# CASH ON THE MOVE

## Lessons Learnt from the Ukraine Regional Response

**Save the Children**

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# Introduction

The February 2022 crisis escalation in Ukraine led to an unprecedented emergency in Europe. Over 8.2 million Ukrainians fled their country and an estimated 44% of the population was internally displaced. In response Save the Children implemented humanitarian responses in Ukraine, Poland, Romania and Lithuania (and more recently in Georgia, Bosnia and Serbia) to improve the living conditions and the access to basic needs and services of Ukrainians affected by the crisis.

CVA delivery was one of the principal strategies used in response to the crisis, to enable people to access basic needs when arriving in a new city or country; to travel and purchase goods when their city had been besieged or housing damaged and their livelihoods impacted by the crisis, limiting their ability to work and earn income.

**The use of CVA as a primary response modality addressed many contemporary challenges in humanitarian responses:**

➡️ **Timeliness-** Save the Children was able to deliver CVA shortly after identifying affected population, often directly into their existing bank accounts;

➡️ **Appropriateness** - while simultaneously empowering people to spend the money on the goods or services that they identified as priority for their household.

The specific characteristics of this crisis (middle to upper middle-income countries, predominantly urban, with a robust financial structure, widespread access to phone or internet services) offered particular opportunities for CVA programming, but also presented unique new and unexplored challenges for humanitarian actors. As the crisis in Ukraine continues, and global displacement remains at an all-time high, it is critical to pause and reflect on what has worked well and what can be improved in terms of CVA delivery in displacement contexts. From these achievements and challenges, lessons learned, and recommendations are extracted in the hope that they can be useful for future displacement responses.

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# 10 top tips regarding CVA in displacement contexts

**1.** **Preparedness is, as always, key.** Before or soon after the crisis hits, identify and sign framework agreements with potential local Financial Service Providers (FSP). Evaluate how existing CVA is being delivered to most vulnerable populations and whether those contracts can be expanded, replicated, or adapted to the current crisis. Existing social protection programs typically use FSPs that have proven capacity at scale and are used to reaching remote locations and/or most in need individuals (ex: elderly people with pensions, people living with disabilities).

**2.** Remember that **needs of populations on the move can vary from static populations**, changing over time. While it is important to harmonize transfer values or establish minimum criteria for items to consider within a minimum expenditure basket (MEB), flexibility is critical to design packages of assistance appropriate to needs as they change or complement with top ups for specific groups of populations.

**3.** In displacement crisis, **CVA can be an effective strategy to prevent and respond to family separation, and to support children on the move.** Ensure relevant risk and feasibility assessments are however conducted to determine under what circumstances and how the provision of CVA to UASC can be made in a safe manner, in close collaboration between CVA and Child Protection teams.

**4.** **Explore the possibility of collaborating with local authorities, local organizations and/or use existing mechanisms in place** to allow households to register for CVA. This can mean, for instance, registering HHs for CVA by using existing registration processes by authorities or organizations for displaced or refugees. Local authorities and/or local organizations know the population better. Involving them throughout the process (e.g., in the definition of eligibility criteria or receiving referrals) may enhance involvement and ownership of the process which, in turn, may lead to ensuring that the most vulnerable population are reached.

**5.** **Think about coordination and collaboration as soon as possible**, by actively engaging (and whenever possible co-leading) the cash working group or other initiatives such as the CCD. Joint initiatives, such as signing Data Sharing Agreements and/or establishing deduplication platforms can take time, particularly in contexts of large population movement, so it is best to start engaging the process as early in the response as possible.

**6.** If widespread access to connectivity exists and people have access to technology, **consider using remote and online options to register for CVA** (e.g., through QRs) or to carry out monitoring activities during the start up phase. However, for registrations, make sure that the forms are single identifier/use, so these cannot be shared extensively OR make sure that a strong validation and verification approach is in place. If monitoring will be conducted remotely (e.g., via phone-based interviews) identify a call-centre or a pool of volunteers from day one, provide comprehensive training, and ensure direct integration to your feedback and accountability mechanisms, including responding to feedback, not just receiving it.

**7.** Make sure that **key staff fully dedicated to CVA are in place as early into the response as possible.** Do not underestimate the level of effort required from finance and MEAL staff. Be strategic in considering the scale of CVA programs to your organizations budget, and opportunity to build off CVA beneficiaries for sectoral programming.

**8.** If the response will involve more than one country, try to (i) **establish inter-operable information management systems, ii) use common indicators to ensure comparability of impact and iii) integrate similar questions in monitoring and evaluation tools**[1] to allow for aggregation of data and comparability of findings.

*1. By using the [MPCA MEAL toolkit], as recommended example.*

**9.** **First phase of rapid onsets and large-scale displacements might not the most appropriate moment to develop or pilot new technologies.** Many options already exist, and it is important to remain pragmatic and prioritize limited time and human resources in simple, but efficient and scalable systems (whether for data management or payment mechanisms) at the beginning and consider piloting further developments at a later stage. No regret actions are critical in a first phase.

**10.** Whenever operating in contexts with solid social protection systems that are open to support affected populations, **developing programmatic strategies to complement and address gaps in social protection** in a horizontal or vertical manner is recommended. However, consider that there can often be nuances to what is officially announced: lengths of enrolment can be much longer than anticipated, with unforeseen barriers; and value of assistance ultimately lower, or stopped after a certain period. As a result, even in contexts with solid and inclusive social protection scheme, plan for complementary CVA in the long run, and do not assume that all humanitarian CVA will be replaced by social protection within 1 year.

# Key achievements

**Scale:** CVA has been one of the flagship interventions in the SCI Ukraine Response. The first cash transfer was made on the 2nd of March 2022 in Ukraine. Over $58,000,000 was delivered to over 105,000 families and children during the first year and a half, enabling them to meet their basic needs, to live in safer and more dignified shelters and reduce protection risks. Four months into the response, over 50,000 people had received CVA from Save the Children across the different response countries.

**Geographical Spread:** SC used CVA to support Ukranian refugees in 7 different countries.

**Speed:** CVA provided SCI with the opportunity to quickly reach the most vulnerable households (e.g., HHs that decided to flee the country, those that evacuated from conflict-affected areas) including in most hard-to-reach areas. During evacuations, families received financial assistance within 48 – 72 hours.

**Accuracy:** The CVA activities were tailored to the needs of households. In some countries, when shelter-related expenditures were identified as a priority by households, shelter costs were added to the MEB or as a transfer top-up to ensure access to safe shelter for those on the move or to repair damage to their homes.

**Integration:** Psychological distress, family separation, and unaccompanied children are examples of the risks that children have increasingly faced since the crisis escalated. CVA was identified as an effective strategy to prevent and contribute to mitigating these risks – a cash for protection (C4P) intervention was piloted and then scaled up to contribute to improving child protection outcomes (include link to the infographic). It notably facilitated identifying and supporting hundreds of UASC and contributed to preventing family separation.

**Local collaboration:** SC has collaborated with different stakeholders in different stages of CVA programming. In Ukraine, SCI joined efforts with local government authorities to register HHs fleeing conflict hotspots and with local and regional departments of social protection affairs in some regions to make sure CVA reached the most vulnerable HHs. In Ukraine as well, local partner organizations were key in mapping and registering potential HHs in areas where SCI was not yet operational.

**Coordination:** In Poland and Romania, SCI played a pivotal role in the review and modification of the transfer value thanks to its active participation and co-leadership in the Cash Working Group. Regionally, as co-lead of the C4PTT, SC set up a task force to focus on Cash for Protection during the first week of the escalation.

**Accountability:** A multi-channelled feedback and reporting mechanism was set up since day one as part of the CVA programming across the Ukraine response (these mechanisms were adapted to each country; they covered all activities, not exclusively CVA and were periodically reviewed and adapted as the response progressed). The Feedback and concerns received by CVA recipients and non-recipients alike have systematically been used to inform adaptations in the way that CVA has been implemented across countries. As detailed in this infographic, CVA recipients reported being overall satisfied by the CVA assistance that they have received by SCI and the way it was delivered.

Good implementation depends largely on good preparation; unfortunately, the scale of events of February 2022 and the speed with which they unfolded largely dwarfed most of the undertaken preparatory actions. The speed with which activities were deployed depended greatly on previous CVA capacity in country, knowledge of the context and other factors that will be discussed below. The challenges were not few, and the consequence of being under-prepared affected the speed and scale of implementation, underscoring the importance of investing in good preparation and ensuring that there is CVA capacity in the run-up to any crisis.

## ENABLERS

**Previous presence** in Ukraine, Romania and Lithuania; experience (even small-scale) in using bank transfers in Ukraine and vouchers in Romania enabled teams to start responding within the first week of escalation, replicating previous approaches.

**Leveraging other thematic sectors to identify CVA recipients:** in countries where SC was already present, a good entry point for identifying potential CVA beneficiaries were the ongoing activities in other sectors. In Lithuania and Romania, SC leveraged existing child protection activities (ex: child-care centers as part of domestic programs) to identify vulnerable families. In Ukraine, CVA used to be provided primarily in NGCA (Non-Government Controlled areas) but was rapidly expanded to other locations. In areas where protection programming was present in the East, integration of cash in protection activities was done during the first six months.

**Collaborating with civil society and local authorities:** leveraging on long-term existing partnerships with local NGOs and on the acceptance of local authorities proved to be key in rapidly deploying CVA activities. In Ukraine, collaboration with local authorities led to SC supporting economically vulnerable families or families evacuating conflict zones within the first weeks; and partnerships with local NGOs resulted in CVA reaching families in Non-Government Controlled Areas (NGCA). These synergies enabled SC to reach families in need in areas where SC would not have easily and rapidly been able to.

**Capitalizing on the existing activities** from other sectors as well as on **the connections with civil society and local authorities** provided SC an avenue to quickly assist vulnerable families but also to gather information on needs and displacement trends to select new identification points and decide on subsequent steps in the CVA strategy (e.g., vulnerability criteria, geographic focus). The consequences of not being able to rely on these existing pre-conditions, however, were most visible in Poland, where SC (and most international humanitarian organizations responding there) had no prior presence; CVA recipients started to be identified in the country only 2 to 3 months after the escalation.

**Widespread access to connectivity, smart phones and high digital literacy skills** offered a unique opportunity to rapidly register and make bank transfers to existing accounts or to contact CVA recipients. This contributed to a rapid operational scale-up, as it reduced the need for physical presence of CVA teams in the field at a time where access to certain locations was limited or simply not possible.

**Availability and use of flexible funding** enabled the limited number of field teams to focus their attention on the delivery of CVA from the offset rather than proposal development, preventing a drastic gap in assistance during the first months. Managerial courage and prioritization of CVA at the beginning was crucial, as a risk adverse approach could have caused significant delays in assistance and limited SC's credibility as a CVA actor. In Ukraine, this enabled SC to be the first in launching a large scale CVA intervention in Zaporizhzhia, targeting tens of thousands of families fleeing besieged cities like Mariupol in April 2022.

# CHALLENGES

**Remote registrations** offered opportunities to reach individuals and families with access to the internet and smartphones. However, this strategy **posed specific challenges**: registration forms ended up being widely circulated in some countries through social media and other platforms, leading to thousands of demands for assistance that SC could not process due to limited funding and staffing. In addition, this innovative and internet-based strategy risks exacerbating existing inequalities for those without connectivity or smartphones (such as elderly people), so should not be exclusively relied upon.

**Limited data** during the first weeks of the escalation on markets created confusion in some countries where **strategic decisions** were made to conduct large-scale procurement of **food items and NFIs** that were of limited need given market functionality and solid financial infrastructure in most locations where SC was operational. This also took an important proportion of the time of procurement teams in different countries, that could be less dedicated to CVA.  While in-kind distribution was ultimately needed in some locations on the frontline and in newly liberated areas, these distributions took place at a much later stage in the response.

Each country within the regional response had a different ecosystem and faced specific challenges. However, despite some attempts, the opportunity to unify efforts in terms of **data collection instruments** was missed. Building off standard tools, each country designed its own data collection tools adjusted to its reality, and there was limited unified effort to perform aggregate and comparative analyses between countries.

As with any rapidly developing humanitarian response, **human resource challenges** were common.

The Ukraine Response countries and their CVA programs were no exception:

**Over-reliance on surge staff,** while being necessary due to limited experience and capacity of most newly hired staff in humanitarian CVA, led to high staff turnover and a frequent feeling of "reinventing the wheel" and of "change of direction".

**Lack of support staff with 100% level of effort dedicated to CVA**: especially at the beginning of the response and considering the proved effectiveness of CVA as modality to quickly reach vulnerable families, having staff with 100% dedication to CVA would have helped to establish solid systems and structures since the offset. Challenges in recruiting staff (in general and dedicated to CVA) resulted in a blur of roles and responsibilities, in teams being overwhelmed, overstretched and in delays in the delivery of services.

Lack of a readily available and functional **data management system** resulted in teams in all countries losing an excessive amount of time in managing basic data. A variety of new technologies was proposed during the first months to solve these issues, but all took a lot more time than anticipated to materialize and could not be used in all countries.

# RECOMMENDATIONS FOR START-UP PHASE

## To address limited cash preparedness...

As part of the Minimum Preparatory Activities (MPA) within the Emergency Preparedness Plan (EPP) process that each country and response office **periodically undertake, CVA should be streamlined** (see below), and actions should be undertaken to ensure the country office is 'Cash Ready', as per SC Global standards. These should be worked on during the preparatory phase to ensure that once the emergency occurs there is no need to start from scratch. Relevant staff that would be involved in the initial stages of the humanitarian response that would include a CVA component would need to be trained during the preparatory phase.

As part of the MPA identification during the EPP stage, an FSP Supply Market Assessment should be conducted. These FSPs should be **ranked** based on a set of criteria: geographical presence and coverage, diversification of delivery methods, etc. Once this is done, a **proactive procurement** process should be launched, and **Framework Agreements** should be signed systematically with preferred FSP to avoid delays at startup phase.

As an integral component of cash preparedness for any response, it is essential to ensure that **both surge and local management teams** understand the **fundamentals of CVA** and more importantly, are fully confident of its efficacy and relevance.

As part of the EPP, **pilot small scale CVA program**, ensuring lessons learnt and key documents (registration forms, PDMs, SOP, RACI etc) are safely stored and readily available in case of scale up.

## To address HR-related challenges...

Surge deployments for CVA in similar contexts where a rapid scale up is needed should systematically aim at deploying a dedicated team composed of a CVA TA along with CVA PM/Ops and a CVA MEAL, in order to ensure the core technical approach of quality CVA can be established from the startup phase. This team would build strong programmatic and operational foundations for quality and efficient CVA programs that could be scaled to meet response needs.

Budget for and include at planning stage supporting functions with 100% LoE to the CVA programming (e.g., CVA MEAL, Finance CVA), especially during the first phases of the response. This would ensure that adequate systems are in place and maintained throughout the response.

## To address the challenges associated to identification and registration of beneficiaries...

The use of remote registrations (SMS, QR codes) can be a great mean to register potential beneficiaries on the move, particularly during start up when limited number of field teams are available. However, relevant means of **verification** need to be put in place, and the links/ QR codes shared need to be **single identifier/use,** so that they cannot be shared extensively. These approaches should also be used at specific moments and for specific purposes and should not replace traditional means of identification of beneficiaries unless necessary.

**Alternatives to remote registration** need to be put in place for minority groups or areas (e.g., undocumented people, the elderly, ethnic minorities, rural areas). These should be agreed on collaboratively in consultation with these demographic groups. In addition, collaboration with local Civil Society Organizations (CSOs) already working with these populations could be explored to ensure these are effectively and ethically reached. Providing CVA training and coaching to these CSOs can improve access and quality of CVA for these specific populations.

Include the development of a **FWA with a call center** to the EPP, to ensure the latter can be activated quickly in case of emergency and to swiftly establish communication with communities.

First phase of large-scale rapid onsets might **not be the most appropriate moment to pilot new technologies**. It is recommended to develop a global data management system that can be easily deployed to new contexts, starting with basic components of CVA data management and progressively expanding to more complex modalities based on teams' capacity. In the absence of it, a variety of systems already exist that can easily be accessed by humanitarian organisations, both internationally and often nationally.

## To address the identification of most relevant modalities...

Based on the proven evidence on the benefits of CVA versus other modalities like in-kind distribution, the former should be prioritised (this should be adequately reflected in EPP or response strategy and backed by decision-makers in senior management). While there might always be need for in-kind assistance (ex: remote rural areas, locations with no market activity), the latter should be used (and planned for) as a complement to CVA, and not the contrary. To mitigate the lack of information around market functionality, always rely on the existing collaboration with local actors and communities' feedback, who can provide firsthand information and recommendations on most appropriate modalities.
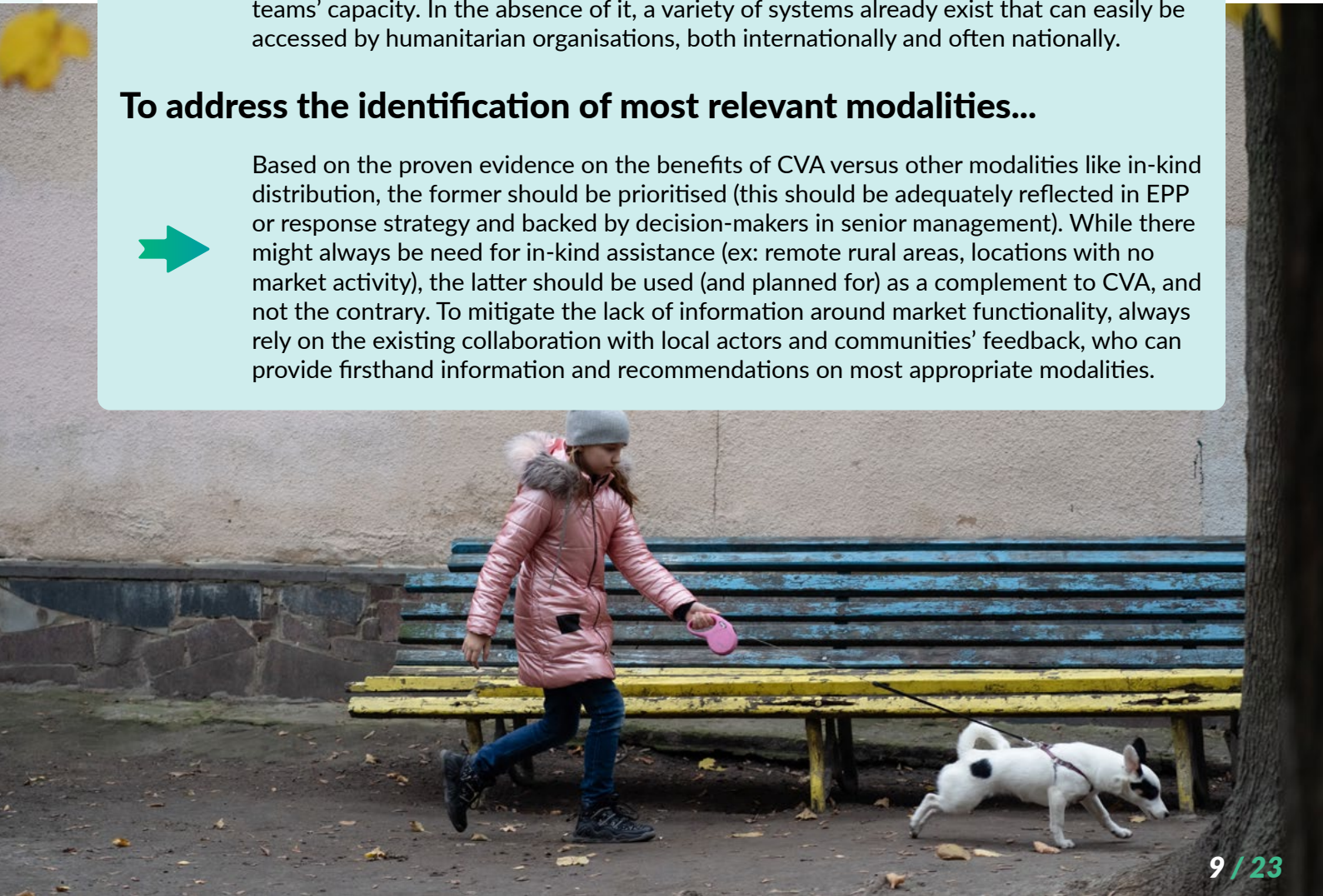
## ENABLERS

**Integration of CVA with other sectors** (and particularly protection) has been considered since the beginning of the response and built into strategies and proposals. However, it is important to note that different levels of integration are expected at different stages of implementation. For instance, specific sectorial costs (such as shelter, a primary expenditure in contexts of urban displacement) were either considered as part of MEBs development or provided to specific at-risk populations as top ups during the first few months of the response. Actual integrated programming, such as cash for protection, however, was only made possible at a later stage of the response, due to the timeframe required for Protection service delivery scale up.

**Targeting:** at the beginning of the response, the spread and scale of needs, but also limited availability of detailed vulnerability analysis or needs assessments led many organizations to apply a blanket targeting approach; others, such as SC, used a "light" targeting strategy which focused more on prioritization of population groups (i.e., families with children, women single headed households, families with pregnant or lactating women…). Limited availability of analysis of needs (despite a large amount of data being collected) made it challenging and inappropriate to develop complex targeting methodologies, which would have also been challenging to apply with limited number of staff available to carry out interviews or justify to individuals excluded. In addition, in this crisis, a notable aspect was that the affected population in some countries primarily consisted of women with children, making demographic targeting approaches ineffective. As the response evolved, targeting methodologies became more tailored, exclusive, and reflective of geographical disparities as more data was made available on socio economic vulnerability and needs and more staff was hired in SC to conduct verification.

### Box 1 – Case Study from Lithuania – Use of CVA to prevent evictions and support documentation

A single mother with 5 children contacted SCLT hotline for cash assistance in May 2023. Supported also during winterization stage, with the mother's restricted possibilities to work and family's income much less that the State-calculated MEB, the family was still facing the risk of life in poverty. The family was provided all necessary information and referrals, as well as multi-purpose cash assistance for two months to cover the gap. During the follow-up call after the time has passed, SCLT social worker was informed that at the moment they were not in need of additional assistance, and that they also managed to use part of the money received to get new Ukrainian ID documents for some family members as their old ones were expired or about to expire (they also covered transport expenses to Poland as the Ukrainian documents are not issued in Lithuania). However, on 11 September the mother contacted SCLT again herself with a request for assistance, as she had received a note of eviction due to delays in covering both rent and utilities' costs. Cash assistance has been provided to cover all delayed accommodation costs to make sure the family keeps their social apartment. Further contact is maintained with the family by SCLT social worker.

## Box 2 – Case study from SC Lithuania: Illustration of tailored CVA intervention

In May 2023 a family of a grandmother and her 11-year old granddaughter was referred to the CVA program by a SCLT family coordinator in Šiauliai. The grandmother was facing a serious risk to become blind with her one eye (and the sight of the other eye was poor already). To prevent this, an urgent eye surgery was needed, however, the queue for a State-funded service was too long to save the grandmother's eye. Failure to have the surgery in time could result in loss of sight, thus as well in inability to take proper care of the granddaughter and even in family separation. Decision was made by SCLT CVA team to include the family in the CVA programme in order to prevent possible sequences affecting the safety and wellbeing of a child.

In June request for additional assistance was received, as the state of the second eye was deteriorating fast, and another surgery was urgently needed. CVA team made in-depth evaluation of the financial situation of the family, and upon realization that the income of the grandmother was actually less than State-estimated MEB, the decision was made to issue a two-months value payment covering the gap as well as the expenses of the surgery.

The Ukraine response took place in countries where **robust social protection systems** were already in place and responsive to the inclusion of displaced and refugee populations. Aside from the financial assistance that these systems provided to millions of people, these were important resources for cash actors as they provided key data to inform the design of cash assistance, starting from transfer amounts, but also targeting methodologies and, in Ukraine, sources of identification of potential beneficiaries.

**Delivery Mechanisms:** many delivery mechanism options were available in this European context, ranging from bank payments to cryptocurrencies to more standard over the counter payments (or payments through post-offices). Another advantage of operating in countries with solid social protection systems is the development of financial infrastructures and payment options that are notably used by the social protection systems. In Ukraine, for instance, post offices or similar delivery mechanisms have been used for years to deliver pensions, including in remote locations. As such, this laid a robust structure to expand coverage even outside of urban centres, or targeting certain groups like the elderly, capitalizing on previous habits developed through the social protection system. In addition, some financial service providers started waiving international bank transfer fee or providing additional solutions to facilitate the provision of assistance to Ukrainian refugees, inside and outside of Ukraine. This enabled, for instance, the provision of assistance to newly arrived Ukrainians that did not have a bank account in countries they were displaced to, by quickly and smoothly opening an online bank account with providers such as Revolut. This flexibility, availability and robustness constituted a solid foundation to the use of multiple delivery mechanisms, adapted to different population groups.

# CHALLENGES

**Targeting:** Not all organizations started narrowing down their criteria at the same time (notably due to delays during start-up phase and pressure to "spend"). Similarly, some organizations-maintained identification approaches (such as online application systems accessible from any location across the country) that were much broader than others (direct identification and referrals). In some occasions, this created confusions amongst beneficiaries, but also increased chances of duplication (since local geographical coordination mechanisms to reduce duplication couldn't factor online applications).

**Integration requires time** and coordination. It requires that systems are in place and that data flows smoothly between all involved parties. Cash for Protection (C4P) activities were implemented in some countries as CVA was seen as a good means to contribute to the reduction of some protection risks, such as family separation. However, in some countries, the timeframe for expansion of protection activities was very different from CVA timeframes. Expanding case management programs for instance requires a lot on time to recruit important numbers of case workers and conduct the level of capacity building required to provide quality case management. As a result, despite planning for cash for protection programming since the initial weeks of the response, the first program could only be put in place in Ukraine 6 months after escalation. These are important considerations to factor into plannings and program designs.

Despite the robustness of the **social protection systems, horizontal and vertical expansion** through humanitarian assistance was essential to cover gaps and bring assistance to marginalised groups. Some included:

- **Social Protection transfer values (that also primarily influenced MPCA transfer values)** were tailored to address the needs of chronically poor populations, not people on the move, and were therefore insufficient in most response countries. This was notably made visible when analysing key basic needs or food security indicators (see infographic) at baseline and post-distribution stage.

- **Timeframes** to enrol in social protection scheme were much longer than originally announced (ranging from three weeks in Ukraine to several months in Poland).

- **Conditions** to receive social protection assistance and type of assistance changed over time (e.g., full health coverage only made available to employed refugees in Lithuania; removal of shelter assistance in Romania) and could change from one family to another.

- The decision to stay in a new location (or country) and to enrol in a social protection scheme is not automatic, and many people on the move might be unable to make such choice during displacement, further extending the period they spend without any form of assistance.

## Box 3 – Supporting evacuees from NGCA with cash assistance

In 2022, SC provided financial assistance to over 50,000 families evacuating from NGCA in partnership with local authorities from Zaporizhzhia and Mariupol. These families were registered for assistance right after crossing the Russian and Ukrainian checkpoints, along a major evacuation route for individuals fleeing Mariupol, Kherson and Donetsk. SC conducted an assessment with people who evacuated these locations between May 2022 and February 2023, and identified that the vast majority (91%) of them were not accessing social protection assistance when they registered and did not receive any social protection assistance until 1 months after the evacuation (1/3rd was still not receiving social protection assistance months after). They (60%) also had to incur various expenditures despite not having an income (75% of cases) nor assistance of any kind (100% prior to registration, 91% in the month that followed registration for cash assistance). Lack of financial assistance was identified as the primary reason for not being able to evacuate dangerous locations in SC's assessment (81%) but also in other assessment and monitoring reports (IOM DTM).

The costs of evacuation (for those that must pay for it and do not receive any parallel form of assistance) are extremely high and explain why financial reasons have been identified as the primary barrier to evacuation. Transportation constitutes a primary expenditure for evacuees, and costs appear to be particularly high for individuals coming out of NGCA. Even when considering the overall surveyed population (including those that did not report having to pay for each of the below expenditure) the overall per capita cost bridging the gap between the start of the evacuation and the moment where financial assistance is provided is 2069 UAH, almost equivalent the monthly amount provided by humanitarian actors and the social protection scheme to meet basic needs.

## Table 1: Detailed Evacuee expenditure calculations (in UAH) - February 2023*

| *Average reported expenditures only* | Between the moment they left their homes and reached the first registration point | Between the moment they left the registration point and reached their destination |
|---|---|---|
| Food | 1,433 | 3,059 |
| Accommodation | 1,656 | 4,256 |
| Transportation | 5,248 | 1,888 |
| Hygiene | 537 | 898 |
| Total per HH (average 3) | 8,874 | 10,101 |
| Standard MEB | 2,069 | |

# RECOMMENDATIONS FOR DESIGN & IMPLEMENTATION

## To address challenges around integration...

In contexts where the delivery of services (such as protection) needs to be massively scaled up, it is important to consider at planning stages that there will inevitably be a gap between the moment where cash can be provided at scale and the moment where it can be integrated/complemented with service provision. This time can be used to conduct/develop solid operational processes and tools, namely C4P SOPs and RACIs, C4P PDMs, CVA & CP risk analysis.

## To address challenges around targeting...

Build an identification and targeting system that is adaptable and that can be regularly updated to reflect changes in context (e.g., population movement, needs, gaps in coverage) and geographical disparities. While broad targeting criteria may be appropriate for suddenly displaced populations, more refined criteria might be required in other, more stable, geographical areas to avoid high proportions of inclusion errors. Similarly, vulnerability might greatly vary geographically (and notably between urban and rural areas).

Remote self-registration is a viable strategy if the CVA program has a strong validation and verification approach, or technology allows for restrictions of link circulation. When possible, however, face-to-face registration and on-site monitoring should be prioritized to reduce the risk of inclusion and exclusion errors.

In cases where communities affected by a crisis share common categorical vulnerabilities (e.g., single women with children), actively engage with these communities to gain insights into additional criteria that can be used to pinpoint vulnerable individuals. Prioritize establishing vulnerability criteria based on access to essential services (geographical targeting). Seize the opportunity to leverage child protection, nutrition or other sectorial activities as an effective entry point for targeting eligible beneficiaries for CVA.

Do not underestimate the amount of work required to develop, keep adapting and processing selection tools in displacement contexts, as you might need to have different approaches (and subsequently forms) in different geographic locations, or for different groups (ex: host vs conflict affected areas), leading to high volume of data being collected through different channels.

Ensure field teams and affected communities are regularly consulted and able to input in targeting methodologies adaptations, but also receive necessary orientation after each adaptation (to ensure quality, reduce frustration but also increase accountability towards beneficiaries).

## To address challenges around transfer values...

➤ Adapt, as much as possible, transfer values to the specific needs of different population groups, including populations on the move, developing for instance different packages of assistance, or top ups to standard MPCA transfer values that are typically designed for more chronic poverty.

➤ Temporality is key: the same family might have different financial needs during displacement and after having relocated for several months. Similarly, their capacities might differ (ex: they might be receiving more, or less, humanitarian support during evacuation than after having relocated to a new location for one year). In addition, some periods of the year (in this case winter) might represent periods of particular financial hardship for families, with increases in expenses (ex: utilities) that might require a winterization top up.

➤ Ensure costs such as transportation, shelter (ex: rent deposit), household NFIs and administrative are adequately analysed, as they can constitute significant financial barriers for populations on the move.

➤ Do not assume everyone is accessing the same level of social protection support, as there can be an important gap between what displacement populations are entitled to by right and what they ultimately get in practice. In that sense, also consider complementary activities to support most marginalized groups overcoming some administrative barriers to start receiving social protection.

## To address challenges around integration with Social Protection...

➤ Carefully analyse existing social protection schemes, as these are an incredible asset to respond to sudden or longer-term needs of populations on the move (when these are eligible to enrol). Use this analysis to identify gaps in assistance that need to be identified and used for the design of MPCA interventions (complementarity). Pay particular attention to timeframe for enrolment, criteria, different types of assistance packages. Prioritize cases that, for a variety of reasons associated to displacement or not, might not be able to enrol in those schemes. In the longer run, work with the assumption that social protection assistance will become increasingly exclusionary.

## Box 4 – Case study: complementing changes in Social Protection Assistance

The Mariia's family comes from Mykolaiv, Ukraine. They made the difficult decision to leave their homeland when the situation became unbearable. Their initial hesitation to leave stemmed from the fact that Mariia's husband could not accompany them, leaving Mariia to take care of their three children alone. The Mariia family consists of 16-year-old twins, a boy and a girl, and a 14-year-old girl.

When the 50/20* program concluded, the family decided to return to Ukraine, as they could no longer afford to live in Romania. While the 50/20 program was in effect, Mariia worked as a cleaning lady and earned 2,000 lei per month. During that time, her earnings were sufficient to buy food for her three children. But when the 50/20 program ended, this salary was no longer enough, as she now needed to cover rent expenses. However, their sense of security was short-lived, as their city was bombed just three days after their return to Ukraine, with one of the bombs exploding on their street. The children were terrified, and they continuously pleaded with their mother to return to Bucharest. After three months, they concluded that staying home was not safe and returned to Romania. Save the Children Romania registered Mariia's family, offered school kits for the children, and later provided financial support that enabled to cover rent costs.

Through the financial support and resources offered by Save the Children Romania, the Mariia family has made significant strides toward rebuilding their lives in a new country. This support has not only eased their financial burdens but has also empowered them to focus on education and integration, despite the challenges they have faced.

*the 50/20 is a Governmental program aiming to support refugee's rental and food costs

The interconnectivity between MEAL and programs and reliance on near real-time data for decision making and accountability is particularly acute for CVA programs. CVA can empower beneficiaries, but only if responding to their needs and delivering sufficient assistance in a safe, dignified, accountable, and participatory manner. From needs assessments through beneficiary registration, selection, payment processing, distribution planning, PDMs, and financial reconciliation, the flexibility and adaptability of CVA is contingent on access to data, which is the purview of MEAL teams.

A functioning accountability system is not just crucial for reporting, but for providing actionable and timely data which will inform the next CVA transfer process. The voices of affected communities need to inform programmatic decision making. The level of effort required from MEAL teams to support CVA teams, and ensure proper segregation of duties, is often underestimated and underfunded. Most CVA programs of scale (multiple months of transfers; multiple geographic locations; different transfer values) require a full-time MEAL person to accompany the process. Although this is considered a luxury, it should be a requirement.

## ENABLERS

**Hiring MEAL staff with 100% level of effort to CVA** proved to be effective in Ukraine, Romania, Lithuania and Poland, as it ensured that there was MEAL staff continuously focused on MEAL procedures during the CVA cycle and ensuring that data that was collected throughout the project cycle (baseline, PDM, feedback and reporting channels) and shared with decision makers to inform programming.

**Development of a MEAL for CVA strategy:** given the high turnover and the complexity of the CVA system in each country, developing a MEAL strategy for CVA proved to be effective in laying the foundations of what MEAL's responsibilities are throughout the CVA cycle, how these differ to other functions', and how key MEAL processes are to be undertaken (e.g., when are baselines and endlines conducted? Who is accountable for verification? How are PDMs done?)

**'Accountability to Children and Communities'** was seen as a fundamental component since the onset of the response. This resulted in the CVA program counting with an ACC system since day 1 (with room for improvement, as will be outlined below). Relevant decisions such as developing key CVA messages, hiring hotline operators to respond to phone calls and establishing coordination platforms between ACC and functions like safeguarding and anti-fraud were made quickly thanks in part to an enabling environment where ACC has been seen as a priority.

The **use of remote or technology-based strategies for data collection** (registration and baseline or endline tools were circulated via SMS), feedback gathering and information sharing. A bulk-SMS system was procured to allow for quick dissemination of key messages (e.g., around safeguarding, fraud prevention, eligibility, or non-eligibility in CVA program). Although these strategies proved to not work for the entire population (see below), people's access to smartphones and to internet across the countries made it an effective strategy to collect data and communicate with people quickly.

# CHALLENGES

**Information Management (IM):** In most countries involved in the response, the information management system was not fit for the scale of the CVA intervention (i.e., Excel has been used in most of the countries to manage large amounts of data). This led to time-consuming manual work that resulted in errors and increased the risk of data protection breaches.

**Verification:** Verification methods will differ depending on the method chosen to register potential CVA beneficiaries (i.e., face-to-face, or remotely through a link to a registration survey). Similarly, the verification methods will also vary based on the stage of the response and the available human resources. During the first weeks of any response, timeliness of service delivery may override stricter verification processes or there may not be sufficient staff to conduct the necessary verification activities.

**Information Sharing:** Questions around the CVA program were one of the main types of feedback received through the feedback and reporting channels across the countries – the most typical questions included when people would receive the assistance, whether they were eligible to receive it, why they had not been selected to receive it, etc. This implies that information was not shared in a proactive manner to the individuals that registered or that the channels that were used to share key messages were not sufficiently relevant or accessible.

**Feedback and reporting mechanism (FRM):** Most countries heavily relied on remote and online feedback and reporting channels (e.g., hotline, email, messaging apps), which are not accessible for those in hard-to-reach areas with no phone signal or access to internet. The FRM in most countries was built as the CVA program was rolled out (sometimes even long after it had started).

# RECOMMENDATIONS FOR MEAL

## To address challenges around generation and use of evidence...

As with HR, having MEAL staff with 100% level of effort to CVA is particularly strategic in the first stages of the response. This decision can be reviewed and potentially changed once the MEAL systems are in place and functioning well.

A clear strategy that outlines the following elements needs to be developed (and incorporated in the MEAL for CVA strategy) before starting any CVA programming (this strategy will need to be aligned with SOP and would be reviewed on a regular basis):

- What data will be collected and how often?
- How often will the collected data be analysed?
- What are the key stakeholders interested in what data?
- How are findings going to be shared to each target stakeholder and how often?

During implementation, regular meetings will need to be held involving MEAL, technical advisors and project teams. In them, MEAL teams would provide the evidence coming from key MEAL activities or processes (i.e., indicator performance trackers, PDMs, needs assessments, routine monitoring visits, feedback and concerns received through the Feedback and Reporting Mechanism). The output of that conversation would be that teams agree on how to adapt CVA programming based on the evidence to make it fit for purpose.

Whenever possible, indicators and monitoring tools should be harmonized at regional level (for regional responses), to enable generation of comparable evidence and cross-country sharing of lessons learnt.

## To address challenges around information management...

A basic, but adequate IM system needs to be ready before activities start. It should be able to capture the different reporting requirements that donors may have, as well as rapidly detect duplicates (both inside and between countries), especially relevant in contexts of people in transit.

The IM system should allow for rapid inter-sectoral referral of CVA recipients (i.e., CP or Health teams should be able to instantly receive information coming from HHs that register to receive CVA but that may also have child protection or health needs, respectively). Before this, teams across the thematic sectors need to agree on what is the information that is required, always upholding the principles of data protection.

Different functions should be able to access the IM system (even if for different purposes) but always with restrictions on access to households' personal and sensitive data.

Considering hiring/deploying IM/data staff during the first phase of the emergency to support the setup of the CVA processes.

## To address challenges around verification ...

➡️ Whenever SCI, partner staff or local authorities organize in-person registration of households, MEAL or program staff should be there (at least on a random, punctual basis) to observe that verification checks (of IDs, passports, IDP status) are properly conducted. When the registration is intended to target the population of a specific geographical location (ex: one village in newly accessible areas in Ukraine), the collaboration of local leaders is crucial to ensure that people from outside that area are not registered.

➡️ Verifying households' biodata and eligibility criteria takes time and effort, more so when registration is done on a rolling basis, which is typical in displacement contexts. For large CVA programs, it is recommended that a dedicated team is hired for this purpose (these can be phone operators if verification needs to happen remotely, or community outreach teams if it can happen physically). Another strategy is leveraging staff from social services, municipalities and local NGOs; however, even in this case, having SC staff on the ground while registrations occur can help mitigate inclusion errors.

## To address the challenges around information sharing...

➡️ SMSs should not be the only channel to share key information on the CVA program, as some population will not have the means to receive them. However, there are multiple ways information can be shared with individuals: during face-to-face registration some key information about what people should expect from the overall process can be verbally shared, what alternatives exist for people that do not have a bank account and what each entail, etc. Other platforms include social media posts, banners, etc. The channels should be selected in collaboration with representatives of all segments of the population, including the most vulnerable groups.

➡️ Most of the questions that are received through the feedback and reporting channels can be answered on the spot. For that to happen, though, hotline operators need to be familiar with the answers to the most frequently asked questions and should also have access to the IM system, where information about each household's payment status is reflected.

# To address the challenges around the FRM...

➡ As best ACC practices mandate, feedback and reporting channels (as well as other key processes) need to be agreed on in collaboration with affected children and communities. It is important that especially the most deprived HHs participate in these discussions, to make sure that the channels that are put in place are suitable for them.

➡ Even though it is expected that FRMs grow more sophisticated and adequate as humanitarian responses evolve and stabilize, it is recommended that before CVA activities begin, the following actions within the FRM have been completed (or have as much progress as possible):

- A variety of feedback and reporting channels are put in place;
- The overall functioning of the mechanism has been agreed on: how will feedback be stored, how often will feedback be shared with the relevant focal points, how will feedback be shared with decision-makers to inform adaptive management, how will the feedback loop be closed and by whom, how will sensitive cases be processed and acted on;
- Everyone involved in CVA programming, especially those in charge of handling feedback, are trained in the process;
- An information-sharing strategy to disseminate key messages around the feedback and response mechanism has been developed, which may entail printing of flyers or banners, among other things.

➡ Feedback and concerns need to be periodically shared with decision-makers to make sure that adaptations are made based on them. The adaptations made (or not made) need to be communicated with the people sharing the feedback in the first place (closure of feedback loop).

## This report is mainly based on 2 types of information sources:

Dialogue and inputs collected during a regional workshop aimed at exchanging CVA experiences in the regional response to the Ukraine crisis, with 13 representatives from the four countries where Save the Children delivered CVA. Out of the 13:

- o 3 were from SC Romania (2 female and 1 male)
- o 4 from SC Lithuania (4 female)
- o 2 from SCI Poland (2 female)
- o 1 from SCI Ukraine (1 female)
- o 2 from the MENAEE Regional Office (1 female and 1 male)
- o 1 from SCI (1 male)

Online survey that was circulated to the teams involved in CVA in the Ukraine regional response. This was responded by 13 people, out of which:

- o 3 were from SC Romania (2 female and 1 male)
- o 7 from SCI Ukraine (3 female and 4 male)
- o 3 from SCI Poland (2 female and 1 male)

Based on the data collected from the above sources, a thematic analysis was conducted to identify common themes across countries. Achievements are presented within the general context of displacement while the challenges and recommendations are separated into different phases of the project cycle so as to facilitate their application, adaptation, and replication in the future. This document fundamentally aims to support improved use of CVA in future conflicts so that affected populations have access to the tools they need to Survive, Learn, and Be Protected