisms

A **market analysis** should be conducted before starting any cash intervention to confirm that key commodities and services are accessible to all groups, available in sufficient quantities at reasonable prices, and that anticipated demand can be met without price or availability distortions. Partners may conduct market assessments with their own internal tools and are encouraged to share assessments with broader humanitarian actors through the CWG. Regular market analysis conducted by WFP may be used as a reference for the general market overview.

Partners may select the most **appropriate cash delivery mechanism** based on the operational context. Modality selection must ensure that assistance is delivered in a safe, accessible, and dignified manner that allows beneficiaries full flexibility in how cash is used. Modality selection should consider differential access and risks for women, persons with disabilities, older persons, and individuals with limited documentation or mobility.

- Approved delivery channels include ATM card-based cash withdrawals and over-the-counter cash withdrawals, including through money transfer operators such as OMT and BoB Finance.
- All Emergency MPCA transfers should be delivered in United States Dollars (USD).
- Beneficiaries must receive clear and accessible information on transfer details, withdrawal procedures, required documentation, service locations, and available complaints and feedback mechanisms.

Detailed FSP criteria and operational safeguards are reflected in **Annex 4**.

8. System Interoperability and Deduplication

The EMPCA response will adopt an interoperable, multi-system approach whereby available data entry points are linked to support efficient identification, prioritization, verification, sequencing, deduplication, and complementarity of assistance. Across population groups, data sources will be used in combination to triangulate vulnerability and identify households unable to meet essential needs.

Population Group	Primary Systems / Data Sources	Deduplication Approach
Lebanese households	SRSN, in-kind assistance data, AMAN, sectoral assessments, and referral pathways.	RIMS and relevant national systems; deduplication against AMAN and relevant regular assistance, where applicable.
Syrian refugees and refugees of other nationalities	UNHCR Registration database (ProGres v4), DRTT, myUNHCR, sectoral assessments, and referrals.	RAIS and deduplication against regular MPCA programmes for the same population cohorts.
Palestine Refugees in Lebanon	UNRWA database, sectoral assessments, and referral pathways.	Coordination with UNRWA assistance programmes.
Palestine Refugees from Syria	UNRWA assistance data.	PRS are not targeted for EMPCA while already receiving UNRWA assistance; alignment may be reviewed if transfer values change.
Migrant populations	Partner-generated vulnerability assessments and inter-agency referral pathways.	Migrant Working Group displacement and assistance tracking tool and partner coordination.

Detailed system descriptions and deduplication arrangements are reflected in **Annex 5**.

9. Accountability to Affected Populations

Transparency and Communication

All implementing partners shall ensure **transparent, accurate, and timely communication** with crisis-affected populations regarding EMPCA programming. EMPCA providers should communicate clear and consistent information on eligibility criteria, targeting, registration and verification processes, assistance value, duration, delivery mechanisms, expected timelines, complaints and feedback mechanisms, data protection, privacy, and beneficiary rights.

Providers should use **multiple communication channels**, including field teams, SMS, phone-based communication such as hotlines, and digital platforms where feasible. Information should be clear, simple, and accessible. Communication approaches should be adapted to the needs of persons with disabilities, older persons, and individuals with limited literacy, and should be gender sensitive.

Grievance Redress and Complaints and Feedback Mechanisms

EMPCA providers are required to **establish and maintain functional, accessible, and confidential** grievance redress or complaint and feedback mechanisms to receive, process, and respond to complaints and feedback related to EMPCA programming. Mechanisms should be accessible to all affected populations without discrimination and provide multiple, safe, and confidential entry points.

The mechanism should include **procedures for handling sensitive complaints**, including those related to PSEA, and should ensure strong data protection and confidentiality standards. Key complaint categories include inclusion and exclusion errors, payment-related issues, staff conduct or misconduct, fraud or diversion of assistance, and general feedback on programme quality. EMPCA actors should analyze complaints and feedback data to identify trends, inform programme adjustments, and document corrective actions.

10. Monitoring, Reporting, Coordination, and Governance

Minimum Monitoring Standards

EMPCA partners are required to conduct light post-distribution and outcome monitoring conducted at least two to four weeks after assistance, with additional rounds as required depending on programme scale or delivery modality. Monitoring should follow an Age, Gender, and Diversity approach. At a minimum, partners should disaggregate data by sex, age, disability status, population group, and location, and, where relevant, by household type.

Monitoring tools should assess whether assistance was accessed and used safely and appropriately, including decision-making over cash use, barriers affecting access or control, suitability of the delivery mechanism for different groups, safety and protection risks, and overall satisfaction. The full monitoring framework is reflected in **Annex 6.**

Reporting

EMPCA partners are required to report activities regularly through ActivityInfo, covering assistance provided both inside and outside collective shelters. To maintain a real-time overview of the response and support operational coordination with the Government, partners are requested to complete ActivityInfo reporting every day by 16:00. The information feeds into the DRM dashboard and government briefings. Delays in reporting will result in gaps in the overall response picture. Detailed ActivityInfo reporting steps are reflected in **Annex 7**.

Coordination and Governance

The guidelines have been developed based on information available at the time of drafting and may require revision if there are significant changes in the humanitarian context. To ensure structured and transparent updates, the CWG Co-Chairs may re-establish an EMPCA Task Team or proceed with revisions through the CWG Core Group, followed by broader consultation with the membership for review and adoption.

Funding gaps for EMPCA targeting non-Lebanese population groups are communicated through the CWG to support identification and prioritization of unmet needs among conflict-affected populations. Funding gaps related to Lebanese households will be communicated to the CWG once a formal request for support is received from MoSA.

Annex 1. Transfer Value Methodology and Emergency Basket

The emergency basket reflects an approach currently being explored by the CWG to define a context-adjusted set of basic needs for conflict-affected households, including households that are displaced or residing in areas experiencing active conflict.

This approach builds on the existing SMEB and has been informed by initial consultations with relevant sectors to consider potential adjustments to sectoral needs in the evolving context. The final composition and value of the emergency basket remain under development and are subject to ongoing market research and inter-agency consultation. Once sufficient evidence is available and consensus is reached, the emergency basket may be formalized to better reflect current needs, market conditions, and the realities of displacement.

As of February 2026, the SMEB was estimated at USD 518.3. Applying inflation adjustments based on recent CAS CPI trends, this is estimated to increase to approximately USD 550 by April 2026 and to approximately USD 565 to 570 by May 2026, assuming continued inflation at similar levels. As of May 2026, market research to define a potential emergency basket was ongoing. Once finalized, this annex will be updated to reflect the revised figures.

Proposed Methodology for Adjusting the Transfer Value

The CWG recognizes that a revision of the EMPCA transfer value may not be appropriate at this time, given constraints related to funding availability, coverage considerations, and policy alignment. However, should conditions allow, the following approach may be pursued collectively by the CWG to review and, where appropriate, update transfer values.

Transfer values should primarily be based on the cost of meeting basic needs in an emergency context, as defined by the SMEB or an Emergency Basket agreed by the CWG. Values should reflect prevailing market prices, be updated through regular price monitoring, and align with programme objectives and harmonization efforts. They should also consider household size and be coordinated across actors to ensure consistency. Final values should be sufficient to meet essential needs and reduce harmful coping strategies, while remaining operationally and policy feasible.

1. Calculate the updated value of the SMEB or Emergency Basket based on current market prices. In Lebanon, a national-level basket is recommended, subject to revision if significant geographic variation emerges.
2. Estimate the Economic Capacity to Meet Essential Needs (ECMEN) for the target population.
3. Determine the gap between the SMEB or Emergency Basket and the Economic Capacity to Meet Essential Needs (ECMEN) to establish the base transfer value.
4. Apply adjustments to the base transfer value as needed, ensuring alignment with EMPCA objectives to support basic needs and reduce harmful coping strategies.

Annex 2. Targeting Methodology and Technical Rationale

The EMPCA targeting approach was developed by identifying common characteristics across existing population databases and registries. At the time of development, recent household-level data reflecting displacement-related needs was limited, with MSNA data being the primary available source. In the absence of sufficient context-specific data, the approach drew on displacement targeting practices from other contexts and relevant global literature, complemented by expert consultations to ensure contextual relevance.

Certain dynamic variables, such as shelter adequacy and loss of income, were considered but excluded because of concerns related to data reliability and timeliness. Shelter adequacy is recommended for use only when recent and trackable data are available at the point of beneficiary selection, given its highly dynamic nature. The resulting approach is a balanced scorecard that combines geographic eligibility with vulnerability-based prioritization.

Given the volatile operational context in Lebanon and the continued movement of displaced populations, shelter-related and other highly dynamic indicators have been excluded from the categorical vulnerability profiles. This reflects the limited reliability of capturing time-sensitive variables at a single point in time, particularly as a proportion of internally displaced persons may remain mobile and continue to move across locations.

Baseline Approach for Prioritization

To transition from a balanced scorecard approach to a weighted approach under Layer 2, weights should not be arbitrarily assigned. Instead, they should be grounded in empirical analysis derived from household profiling and needs assessments.

- Scores and weights should be calibrated using correlation analysis between vulnerability characteristics and key outcome indicators, including shelter adequacy, crowding index, socio-economic vulnerability, food security index, food consumption score, and negative coping strategies.
- Potential data sources for correlation analysis may include EMPCA/SRSN post-distribution monitoring, Multi-Sector Needs Assessments, household vulnerability assessments, existing tracking tools, and Emergency Rapid Needs Assessment findings.
- Criteria demonstrating stronger statistical association with severe deprivation, such as inability to meet essential needs, high food insecurity, unsafe shelter conditions, and high crowding, should receive higher weights.
- In the absence of robust statistical analysis, an interim equal-weight approach may be applied. This should be reviewed and refined once sufficient assessment data becomes available.
- Regular validation and recalibration of the scoring model should be conducted to reflect evolving context dynamics, particularly in protracted or rapidly changing emergencies.

Annex 3. Complementary and Non-Complementary Cash Programme Profiles

National Shock Responsive Systems

MoSA Shock Responsive Social Safety Net (SRSN)

- **Target population**: Lebanese nationals only.
- **Transfer value and duration**: USD 20 per household member, capped at five members, plus USD 45 per household, for a total of USD 65 to USD 145. One-off assistance.
- **Targeting:** Phased approach, including a no-regret blanket one-off response and a targeted approach for two additional payments.
- **Deduplication**: Eligible households are deduplicated against AMAN, the poverty-targeted safety net, and existing datasets including SRSN 2024/25 and WFP in-kind assistance.

The SRSN is Lebanon's nationally anchored emergency cash assistance mechanism, designed to respond rapidly and at scale to shocks affecting populations across the country. It builds on and complements existing national systems, particularly AMAN, by providing temporary support to households affected by crises. It is designed as a flexible instrument that can expand horizontally to new affected populations and vertically to existing beneficiaries, depending on the nature of the shock and availability of financing. Duration, scale, and coverage are determined by the characteristics of the shock and available resources.

EMPCA for Refugees

- **Target population**: Syrians and refugees of other nationalities.
- **Transfer value and duration**: USD 20 per household member, capped at five members, plus USD 45 per household, for a total of USD 65 to USD 145. One-off assistance.
- **Targeting**: Blanket targeting displaced households within the MoSA-approved list of villages that have received evacuation orders. Gradual expansion to other affected areas may be considered based on funding availability. Targeted approach to be applied thereafter.
- **Deduplication**: Eligible households are deduplicated against regular MPCA.

National Disability Allowance (NDA)

- **Target population**: All population cohorts.
- **Transfer value and duration**: USD 100 per household, one-off.
- **Targeting:** Vertical expansion for NDA beneficiaries already enrolled in the programme, including those aged 0-32 and 65+, in conflict-affected areas. To date, persons aged 0-26, corresponding to approximately 12,000 persons with disabilities, have been supported. Additional age brackets may be included vertically or horizontally, funding permitting.
- **Deduplication:** No deduplication for the first payment, as NDA is considered complementary assistance. For second and third payments, if funding is available, a deduplication process may be considered based on the scale of overlap with PDC holders and analysis of complementarity.

The NDA provides a monthly allowance of approximately USD 40 to persons with disabilities across nationalities. It is implemented by MoSA in partnership with UNICEF and ILO, currently targeting individuals aged 0 to 32 and above 64. Under the emergency response, support is expanded through a one-off top-up to existing beneficiaries, with potential for further vertical expansion and, if funding allows, horizontal expansion to new eligible households while remaining aligned with national systems.

The NDA emergency extension is not considered duplicative, as it is based on a categorical entitlement for persons with disabilities and operates independently of household economic vulnerability. It provides targeted support to address additional needs and displacement-related shocks, functioning as a distinct and complementary intervention within the overall response.

Complementary Sectoral Cash

Sectoral cash assistance is designed to address specific risks or needs that are not fully covered by EMPCA and that extend beyond basic needs support. It functions as part of a complementary system, whereby sectoral interventions address identified gaps in EMPCA transfer values and target specific needs or high-risk population groups while ensuring alignment and avoiding duplication where required. Where sectoral cash is well designed, market-based, and addresses needs distinct from those covered by EMPCA, deduplication with EMPCA is not required. Where sectoral cash interventions address similar needs to EMPCA, appropriate deduplication measures should be applied.

Cash for Shelter (Top-Up)

- **Target population:** All population cohorts.
- **Transfer value and duration:** USD 250, one-off.
- **Eligibility and prioritization:** Based on a combination of shelter occupancy, shelter adequacy, and protection / health / socio-economic vulnerabilities, including child at risk, woman at risk, older person at risk, single parent/caregiver, persons with disabilities, persons with chronic or critical medical conditions, GBV survivors or persons at risk of violence, abuse, exploitation or trafficking, victims of torture, and pregnant or lactating women.
- **Objective:** Cash for Shelter top-ups help households cover essential shelter-related costs during displacement, including minor maintenance, basic repairs, and essential utilities such as water and electricity while living in hosting arrangements or rented accommodation. Typically delivered within one to two weeks, the intervention addresses housing-related costs not covered by SRSN or MPC assistance.

Protection: Emergency Cash Assistance (ECA)

- **Target population:** All population cohorts.
- **Transfer value and duration:** USD 150, one-off; two payments may be provided in exceptional circumstances for highly vulnerable individuals or households. Assistance is provided in USD.
- **Eligibility and prioritization:** Cases are identified through protection partners following a protection assessment, with linkages to case management and referrals. The Protection Sector Emergency Protection Cash guidelines should be consulted for details.
- **Objective:** ECA aims to meet an immediate protection outcome by preventing, mitigating, or reducing the impact or high risk of serious and immediate harm due to an emergency shock or protection threat. It is delivered within 24-72 hours for a small subset of individuals facing urgent protection risks and enables access to protection services, safe accommodation, transportation, or other immediate safety needs.

Cash for Nutrition Top-Up - Pending MoSA Approval

- **Target population:** All population cohorts.
- **Transfer value and duration:** USD 40 per month for six months.
- **Eligibility and prioritization:** Pregnant women and children aged 0-23 months living in informal settlements, Palestinian camps, districts with IPC Phase 3 or 4, situations of internal displacement, hard-to-reach areas, and high-priority districts identified by the Nutrition Sector. Prioritization is used to ensure coverage of the most nutritionally and socio-economically vulnerable households using standard vulnerability assessment criteria.
- **Objective:** Cash for nutrition top-ups aim to contribute to improving maternal and child nutrition by enhancing access to food and services and facilitating the uptake of optimal care and feeding practices, especially when delivered alongside health and nutrition services.

Non-Complementary Emergency Cash Assistance

The following programmes are not complementary to EMPCA and should therefore not be provided concurrently with EMPCA recipients. Appropriate deduplication measures should be applied to avoid overlap in assistance. The CWG does not support and recommends the discontinuation of programmes that address the same needs as EMPCA.

Livelihoods - Cash for Work / Short-Term Employment Opportunities

- **Target population:** All populations.
- **Transfer value and duration:** USD 15-17 per day for up to 40 days.
- **Eligibility and prioritization:** Prioritizes the most socio-economically vulnerable workers, with one worker per household; workers must meet CfW eligibility criteria and be vetted against sanctions. Women and persons with disabilities are prioritized.
- **Objective:** Cash for Work and Short-Term Employment interventions provide short-term income support to vulnerable communities in exchange for community service activities. Current transfer values are USD 15 per day for unskilled labour and USD 17 per day for semi-skilled labour over up to 40 working days. For persons with disabilities, the daily rate is USD 17 regardless of skill level, with an additional USD 2 intended to accommodate specific needs.

Cash for Food (CFF)

- **Target population:** All populations.
- **Transfer value and duration**: USD 25 per person, capped at six people.
- **Eligibility and prioritization:** Applicable when market conditions permit and there are no accessibility issues.
- **Summary:** Cash for Food is a horizontal expansion of existing safety nets. As an unconditional and unrestricted cash intervention, the CWG considers it non-complementary to EMPCA.

Referrals and Complementarity

A structured referral system can help ensure that vulnerable and in-need households are not excluded from assistance. At present, referrals from sectoral cash programmes to EMPCA depend on programme design, operational structures, and the capacity of organizations to receive and process referrals.

Given the cross-population nature of the response, a harmonized and standardized inter-agency referral mechanism under the CWG is not currently in place. At an appropriate stage, the CWG may explore development of a more structured referral system, either directly or through a dedicated task team, to support timely and systematic inclusion of sectoral cash recipients into EMPCA. Strengthening referral processes would improve consistency and effectiveness while reducing exclusion risks.

Annex 4. Delivery Mechanisms and FSP Standards

Modality Selection Principles

- Beneficiary preference and ease of access.
- Safety and security of beneficiaries and staff.
- Inclusion of vulnerable groups, including women, persons with disabilities, older persons, individuals with low literacy, and those lacking legal residency or IDs.
- Physical accessibility of cash-out points or services.
- Availability of liquidity and operational reliability of the service provider.
- Documentation requirements and potential access barriers, such as loss or theft of ID or passport.
- Service coverage, functionality, and cost-efficiency.
- Consultation of available Financial Service Provider mappings, where provided by CWG, to inform modality decisions.

Financial Service Providers

Financial Service Providers shall be engaged to ensure secure, timely, and accountable delivery of EMPCA in line with CWG standards and agreed operational arrangements. FSPs must be selected based on:

- Geographic and population coverage.
- Operational accessibility for target groups.
- Liquidity availability and reliability.
- Cost-effectiveness and transparency of fees.
- Data protection and confidentiality standards.
- Alignment with beneficiary preferences where feasible.
- Capacity to tailor processes in line with documentation challenges.
- Existing safeguards and FSP complaints and feedback mechanisms.

Approved Delivery Channels

- ATM card-based cash withdrawals.
- Over-the-counter cash withdrawals, including through money transfer operators such as OMT and BoB Finance.
- Delivery channels may vary depending on location, target population, access constraints, and existing agreements with service providers.

Safeguards and Operational Requirements

- For ATM-based modalities, beneficiary validation measures should be applied to ensure assistance is accessed only by intended recipients, in line with accountability and risk mitigation procedures.
- Beneficiaries must receive clear and accessible information on transfer details, withdrawal procedures, required documentation, service locations, and complaints and feedback mechanisms.
- Partners and service providers should ensure safe, dignified, and accessible access to cash, particularly for vulnerable groups, including through common PDM.

Annex 5. System Interoperability and Deduplication Details

Lebanese Households

Targeting will be informed through the combined use of national systems and sectoral data, including SRSN 2025 and 2026, in-kind assistance 2025 and 2026, AMAN, sectoral vulnerability assessments, and referral pathways.

During the targeted emergency response, data from SRSN, in-kind assistance, particularly in collective shelters, and sectoral assessments will be triangulated to identify households with acute needs and ensure referrals from complementary cash programmes where applicable. In-kind assistance will be systematically considered for deduplication, especially where distributions are concentrated in collective shelters, to avoid overlap and ensure complementarity. EMPCA remains the main assistance modality outside collective shelters where markets are functioning. In-kind assistance is prioritized inside collective shelters and may be considered in hard-to-reach areas where markets are not functional.

During the broad-based SRSN one-off phase, deduplication against in-kind assistance is not required because of the one-off and wide-coverage nature of this phase. Deduplication is limited to AMAN (i.e., regular MPCA) to avoid duplication with ongoing social assistance. Households identified as vulnerable but not included in SRSN 2026 should be referred and encouraged to register.

Syrian Refugees and Refugees of Other Nationalities Known to UNHCR

Targeting will rely on data triangulation across multiple sources for all emergency MPCA phases, including UNHCR ProGres v4, the Displacement Tracking Tool (DRTT), and the myUNHCR portal. These systems will be used with sectoral assessments and referral pathways to validate vulnerability and ensure alignment with ongoing phases of the EMPCA programme. Deduplication will be systematically applied against regular MPCA programmes targeting the same population cohorts.

Palestine Refugees in Lebanon

Targeting will rely on the UNRWA database, complemented by sectoral vulnerability assessments and referral pathways. Existing emergency MPCA programmes prioritize children aged 0-10 at individual level, with USD 50 per individual. UNRWA has a different targeting approach given the context and vulnerabilities of Palestinian populations and is considering alignment with the proposed targeting approach and transfer value. Deduplication and complementarity will be ensured through coordination with UNRWA assistance programmes.

Palestine Refugees from Syria

Palestine Refugees from Syria are not targeted for EMPCA, as they are currently receiving assistance from UNRWA through a monthly transfer value of USD 60 per family and USD 25 per individual, not capped, paid bimonthly subject to funding availability. UNRWA plans to align the transfer value with the MoSA-led SRSN in its next distribution.

Migrant Populations

In the absence of a centralized database, identification will rely on partner-generated vulnerability assessments and inter-agency referral pathways. Deduplication will be conducted through coordination with partners and sectoral actors delivering cash or in-kind assistance.

Deduplication Tools

Emergency cash providers are requested to report assistance through existing deduplication tools to allow timely deduplication and selection of beneficiaries.

For Lebanese beneficiaries, deduplication is conducted through the RIMS system. Engagement with MoSA is ongoing to further clarify roles, processes, and system interoperability, including strengthening deduplication mechanisms across registries.

For Syrian refugees and refugees of other nationalities, deduplication is conducted through Refugee Assistance Information System (RAIS), an inter-agency platform used to track assistance, referrals, and assessment information. RAIS enables UNHCR and partners to share assistance records, cross-check beneficiary lists, and manage different types of data. It is synchronized with proGres and operates on a first-booked case ownership principle, whereby the first organization to register a household for a specific type of assistance assumes responsibility for that case. Once assigned, the case cannot be reserved or blocked by another organization for the same type of assistance. Access to RAIS requires a formal data-sharing agreement with UNHCR.

For migrant populations, the Migrant Working Group uses a dedicated migrant displacement and assistance tracking tool to support identification and deduplication. This tool provides visibility on migrant presence, particularly in informal shelters, and facilitates cross-checking of caseloads across partners. It is a key reference to reduce duplication risks and improve coordination in assistance delivery.

Annex 6. Monitoring Framework and Indicator Matrix

This annex defines key indicators to be measured, monitored, and reported throughout the EMPCA programme in Lebanon. Indicators are organized by output, outcome, and impact to ensure consistent monitoring, accountability, and learning.

Core Monitoring Areas

- **Use of coping strategies**, measured by the percentage of households reporting at least one harmful coping strategy in the previous seven days.
- **Assistance adequacy**, based on the percentage of households reporting that assistance meets immediate basic needs.
- **Cash utilization**, including spending across food, rent, health, education, and debt repayment.
- **Beneficiary satisfaction**, measuring the percentage of households satisfied or very satisfied with the assistance process and amount.
- **Ease of access**, reflecting the percentage of households reporting that registration, collection, or delivery processes were easy.
- **Information clarity**, based on the percentage of households that understood eligibility criteria, transfer amounts, and complaints channels.
- **Perception of fairness**, capturing whether affected populations consider the assistance process fair and transparent.
- **Access for vulnerable groups**, including women-headed households, persons with disabilities, and older persons receiving assistance.
- **Safety and protection risks**, including incidents or concerns related to the distribution process.

Output Indicators

Indicator	Definition	Method	Frequency
Number of households receiving EMPCA	Unique households that received cash assistance.	Distribution records	Monthly
Number of individuals reached	Total beneficiaries by sex, age, and vulnerability.	Registration and distribution data	Monthly
Total value of cash distributed	Amount of cash disbursed per cycle in USD.	Transaction records	Monthly
Percentage of planned caseload reached	Households reached compared with target.	Distribution and target data	Monthly
Number of distribution cycles completed	Number of scheduled transfers delivered.	Distribution and transaction records	Monthly

Outcome Indicators

Indicator	Definition	Method	Frequency
Percentage of households able to meet basic needs	Households reporting sufficient food, shelter, and health support.	PDM survey	Post-distribution
Percentage of households reporting reduced harmful coping strategies	Reduction in use of severe coping mechanisms.	PDM survey	Post-distribution
Percentage of households reporting satisfaction with assistance	Beneficiary perception of adequacy, timeliness, and fairness.	PDM survey	Post-distribution
Percentage of vulnerable groups reached	Female-headed households, persons with disabilities, and older persons.	Registration and PDM data	Monthly
Percentage of households with improved access to essential services	Food, shelter, and healthcare access.	PDM survey	Post-distribution
Percentage of beneficiaries reporting safe access to assistance	Households reporting no risk of harm, harassment, or security issues during redemption.	PDM survey or FGD	Post-distribution
Number of safety-related incidents reported	Physical, social, or protection risks during redemption of assistance.	PDM survey or FGD	Post-distribution

Impact Indicators

Indicator	Definition	Method	Frequency
Reduction in household vulnerability	Percentage of households using fewer negative coping strategies compared with baseline.	PDM or follow-up survey	Quarterly
Improved financial stability	Households reporting ability to cover monthly expenses without borrowing or selling assets.	Survey or interviews	Quarterly
Improved food security	Measured by Food Consumption Score.	PDM survey	Post-distribution and quarterly
Increased access to essential services	Households reporting improved access to health and shelter.	PDM survey	Quarterly

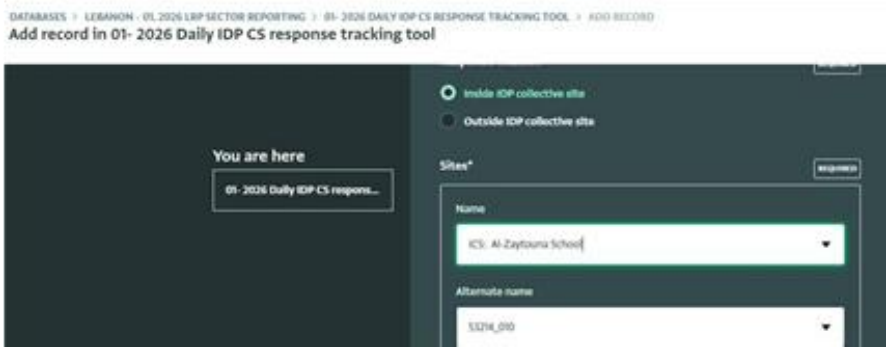
Reporting Requirements for Indicators

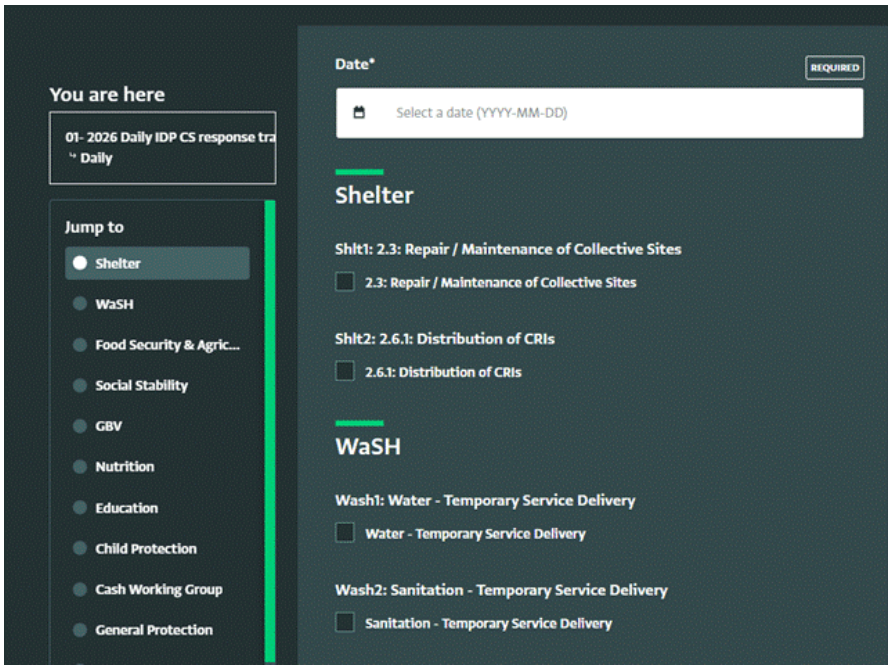
- All indicators must be reported to the CWG according to the agreed schedule through an online form to be communicated by the Cash Coordination Team, CWG Co-Chairs, or CWG Information Management Officer.
- Indicators should be disaggregated by nationality, gender, age, disability status, and location.
- Data collected shall inform programme adjustments, support accountability, and document lessons learned.
- Findings must be archived and analyzed for trend monitoring and operational planning.

Annex 7. ActivityInfo Reporting SOP

EMPCA partners are required to report activities regularly through ActivityInfo, covering assistance provided both inside and outside collective shelters. Reporting should be completed daily by 16:00 to maintain a real-time overview of the response, support operational coordination with the Government, and feed the DRM dashboard and government briefings.

1. Log in to ActivityInfo: https://www.activityinfo.org/login.
2. Navigate to the “LEBANON - 01. 2026 LRP Sector Reporting” database. If the folder is not visible, contact the CWG Information Management Officer to request access.
3. Click on “40 - IDP Response Tracking Tool”.
4. Click on “01 - 2026 Daily IDP CS Response Tracking Tool” to add a record based on the site and location.
5. Under the daily sub-form, select the relevant sector and fill in the required data fields.





Annex 8. EMPCA Task Team Lessons Learned

Overall, the Task Team (TT) model proved to be an effective and inclusive coordination mechanism, enabling diverse agencies to contribute technical expertise and engage in more detailed discussions than is typically possible at the CWG level. It strengthened ownership by allowing members to lead consultations and contributed to more robust and well-informed outputs. As such, the TT approach should be maintained and regularly utilized, particularly in emergency contexts where inclusive yet focused technical coordination is critical. This report outlines lessons learned during the EMPCA Task Team operations, including what worked and where improvements are needed.

Terms of Reference, Timeline, and Onboarding

Ensuring that the Terms of Reference (ToRs) and timelines are clearly defined and shared prior to Task Team (TT) member nomination is critical. This allows participating agencies to make informed decisions on their engagement and nomination of respective focal points. In this context, a two-week timeline proved to be an appropriate and realistic starting point for an emergency response. Extending timelines from the beginning may have reduced efficiency and prolonged delivery. Early alignment on scope and deadlines helps maintain momentum while preventing unnecessary expansion of the process. Timelines should, however, account for external factors such as public holidays.

Governance Structure and Coordination

The co-chair model was essential given the high workload, coordination demands, and diversity of approaches across agencies. The combination of UN and NGO co-chairs brought complementary perspectives and strengthened overall leadership. Close coordination between TT and CWG is equally important. Parallel discussions across both platforms added value by incorporating diverse perspectives and lines of inquiry. However, stronger structural linkages would improve coherence and avoid misalignment. Ensuring participation of at least one CWG co-chair in TT meetings, can help bridge any misunderstanding from parallel discussions with same focal points and will maintain alignment.

Process Planning and Ways of Working

Developing a concise process document and workplan following the ToR review was instrumental in guiding implementation. This helped clarify roles, responsibilities, timelines, and key milestones. Providing TT members with the opportunity to lead their own consultations proved highly valuable. It enriched the process, diversified inputs, and complemented ongoing CWG-level discussions. At the same time, clearer coordination mechanisms are needed to ensure that consultations are aligned and that feedback is consolidated consistently.

Stakeholder and Sector Engagement

Early and structured engagement with stakeholders remains critical. Integrating sector leads directly into the task team through at least one designated focal point and an alternate per sector would significantly strengthen the process. This approach would ensure more consistent and harmonized feedback collection, enable timely technical input from relevant sectors, and reduce duplication or miscommunication across concurrent consultation streams.

Task Team Composition, Participation, and Capacity

Limited active participation from some task team members resulted in a disproportionate workload for the co leads. Establishing clear expectations from the outset regarding attendance, timely review, and technical contributions is essential. In addition, it is important to ensure that task team members, including co-chairs, have technical expertise that is relevant to the deliverables.

In an emergency context where timelines are compressed, having appropriately skilled participants is critical to maintaining efficiency and avoiding delays caused by repeated clarification or non-relevant feedback. Designating both a primary and an alternate focal point for each participating organization can further support continuity and sustained engagement.

Managing Technical Alignment and Disagreements

Differences in perspectives are expected in a multi-agency setting and can be constructive when managed effectively. Disagreements should be addressed proactively during the development process. Agencies with strong objections should formally document their concerns or propose alternative approaches early on. This helps ensure transparency, supports informed decision-making, and prevent late-stage objections that may undermine, or delay finalization of the output required.

Harmonization Approach and Limitations

While developing inclusive and harmonized approaches across population groups remains a key objective, structural constraints, particularly those related to data availability and the absence of harmonized assessments or registries, may limit full alignment. It is therefore important to manage expectations by establishing a harmonized baseline approach that can be progressively strengthened over time. This approach should remain grounded in agreed core principles; for example, in this context, a prioritized targeting methodology was recommended, while allowing for incremental improvements as data and systems evolve.