CVA in the Ukraine and impacted countries crisis response

IFRC internal review

Humanitarian Snapshot - Ukraine Crisis

September 2022

Dec 2021

Ongoing military build-up on the border; Regular engagement with Ukrainian Red Cross (URCS) leadership,Support to URCS in a scenario planning and consolidating national disaster preparedness plans.

Jan 2022

Jan 27: Agreement to deploy a Movement Contingency Planning Coordinator

Feb 2022

Feb 08: Launch of imminent DREF for scale up of URCS preparedness efforts.

Feb 24: Conflict escalates. Crisis categorized Red according to IFRC Emergency Framework. Poland activates branch-to-branch support and Emergency Appeal is launched.

Feb 25: First Rapid Response Personnel surge alerts issues; including for a Head of Emergency Operation (HEOPs)

Feb 28: IFRC launches Preliminary Appeal(CHF 100 M)including allocation of CHF 1M DREF. HEOPs arrive in Budapest.

Mar-Apr 2022

Mar 01: 36 hours after the initial alerts are launched more than 30 rapid response personnel are deployed.

Apr 12: IFRC launches an Emergency Appeal for CHF 550M (Secretariat funding requirements) and CHF 1.2B (Federation funding requirements) to support 3.6M people affected by the crisis with emphasis on shelter,cash,food relief items and NS Strengthening

May 2022

URCS management fully operational from Kyiv. Operational strategy revised for Ukraine and neighbouring countries. New cash programming approach tested and rolled out in Romania.

Jun 2022

Governing Board Oversight Group Field Visit to Ukraine and Poland.

Jul 2022

Draft and activate National Society (NS) plans of action in 14 countries. Cash programming operational in Ukraine.

Aug2022

Preparedness for winter's impact and prolonged conflict. NS country strategy plans in place.

Sep 2022

16 NS included in IFRC EA and receiving IFRC technical and/ or financial support

Feb 2023

Project at least CHF 140 million in cash programming. Strengthen livlihood components and basic infrastructure rehabilitation in the plan.

Inside the Report

Executive summary

Since the escalation of the conflict in Ukraine at the end of February 2022, approximately one-third of Ukrainians have been displaced, leading to one of the largest displacement crises in the world today. About 7 million people were internally displaced within Ukraine as of the end of August 2022, and over 11.9 million displaced people from Ukraine were recorded across Europe, most of them have crossed in the neighbouring countries: Poland, Russia, Hungary, Romania, Slovakia, Moldova, and Belarus. h

The International Federation of Red Cross and Red Crescent National Societies (IFRC)'s Operational Strategy for Ukraine and impacted countries[1] includes cash and vouchers assistance (CVA) as the preferred modality to provide integrated assistance for the most vulnerable people; in the short term to meet their basic needs and in the mid and longer term, to support sectoral outcomes in shelter and livelihoods. The short-term intervention (three to six months) aimed to reach up to 100,000 households in Ukraine and 50,000 households in the neighbouring countries, totalling about 360,000 people. A revised Emergency Appeal is expected by the end of 2022, that will plan for expanded geographical coverage including 17 Red Cross and Red Crescent National Societies (National Societies) across Europe, a transition to Unified Country Planning, and an increase to both the funding ask and the timeframe (to December 2025) for the operation.

Cash and Voucher Assistance (CVA) was an appropriate support modality for responding to the crisis, given that people in Ukraine and neighbouring countries were already familiar with receiving cash in times of hardship due to the long-standing social protection mechanisms in country, and because markets were functioning outside the areas of conflict in Ukraine itself.

The Ukraine response represents is the IFRC's largest commitment to CVA in an operation to date. The 245 million Swiss francs (CHF) budget CVA to support 360,000 people makes up 45% of the estimated total budget for the operation. Rapid and bold decision-making and strong commitment from the **IFRC leadership** enabled CVA to be prioritised from the outset, adopting a 'no regrets' approach. Key resources were quickly made available, including allocation of financial resources, reallocation of VISA prepaid cards from the Americas region, prioritisation of CVA-related surge personnel, and CVA technical assistance provided from the regional office and Geneva. The IRFC leadership also prioritised country-level advocacy, as CVA was a relatively new modality of assistance for most of the National Societies. In Hungary, for example, the IRFC Secretary General and the Hungarian Red Cross met the Ministry of Human Capacities, which built on ongoing Federation advocacy and resulted in the Ministry's buy-in for a pilot CVA project.

> A press release dated 14 April 2022 announces the launch of IFRC's largest cash assistance in an emergency operation: IFRC to support more than 2 million people affected by the conflict in Ukraine with its largest ever rollout of emergency cash assistance

#01

This review of the CVA component of the response, finds that while improvements were made, such as through the deployment of dedicated finance and risk functions, **IFRC systems remain a key blocker** to rapid and scalable CVA delivery. The response has highlighted that to reach its ambitions to be a global leader in CVA, the IFRC must prioritise and resource the pre-positioning of CVA capability, including ensuring that IFRC systems are adapted for CVA, that cash preparedness is prioritised for IFRC offices and National Societies, and that the right resources are made available for an operation of this scale.

All informants to this research cited the low level of **cash preparedness** of both the IFRC and the National Societies (NS) in the region as a challenge to the operation. Little or no cash preparedness in the affected NS (except for Ukraine where the Danish Red Cross had supported the Ukrainian Red Cross Society with some cash preparedness) and the resulting shortage of experienced and available staff and volunteers in-country has hindered NS' participation in CVA activities, with negative impacts on the timeliness and scale of response. Local teams in-country faced competing demands and the CVA response largely relied on IFRC surge personnel and teams to support advocacy, programme design and implementation and coordination among CVA stakeholders. As the operation continues, the CVA response requires a high degree of programme set-up in countries that have little or no prior CVA experience or cash preparedness. IFRC's leading operational role has enabled the CVA response but so far has struggled to build effective NS capacities alongside implementation. Lessons learned from this response underline the critical importance of investment in cash preparedness for both the IFRC and NS.

Overall findings from the review show that IFRC had achieved 67% of its targets for CVA as of September 2022 for the eight countries considered. Looking at **scale**, success varies by country, with Romania and Russia exceeding 100% of the targets (the response in Romania has reported having supported 93% of all Ukrainian refugees registered in the country) while only reaching around half of the target in Poland and Ukraine. However, in Poland the number of people assisted, by September, represents approximately 25% of those planned to be

supported by the members of the National Cash Working Group, meaning that Red Cross contribution to the caseload is significant.

Regarding **timeliness**, despite the lack of CVA pre-positioning, the operation has managed to halve the time usually taken for CVA to be delivered into people's hands. The CVA Roadmap Review 2021 notes that in previous IFRC emergency operations, it took on average three to four months for cash to reach people's hands; in this response the average was 37 days. In Ukraine, the first vouchers were distributed 23 days after the conflict scaled up; in neighbouring countries, CVA started to be delivered in just over a month in Russia (34 days) and Poland (38 days), and in 53 days for the self-registration app.

Regarding **accountability**, feedback mechanisms were set up throughout, though as timeliness and scale were prioritised, the response missed the opportunity to have a direct understanding of people's needs and preferences. On the positive side, multiple communication channels have been put in place, including chatbots to support self-registration, call centres, in-person information points and post-distribution monitoring forms. Information was provided in Ukrainian, Russian and English.

Overall, the perception of IFRC operational staff in the field is that the response has been successful as it has managed to deliver assistance more quickly compared with other operations and implemented innovative solutions that enabled delivery at scale. This perception come from a direct understanding that it was achieved despite challenges such as the scale of the operation across multiple countries, the complex crisis context, the level of resources and the sheer number of engaged Red Cross Red Crescent Movement members, including NS with limited or no previous CVA experience. However, staff also reported frustration at not being able to help more people more quickly due to the lack of CVA pre-positioning and cash-ready response system.

The review also reveals that once CVA delivery and systems are in place (for example in Romania and Poland) it is possible for CVA to be distributed quickly, securely and at increasing scale. This delivery ability can

then be used to support CVA to reach single-sector or multisectoral outcomes. This highlights the difference between the groundwork needed to set up CVA as a response (cash preparedness) and the ability to deliver CVA when it is 'ready to go' whenever needed. In countries where CVA is now fully operational, it can be scaled quickly.

Table 1 summarises the numbers of people targeted and reached by 16 September 2022.

Table 1.
Operational targets, objectives and total people reached compared with Ukrainian people displaced

	IFRC CVA targets short-term intervention[2]	IFRC # People assisted with CVA by September 2022[3]	% Target achieved	Refugees from Ukraine registered for Temporary Protection or similar national protection schemes[4]	% of total number of refugees/ internally displaced people assisted by IFRC/NS with CVA[5]
Poland	100,000	46,400	46%	1,449,214	3%
Romania	50,000	67,100	134%	72,285	93%
Slovakia	12,500	7,573	61%	97,737	8%
Moldova[6]	12,500	150	0.12%	94,535	0.2%
Hungary	8,100	250	3%	30,000	1%
Belarus	1,250	1,000	80%	15,580	6%
Russia	54,000	64,909	119%	64,909	2%
Ukraine	250,000	140,000	56%	6,243,000[7]	2%
TOTAL	**488,750**	**327,382**	**67%**	**10,854,746**	**3%**

Operational Strategy 24th May 2022	Achieved by review date: 16th September 2022[8]
Objective: The most vulnerable displaced communities have their needs addressed through the use of cash.	**Budget:** 245 million CHF	**Distributed: * Nearly 39 million CHF or 15% of the budget** *This data is in EURO and from the RedRose data management system and does not include any vouchers provided.

Availability of sufficient, skilled **human resources** has proved a continuous challenge. This review notes that partner NS (PNS)[9] and the IFRC prioritised the deployment of CVA surge personnel and the achievements of the operation to date have been due largely to the skill and dedication of these people. IFRC relied heavily on the support from a few partner National Societies (PNS) who made it possible to deploy surge staff for up to six months (the provision of personnel by the American Red Cross in neighbouring countries and the British Red Cross in Ukraine were notable).

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2 Revised Operational Strategy May 2022 & Country plans
3 IFRC Ops update & Self-registration Dashboard
4 UNHCR * Oct 2022
5 Note: This data should be used carefully as it is not representative of people in need of assistance. A needs gap analysis should inform the conclusions. Not all people are likely to be in need; and other actors, such as governments and humanitarian organisations, are also providing assistance. 6 Monthly cash assistance to host families in Moldova targeting up to 5,000 families
7 Internally displaced people IOM Sept 2022
8 Ukraine and surrounding country RR&OCHA September 2022 - Power BI and OPERATION UPDATE REPORT
9 See Annex 4 for a list of surge staff deployed to the CVA programme and supporting PNS.

The review has found that human resources issues such as a lack of handovers and critical staffing gaps caused delays and disruptions to CVA reaching people. At the time of this review (September 2022), surge had been halted and key long-term positions were not yet recruited, leaving a gap in capacity to ensure ongoing implementation and a huge work burden for the regional team. During the review, operational leads noted that there was a lack of roles with humanitarian diplomacy and CVA strategy profile, which limited the ability to engage with governments and their social protection mechanisms from the outset of the operation.

There is much to learn from this operation about the type of profiles needed – such as information management and data specialists, finance, and legal roles – and when different levels of competencies are needed. For example, if CVA delivery is designed well by experienced staff, then the implementation can often be done by more junior staff with the right finance support. Emergency surge roles need to be revised and adapted to current operational requirements. with an expansion of the roles from the current three (CVA Coordinator, Officer, and Information Manager) and appropriate capacity-building pathways for those new to the roles and surge system. This operation also saw a number of PNS drawing on their domestic staff (as surge was depleted), which was seen as successful for the implementation period.

In such a challenging context, **innovation** plays an important role. The operational team proved able to adapt quickly to challenges, explore new ideas and turn them into reality. The development of the self-registration app is a good example: it was developed within five days and ready to pilot within weeks. The app transformed the speed and scale of registrations, for example in Poland the highest number of families reached on a single day using traditional registration was 88 in May. This increased to 2,210 in June when the self-registration app was introduced and rose to 5,302 in July. This experience demonstrates the increasing role of technology and innovation in humanitarian responses and the importance of having framework agreements in place that can be drawn on in times of crisis; in this case the framework agreement with RedRose enabled fast application of the data management system behind the

app. There are considerations and risks with the use of self-registration that should be considered and addressed before replication. The Ukraine CVA response has generated numerous learnings in the way that innovation was fostered; how small, focused teams collaborated to solve challenges, and how innovations were designed, tested, and piloted.

The IFRC network needs to urgently find its niche and approach in **linking humanitarian CVA to social protection**. More could have been done in the Ukraine response in using the NS' auxiliary role and linking CVA to social protection in a context that has well-established social welfare systems. This could offer opportunities for significant scale-up in CVA delivery, and can be discussed, agreed and outlined as part of Cash and Voucher Assistance Preparedness (CVAP). As auxiliary to governments, NS are well positioned to develop operational models that link CVA with social protection systems ahead of time to enable a timely and scalable response. Ways to link CVA into social protection must always be based on context, and the risks and benefits of models and approaches should be considered in each case, as should the capacities and willingness of both NS and governments to engage.

Relations with the UN have differed from country to country; in some countries the collaboration was positive while in others competition for resources and caseloads resulted in UN agencies trying to reduce the humanitarian space for the IFRC, even where there were unmet needs. Many informants, both IFRC and NS, felt they lacked awareness about the external environment for CVA, such as the Cash Coordination developments that no doubt underpinned increased competition from UN agencies and the current battles for CVA space. While the IFRC Secretariat and NS may be well versed in these dynamics, and the IFRC holds global agreements with the main UN agencies engaged in CVA, field staff may be unaware of these agreements and how they affect operations.

Key recommendations

The review has identified a number of recommendations for scaling up CVA in the Red Cross Red Crescent Movement's response to large-scale humanitarian crisis. More specific recommendations are offered in the relevant sections of the report.

- **Advocacy and leadership support:** IFRC and NS leadership need to have the right information and knowledge to push the case for CVA in the early stages of a response, when discussions are tough and require the highest levels of negotiation, both internally and externally. Operational leads must have sufficient knowledge of CVA to be able to advocate in their areas of influence. Appropriate data and advocacy materials for different audiences, and briefings for IFRC and NS leadership and senior operational staff, must be made available.

Participant comment:
"If we want to be leaders, we need leaders to advocate for cash."

- **Investment in CVA preparedness** aligning with IFRC ambitions for delivering accountable and timely CVA at scale is critical: The Movement's ambition for scaling up CVA should include being cash ready, with the capacity to deliver pre-positioned CVA through and with NS. This crucially requires leadership buy-in, as well as having appropriate support systems and processes in place. Without this level of basic preparedness, blockers to scale will remain. Investment in cash preparedness must cover both IFRC and NS. When engaging with NS, cash preparedness must be integrated into broader National Society development and organisational development plans.

Participant comment:
"CVA cannot be an emergency response unless we have better prepared NS, pre-established relations with Government and agile processes and systems in place."

- **NS should identify their role in linking CVA to social protection:** Working with governments needs to be part a core part of CVAP because setting up institutional partnerships and associated programme changes take time, and it is difficult to start in moments of crisis when decisions must be made fast. Resourcing and funding need to be improved for CVA at scale when linking to social protection. For the current operation, there is still a need to support NS in reinforcing relations with their governments, strengthening their auxiliary role, and building durable partnerships for the mid- and long-term response to this crisis.

- There is a need to find ways to improve **collaboration with the UN agencies** on CVA and promote more awareness of the external CVA environment, so potential barriers can be better mitigated in future. For the current response, this external cooperation could help to define the roles of IFRC and NS in the transition phase from the emergency response. NS, with permanent presence in the country and nationwide coverage, are well placed to be key partners for governments in the exit strategy towards government-led social assistance for refugees. It is important NS are supported to be part of the interagency coordination (which requires dedicated capacity) and decision-making regarding the response design and are not only seen as delivery agents.

Key recommendations continued

- In order to ensure sufficient availability of appropriate staff and to avoid gaps and programme disruptions, there is a need to **revise and update CVA surge profiles**. For instance, information management and information technology skills, and knowledge of protection, gender and inclusion and community engagement and accountability, need to be included in existing profiles and new profiles developed for finance, legal and other support services. **Human resources strategies for recruitment** needed to be considered, including timely recruitment and deployment of long-term staff. Identifying relevant CVA roles and responsibilities and writing suitable job descriptions requires support from both operational managers and technical specialists. Bulk recruitments could be explored when there are so many operational roles open at the same time. Most of the review respondents felt that too many responsibilities and functions are expected of CVA staff, which go far beyond their role scope and capacity. A responsibility assignment matrix could help clarify roles, responsibilities and accountabilities in the operational teams.

Participant comment:
"Too much pressure on CVA, they were rolling the operation."

- Explore definitions and models for future **accountability, scale and timeliness targets** based on common emergency response scenarios and update and approve Standard Operating Procedures (SOP) for CVA at scale, including use of data management platforms, and linking into existing social protection systems where relevant. A phased approach to scale must be defined, to adapt to each context and NS capacities and experience and must highlight the level of staffing required for each model or scenario. Overly ambitious plans risk creating resistance as they may seem too complex and technical to implement. Defined metrics for scale and timeliness would facilitate future monitoring and evaluation processes.

- Conduct an internal CVA team and IFRC **corporate services learning session**, with each support service department (Logistics, Finance, Planning Monitoring Evaluation Reporting, National Society development, Surge, etc), to discuss challenges in this operation and solutions applied, document learnings, and set up a plan to revise and adapt internal processes to facilitate the future scale-up of CVA. This plan should also take account of the recommendations of the IFRC CVA Roadmap Review 2021 and inform the updated IFRC CVA Roadmap which will outline the direction of travel to ensure targets for 2025 can be met. Measures that have been applied for this operation to reduce transfer timing should not remain exceptional but should be integrated into the systems to be applied in the future.

- **The IFRC Secretariat should pre-position CVA funds at regional level in regions and countries with recurrent crises** to facilitate rapid responses to emergencies. It should establish country-level framework agreements with pre-identified Financial Service Providers (either establishing new arrangements or ensuring those a NS already has are compliant with IFRC procedures) and ensure any legal agreements in place (such as agreements with governments for potential alignment of a CVA response with existing social protection mechanisms and/or data sharing) would enable a timely response at scale. These country-level agreements should be prioritised in all countries where NS and the IFRC are regularly responding and regional and global agreements such as the global partnership agreements with key UN

agencies should also be updated based on learning from this review. It is envisaged that emergency CVA will need to be integrated with long-term sectoral goals in the present crisis, so funding and systems must be consolidated now.

- **Continue to develop, nurture and test innovations:** consider developing a digital toolkit for use in future crises which includes a supporting package of usage/purchase agreements, support structures, training, and documentation for new tools. There is much scope for replicability of this operational model and the innovations piloted, in particular the self-registration app, have potential use in other contexts. Improvements, testing and a measured roll-out in a range of conditions should be supported and IFRC systems adapted as needed. The systems and technology innovations developed in this response are still led by the IFRC; NS must have an increasing role and responsibility, according to their capacities to build local capacity and ownership.

The IFRC Cash Roadmap Review completed in 2021 lays out the detail of what is required and makes recommendations across the areas of: leadership, CVA skills, CVA uses, systems, tools and partnerships. Much in that review remains relevant and the IFRC should revisit it in light of the learning from Ukraine and ensure this detail is planned for in the updated IFRC CVA Roadmap.

Participant comment:
"We had everything but not for this situation."

Annex G contains a list of recommended further research to be conducted.

CVA operational achievements: scale, timeliness, and accountability

Implementation of the CVA has progressed at a different pace in each of the eight countries. In general, the operation gained momentum around mid-May 2022, with teams being able to deliver at increased levels of scale, timeliness, and accountability. This was due to updated CVA strategies and country plans, the self-registration app being in place with a roll-out plan, and feedback mechanisms having been established. The rapid scale-up from May onwards contrasted with the slow pace in the first two months of the response, March and April, when traditional CVA response options (in-person registration and delivery, etc.) were tried with limited success and no immediate alternatives were available (Figure 1).

Overall considering that this is the largest IFRC operation using CVA in a complex crisis context, with simultaneous operations in multiple countries and an unprecedented level of resources and number of Movement members involved, where NS had limited or no previous CVA experience, most interviewees, especially operational staff, saw the operation as a success. This may be due to the speed and scale of the response: CVA delivery started in less than two months, compared with an average of three to four months for previous IFRC emergency operations and even faster if compared with the six months average of 69% of previous IFRC responses. 6 months[10]).

> **Participant comment:**
> "We have a very powerful story, and it's our responsibility in the region and through the Cash Hub…
> and everybody… to get that story synthesised so we can share and collectively feel proud of it."
>
> **Participant comment:**
> "Total reached in Romania is pretty impressive. Everyone Ukrainian there who asked got CVA."

The following sections define what we mean by the terms scale, timeliness, and accountability in the context of this operation.

10 Is IFRC Cash Ready? CVA Roadmap review. Wendy Brightman, et all. May 2021
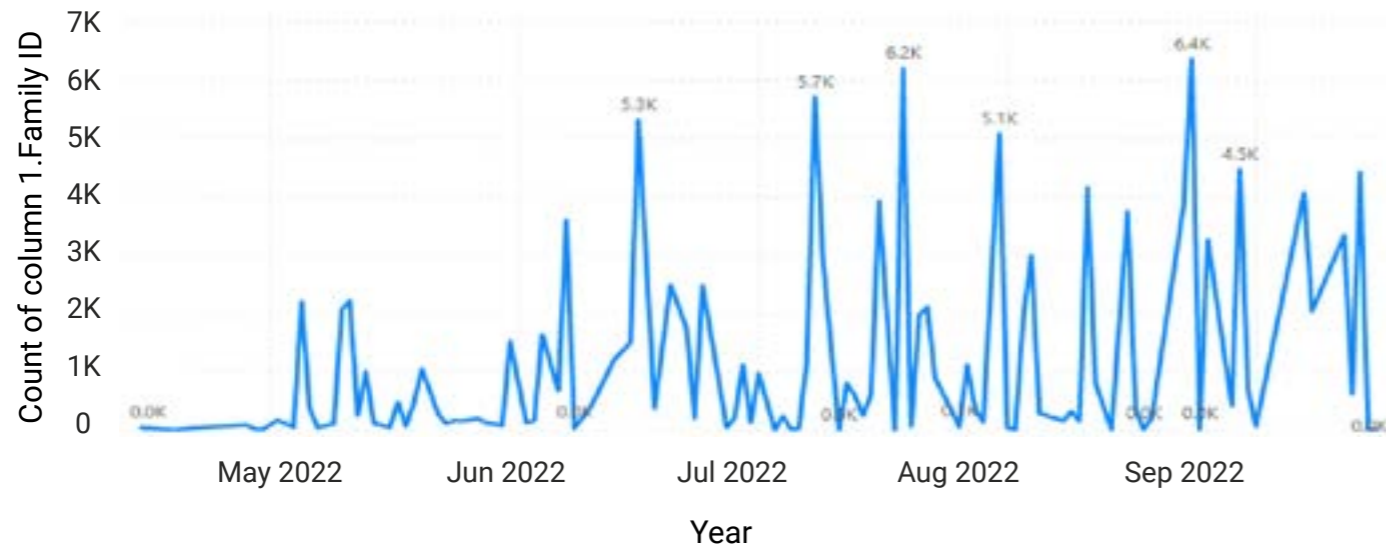
#09

A. Scale

Total number of families

Figure.1 Total number of families reached by month in Ukraine and surrounding countries RedRose &OCHA September 2022

The analysis will refer to numbers of people reached with CVA compared to targets in the IFRC operational strategy. Defining what 'scale' should be for this operation was challenging as the ranges in the IFRC Emergency Response Framework[11] are very broad and the new cash preparedness operational indicators are for NS-led operations without external support, which is not relevant for this operation. During the review process, participants shared divergent opinions on scale, demonstrating the need for a clear understanding of what scale metrics should be considered and what to consider as successful.

The context presented challenges: There was a lack of capacity and volunteers to carry out in person registration, and as the population was dispersed, traditional methods could not be applied. Initial expectations for this response were that governments would provide lists of recipients. That would have made possible a faster

response at scale, but it did not happen. For instance, Visa Prepaid cards were available in Poland and Slovakia from mid-April but the limited capacity to register people in person made their use almost impossible. Also, more people could have been registered sooner if the self-registration app were made available more widely earlier, but there were valid concerns regarding the capacity to respond to the demand while the system was still being built.

The self-registration app has been the key enabler for scale as it allowed large numbers of people to register and receive support, providing a solution to the context and resource limitations. At the early stages of the response, development of the self-registration app was prioritised as it would provide a solution to the contextual challenges and so enable scale. The RedRose data management solution also contributed to enabling scale, first as co-developer of the self-registration app; then by facilitating a centralised payment process that enabled faster transfers and allowed diverse payment solutions

thanks to RedRose's agreement with MoneyGram and flexibility to adapt to IFRC and NS requirements.

Most interviewees consider that current IFRC internal financial processes are slow. Some participants refer to challenges such as the many layers of approval that delay decision-making; and that processes are not adapted to enable a CVA-based response at scale.

Scale at regional level (all countries covered by the review including Ukraine)

- Global targets for the neighbouring countries can be considered achieved as 49,000 households had been supported by September, 98% of the initial target of 50,000 households. This is largely influenced by the exceeding of the target in Romania.

- The percentage is reduced when Ukraine is included, as targets were not met there. For all countries including Ukraine, 67% of the targets achieved by September, with more than 250,000 people supported compared with the target of 375,000.

- One of the IFRC operational leads interviewed identified the total funds distributed to date as an important success demonstrating scale. Nearly 38 million Swiss francs reached people's hands in the first four months of the response.

Number of people reached by country
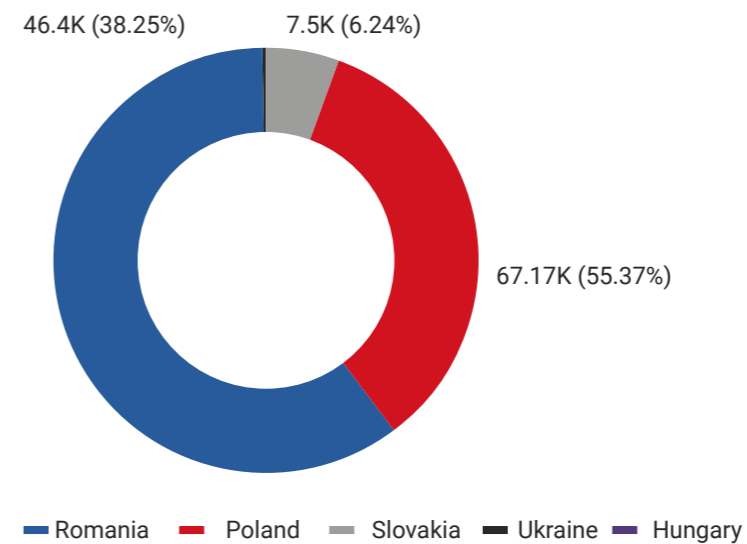
121.32K

Number of individuals reached

Figure 2. Number of people reached by country as of 16 September 2022 as registered through RedRose

11 IFRC (2017) IFRC Secretariat Emergency Response Framework – Roles and Responsibilities
https://www.ifrc.org/sites/default/files/2021-07/IFRC%20Emergency%20Response%20Framework%20-%202017.pdf

Scale at country level

Table 2.
Numbers of people targeted for assistance, and numbers reached, by country

NATIONAL SOCIETY	CVA targets and operational priorities (IFRC Operational Strategy March 2022)	Implemented to date (IFRC Operational Update and CVA dashboard)
Ukrainian Red Cross Society	Assistance, including cash and voucher support, for people displaced within Ukraine Assistance in partnership with Ministry of Social Policy 2,220 UAH/58 EUR per person Duration: 3 months	• 21,000 IDPs with disabilities, July • 45,000 IDP hosts • 65,000 people supported through vouchers with support from PNS and other partners
Polish Red Cross	Providing immediate basic needs assistance through multipurpose cash and voucher assistance to up to 40,000 households Host family support and rental support through conditional CVA to up to 2,500 families Assistance: 710 PLN/ 150 EUR per person Duration: 4 months	• 46,400 people (18,560 households (HH))
Hungarian Red Cross	Initiating cash and voucher assistance support, and relevant high-level external advocacy. Pilot Assistance: 30,000 HUF/ 74 EUR per person Duration: 2 months	• ⬛250 people (Pilot)
Slovak Red Cross	Shelter programme through cash assistance for rental or host family support to 1,000 families. Multi-purpose cash (MPC) assistance 80 EUR/adults 60 EUR/child 3–18 years old, 160 EUR child <3 Max. 380 EUR per HH Duration 3 months	• 5,190 people (2,966 HH)

NATIONAL SOCIETY	CVA targets and operational priorities (IFRC Operational Strategy March 2022)	CVA targets and operational priorities (IFRC Operational Strategy March 2022)
Red Cross Society of the Republic of Moldova	500 Host families	• 150 people (ICRC Pilot)
Romanian Red Cross	Supporting the basic needs of persons who fled the conflict in Ukraine residing in Romania through the provision of multipurpose cash assistance to over 55,000 individuals Assistance: 110 EUR/person Duration: 3 months	• ⬛67,170 people
The Russian Red Cross Society	MPCA HH 1–2 members: RUB 5,000/ 80 EUR HH 3–4 members: RUB 10,000/ 160 EUR HH 5 and more members: RUB 15,000/ 240 EUR	• 53,287 IDP vouchers, locally raised resources • 11,222 people (including 3,331 HH supported by IFRC funding • 400 IDP vouchers for food and non-food Items vouchers
Belarus Red Cross	Target: 1,250 Joint CVA approaches developed between IFRC, ICRC and UNHCR Vouchers value: BYN 270/103 EUR HH 1- 2 members: 103 EUR HH 3-4 members: 206 EUR HH 5+ members: 309 EUR	• 100 HH (199 vouchers) • 300 HH funded by UNHCR

In neighbouring countries

Romania: The response in Romania represents the model of success in the operation, where targets have been largely achieved and even exceeded. An initial target of 10,000 people was revised to 55,000 people; and the number of people assisted as of September 2022 was 67,170. The Romanian Red Cross has provided CVA to 93% of the total 72,285 refugees from Ukraine registered for Temporary Protection or similar national protection schemes in the country. The CVA delivered in Romania covered virtually all counties in the country, as the mobile app allowed participants to register from wherever they were based as long as they were residing in Romania. The programme closed in September 2002.

Poland: Poland is the second largest country in the response and was the first outside Romania to test the self-registration app. By mid-May, 645 households in Warsaw had been reached through traditional registration and using the IFRC's prepaid cards imported from the IFRC Americas office. In mid-June, the approach started to shift to self-registration, with CVA being delivered through MoneyGram. By the end of August 2022, the IFRC/Polish Red Cross Society cash assistance had expanded into three separate locations in Poland, working directly with the relevant Polish Red Cross branches (Mazowiecki, Warsaw, Lodz, Lodzki and Bydgoszcz, Kujawsko- Pomorski). Scale is considered achieved at local level, comparing the number of refugees and those receiving assistance in the local branches' areas where CVA has been implemented. As of September 2022, 46,400 people have been assisted (18,560 households) which represents 46% of the target and 3% of the total number of Ukrainian refugees registered in Poland. It represents approximately 25% of those planned to be supported by the members of the National Cash Working Group, so is a substantial contribution to the caseload.

Slovakia: The operation shifted to the self-registration approach with MoneyGram from 4 July. Targets have been partially achieved, 7,573 individuals assisted by September 2022, or 61% of the initial target. There is no target established by the Cash Working Group in Slovakia and the people assisted represent 8% of the total of 96,889 Ukrainian refugees registered for Temporary Protection or similar national protection in the country. Like Ukraine, Slovakia Red Cross Society also felt IFRC were in a rush to start, but they wanted to go slower and align more with the government, as well as be allowed time to feel prepared and understand what the programme meant.

Hungary: Hungary was slower to start CVA than other countries, due to challenges gaining government acceptance and associated hesitancy from the Hungarian Red Cross Society (HRCS). Hungary has an elaborate social protection system with several cash offers, so it was felt there was no need for the short-term basic needs grant support. However, advocacy supported by IFRC led to a pilot CVA scheme designed to build acceptance and trust from HRCS and relevant government ministries. The target was set for 3,000 households but at the time of

writing, 250 people had been supported through the pilot, which represents 3% of the target and less than 1% of the Ukrainian refugees registered in the country. This is in part due to the Government's late acceptance of CVA being implemented by the NS. Despite the limitations to date in terms of scale and timeliness, it is recognized that HRCS has huge potential to be a lead agency with the government in the next phase, playing to their auxiliary role. There are no other international agencies implementing CVA in Hungary (including the UN, who operate as donors only), so humanitarian space is less competitive.

Moldova: So far one pilot reaching 150 individuals has been implemented, less than 1% of the target set and less than 0.02 of all the Ukrainian refugees recorded in Moldova. This small scale is in part due to the limited capacity in the country and the humanitarian space already being covered by UN agencies.

Belarus: To date, 1,000 people/400 households have received vouchers, which represents 80% of the target set and just over 6% of the Ukrainian refugees recorded in Belarus.

Russia: The IFRC/Russian Red Cross Society have distributed vouchers for food, non-food and pharmacy goods to a total of 64,909, 120% of the target and just over 2% of the individual refugees from Ukraine residing in Russia. Having key staff (IFRC Operations and CVA) deployed from the same region (Kyrgyzstan) who were both experienced in CVA, able to speak Russian, and understand the context, was considered a huge enabler for being able to operationalise CVA in such a context. Splitting strategic and technical roles between Operations and CVA also worked very well in a context where advocacy was key.

Scale achievements in Ukraine

MPC transfer value per HH/per individual month
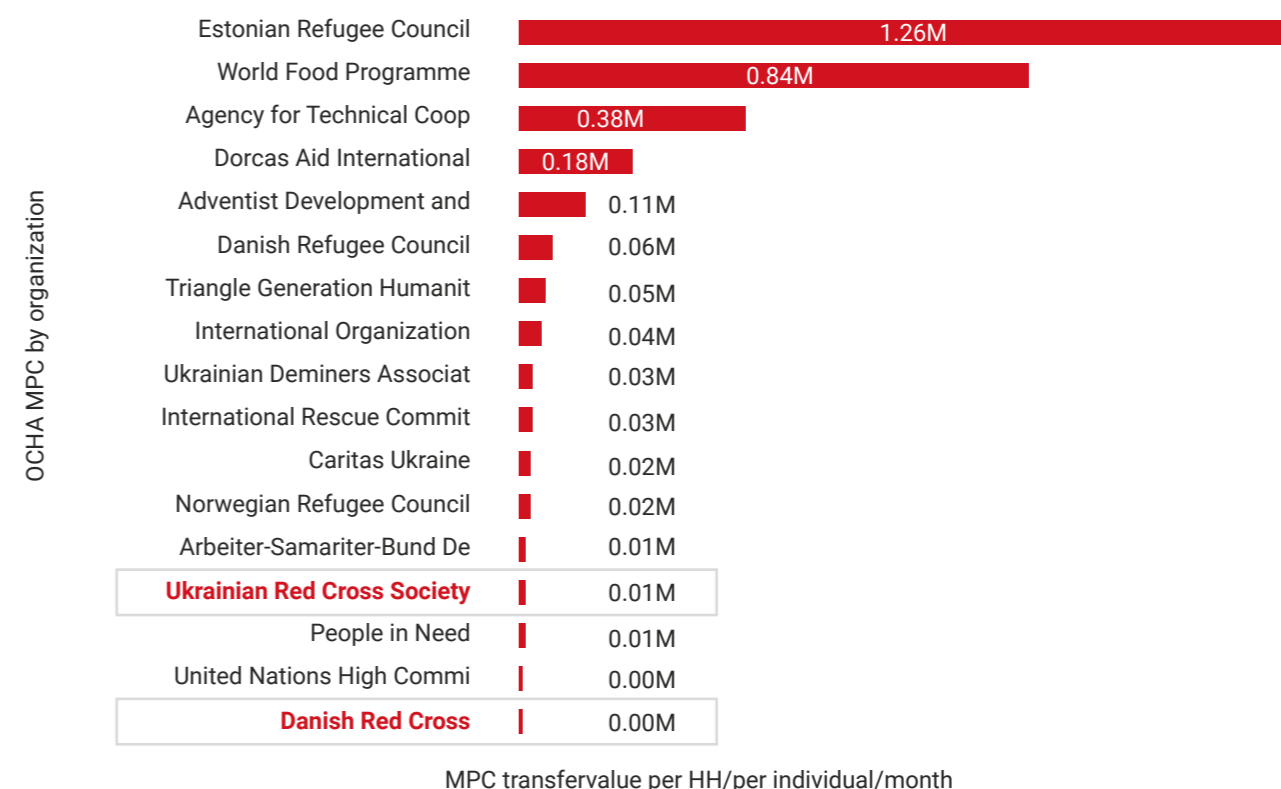*By OCHA MPC by organization*

Figure 3. OCHA MPCA by organisation in Ukraine

The Movement data is not accurately reported through the different OCHA information systems, as shown in the Figure 3 above, only some activities are included and doesn't reflect the total people assisted. These discrepancies in data between Red Cross and OCHA reporting highlight the complexity around tracking the scale and reach of programmes in the Ukraine crisis.

Ukraine context presents its own set of challenges, particularly as the emergency over time has evolved into a longer-term protracted conflict, with a huge range of actors at play (multiple Ministries, UN agencies and INGOs, plus RedRose who have their own legal entity in Ukraine). Although URCS has undertaken some CVAP work in recent years, they have needed to take their time and get ownership of their approach to CVA. While they appeared initially hesitant to spend the budget on multipurpose cash assistance too quickly, the NS clearly wished to play to their auxiliary to government role, yet meanwhile needed to keep the IFRC on board and have discussions around how the Movement's proposed 'at scale' CVA tools could fit in their context.

However, the target in the IFRC's Operational Strategy has been partially achieved as 56,280 households (around 140,000 individuals) have been supported, 56% of the initial IFRC target and less than 2% of the total of people supported in Ukraine through CVA by the Cash Working Group by September 2022. However, the URCS regards the results as positive as CVA was not their main priority in the first months of the response. Since then, a range of other assistance programmes using CVA have been underway, including the two priority projects for URCS, CVA support to veterans (through the Ministry of Veterans) and CVA for utilities for host households (through the Ministry of Territorial Development). It is expected the number of households receiving CVA support will increase in the coming months as URCS increase the delivery of assistance in partnership with different Government ministries.[12]

Barriers to scale in Ukraine (now being overcome) have largely related to URCS needing time to gain ownership in the face of such a huge operation, as well as IFRC realising it needed to adapt its emergency model of CVA at scale to fit the Ukraine context. Additional barriers that still remain include a lack of National Society systems for CVA (despite some prior CVAP work) and significant HR limitations, including only one or two IFRC delegate staff currently in place. Additionally, there has been no joined up strategic thinking, either between sectors or for CVA, until now. At the time of this review, a One Movement/URCS Unified Plan 2023–2025 has been drafted for approval and it is hoped can facilitate a more coordinated approach, particularly among partner National Societies active in support of URCS.

Despite the slow start, Ukraine has huge potential to deliver CVA at scale. It may not deliver as fast as other countries, such as Romania, but if it succeeds in linking CVA with the national social protection system for longer-term support, and URCS plays a key auxiliary role in the process (with the support of IFRC), Ukraine may well enable the Red Cross Red Crescent Movement to have a long-standing legacy in the region.

Scale positioning vis-à-vis the UN and other organisations in Ukraine and neighbouring countries

The Data available from the different national Cash Working Groups on the 5W (Who's doing What, Where, When and for Whom?) does not provide enough details for comparison of the IFRC/NS's work on CVA in Ukraine and neighbouring countries with that of other organisations including the UN. Moreover, there is no information on Slovakia, data from Poland had not been updated at the time of writing, and it is not clear if the reported figures for Romania include IFRC/NS data.

Based on information the review team could access, when comparing data for Romania, Poland, and Slovakia, in Romania, IFRC/NS has supported 93% of the total number of individuals supported compared with the UN supporting 3%, while for Poland and Slovakia the total of people supported by IFRC/NS represents 15% compared with the total of people assisted by UNHCR.

For Ukraine, the data available for the four main UN agencies (the World Food Programme (WFP), UNICEF, UNHCR, the UN Refugee Agency (UNHCR), and the International Organization for Migration (IOM)) on the total number of people in Ukraine supported with MPCA by UN agencies is just over 1.5 million. Although not directly comparable, as UN numbers represent four agencies, the IFRC-wide response reached about 140,000 people by September 2022.

However, as several interviewees recommended, caution must be applied when making comparisons with the UN and to the type of benchmarking used as a reference as the ways of working between the Movement and the UN are different. Yet important learning can be taken from UN experience and ways of working, operational models and resources required. It is often mentioned that UN agencies can choose their partners, including from the private sector. This response has demonstrated the benefits of working with the private sector, as for example IFRC partnering with RedRose contributed significantly to the scale and timeliness of the operation. A key enabling factor for UN agencies is the CVA-dedicated human resources allocated to the response: while the IFRC has one or two CVA-focused staff per country, WFP alone has more than 50 CVA dedicated staff in Ukraine.

12 URCS CVA strategic plan includes:
   • 175,000 people through an MoU with the Ministry of Social Policy.
   • 150,000 households hosting 440,000 IDPs, through an MoU with the Ministry of Communities and Territorial Development.
   • Winter cash support to 95,000 people with disabilities through an MoU with the Ministry of Veterans Affairs.

B.   Timeliness

• For this review, the Counting Cash/Cash Readiness indicator for timeliness used was **the number of days from disaster to CVA reaching the first person's hands.**

• In Ukraine, the NS distributed the first vouchers 23 days after the conflict scaled up.

• For the neighbouring countries, using 8 March 2022, when people started to cross the borders into neighbouring countries[13] as a reference point, Russia and Poland managed to deliver assistance the quickest at 34 and 38 days respectively.[14]

Another way of defining timeliness is comparison with the average number of days in which CVA has been delivered for IFRC operations. According to data available from 2021, the average time to start distributing CVA is approximately four months (120 days) from the time the Emergency Appeal is launched, while just 31% of operations managed to deliver CVA within three months (90 days).[15] For the Ukraine crisis, the Preliminary Emergency Appeal was launched on 28 February and the Operational Strategy on 12 March. This timeframe means that the **CVA response for the Ukraine crisis** has been faster than the **average**. The response has managed to deliver CVA in **less than one month** since the Emergency Appeal was launched **in Ukraine** and **just over one month for neighbouring countries**.

With the development of the **self-registration system** in Romania, a whole new system was **functional in 1.5 months** and was delivering the first payment in just 53 days after 8 March.

Table 3.
Length of time taken to start delivering assistance, by country

Conflict scales up	24 February	Time from crisis starting date
Ukraine	Registration started: N/A First vouchers distributed: 18 March 2022	23 days
More than 2 million refugees' cross borders into neighbouring countries	**8 March**	
Russia	Registration started: N/A Voucher distribution starts: 10 April	34 days
Poland	Distribution of prepaid cards: 14 April	38 days
Romania	**Self-registration stated: 26 April** **First payment: 29 April**	53 days
Slovakia	Registration starts 19: April Distribution of prepaid cards: 1 May	55 days
Belarus	Vouchers distribution: August	6 months
Hungary	Registration starts: 1 July First payment date: N/A	5 months

There is a perception among a few interviewees and PNS that the response should have been faster, that two months was too slow given the favourable context: the IFRC leadership support ('no regrets' intervention for CVA use, financial resources allocated to CVA and support to innovative solutions) and the enabling environment with key elements that made CVA feasible (i.e. functioning markets, available local Financial Service Providers, digital literacy).

Yet, the initial goals and expectations might need to be reconsidered in light of the fact that the operation was relying heavily on IFRC systems, as the NS had little capacity and experience specific to CVA, and the IFRC had no pre-positioned CVA solutions in place. For instance, the Ukraine vouchers programme was timely and at scale, but URCS systems couldn't provide the financial reports at the speed partners wanted (WFP and Save the Children) and so URCS stopped providing assistance. In Poland, IFRC was ready to start to register refugees, but the Polish Red Cross Society (PRCS) didn't have capacity to support in-person registration and the population was dispersed and difficult to reach. Then when PRCS was ready to deliver cash transfers, following direct registration delays with the Financial Service Provider (FSP) framework agreement (Visa), a lack of pre-positioned cards meant they could not start and further delays were reported with the topping up the cards, due to the lengthy IFRC financial approval process.

In Romania, there was an initial trade-off over timeliness, as the decision was made to dedicate all resources to the development of the self-registration app, as this was seen as the solution that would allow speed and scale once in place.

Interviewees reported that IFRC internal systems and financial procedures were not adapted for the type of delivery mechanisms used and long approval processes caused inefficiency in the first few months. The processes have been created to ensure financial accountability and are complex, long and not appropriate for timely responses. Changes were made to the procedures to reduce transfer timing. Also, the centralised payment system managed from Budapest facilitated speed. While there was a perception among some interviewees that the CVA response was slow and therefore CVA cannot be done quickly, it should be made clear that with the right investment in systems and people, CVA can be much faster than the delivery of goods. It is often perceived that processes for CVA are more rigorous than for in-kind assistance, but usually this is because in-kind stocks are prepositioned and do not need to be purchased in the moment of the emergency. Detailed recommendations on financial systems and timeliness are made in the IFRC CVA Roadmap Review of 2021 and should be considered by IFRC support service leads at the global and regional levels alongside this review and other learning from major CVA responses such as in Türkiye.

C.   Accountability

This review used the new Counting Cash metric for cash readiness of **the number of CVA with key Community Engagement and Accountability or Accountability to Affected People activities**, where accountable CVA can be measured by the presence of a good and functional complaints and feedback mechanism, good communication with the community through a community communication plan, and evidence of post-distribution monitoring data being collected and informing the ongoing programme.

Available feedback mechanisms

• **Website** with information about CVA and process for self-registration

• Automated **chatbots** available through Telegram, WhatsApp or Viber for the self-registration app

• **Call centres** in neighbouring countries with capacity to answer calls in Ukrainian about all aspects of the whole operation, including CVA

• In-person communication at **Humanitarian Service Points**, including feedback boxes

• **Exit survey** after registration

• **Post-distribution monitoring**

• In Romania: support **email** address and Service Point **phone number**

13 IFRC Operational Strategy
14 There is no common understanding among interviewees of what 'timely' means in this context. In the neighbouring countries, only refugees who have already registered for protection are supported, meaning that it is difficult to define a fixed start date for CVA as it depends on when people applied. Also, there is debate on what should be the reference moment, which could be the date people first cross the border, or later when the most vulnerable people started to arrive.
15 Wendy Brightman et al, Is IFRC Cash Ready? CVA Roadmap review. May 2021

It was a perception, and in some cases has been recognised as a decision made by Operations leads, that scale and timeliness were prioritised in this response, with accountability placed as secondary due to limited resources. This was considered a necessary trade-off to ensure delivery, as the threat of non-delivery was seen as a bigger risk than exclusion/inclusion errors. This might have held true for the first weeks, but could have been revisited during month 1, and certainly in month 2 when the immediate response should have been up and running. Feedback mechanisms were available and accessible at different dates for the different countries. In Romania a general information Call Centre started on 10 March and CVA-related mechanisms were set up as part of the self-registration app available in April. In Poland, the main feedback mechanism is the Call Centre, established on 1 June. The review found no information on the start date of accountability mechanisms for other countries.

Despite the importance placed on scale and speed, it has been recognised that the CVA response was an opportunity for community engagement and accountability (CEA) and protection, gender and inclusion (PGI) to be integrated into the processes of NS that did not work with these approaches before.

Good accountability practices were woven into certain areas of the response, for instance in the case of Romania refugees were both consulted and involved in the design of the self-registration app and Ukrainian nationals have been employed at the Call Centre to share information in their language.

Exclusion concerns:

• Self-registration can exclude people who are not able to use the app and those that cannot access an available delivery mechanism, for example have a physical impairment that means they cannot access a MoneyGram point. As mitigation, all National Societies facilitated options for in-person registration support at Humanitarian Service Points.

• Host communities have only been involved where assistance for hosting families support exists or is planned.

• Selection criteria limits access to assistance only to those refugees that have applied or been granted protection; this excludes refugees that are not registered.

Shared conclusions with the Review of CEA approaches for CVA programming in Ukraine responses conducted by IFRC in July 2022:

• While CEA has been prioritised in this response, a limited understanding of the CEA minimum actions[16] and job roles restricted its effective integration into the response.

• The design of the CVA response was based on decisions made by the Cash Working Group (CWG) regarding targeting, assistance to be provided and duration, rather than focusing on a needs-based design. More must be done to ensure participation and two-way communication with both host and guest communities, not simply depending on reactive approaches to feedback mechanisms but also investing in proactive channels to better understand the perspectives and suggestions of communities on how we could strengthen the response.

• There is no evidence if and how feedback information was used to inform programme quality and decision-making. More consistent data gathering, storage, analysis and use of complaints, feedback, and questions at both the country and regional level is needed.

16 The CEA in CVA checklist tool outlines the minimum and advanced actions that should be taking in emergency CVA programming

Strategic and operational learnings

While recognising each country's journey has been unique in how they operationalised cash and the challenges faced, particularly in relation to the operating contexts and external environment (including relationships with UN and acceptance level of governments), this review has found a strong convergence of common themes across the interviews.

The following section outlines strategic and operational issues in relation to IFRC/NS CVA leadership, the roles of IFRC and NS, and internal coordination and cooperation, that build on the information in previous sections. The section also covers external positioning and collaboration with the UN, government acceptance of CVA, and to what extent the operation linked CVA to social protection mechanisms.

Movement leadership, coordination and CVA capacities

All respondents recognise that a key enabler for this response was **IFRC's leadership** intent and risk appetite at all levels, global and regional, to make the space for innovation, and to accept and manage risks in a 'no regrets' response. CVA was made a priority from the first moment of the crisis and IFRC leadership supported advocacy at the country level with both NS and relevant national institutions for the use of CVA. Financial resources were also made available by IFRC under a 'no regrets' approach, which was a key enabler for success. In neighbouring countries, IFRC took a clear lead role for CVA, supporting NS to do CVA at scale for the first time.

As a result, the **NS put a lot of trust in IFRC**, although journeys to deliver CVA varied, and a different approach was taken in Ukraine. Within Ukraine, the URCS has been closely involved in all aspects of the CVA activities right from the start. They have influenced decisions on the use of the technology (very recently agreeing to use the RedRose platform), use of biometrics, agreements with the Ministry of Social Policy (MoSP) and other ministries, as well as partnerships with FSPs. URCS often challenged the steer from IFRC and surge teams, resulting in additional time spent on decision-making. Only when IFRC accepted to take a coordination and strategic support role to URCS did relations improve.

IFRC had no previous **presence in impacted countries** and processes for the NS to provide CVA had to be set up during the emergency response. Movement levels of coordination, including with the International Committee of the Red Cross (ICRC), differ from country to country. IFRC cooperation with ICRC in Russia was considered very helpful by interviewees while the ICRC support in Ukraine left a sense of competition at times. The experience with PNS also varied, at times the PNS seemed to overlook country NS, and pressed for time to implement they chose to operate bilaterally, working directly with branches, which challenged overall coordination role of IFRC with the NS. In other cases, for instance in Ukraine, Danish Red Cross delivery of a pilot RedRose project was very helpful for technical learning.

In neighbouring countries, **NS' cooperation** in accepting the IFRC's lead role for CVA delivery was key for the operation. NS were open to testing and learning about CVA and able to change their ways of working to adapt to the best approach for the response. The IFRC assumed responsibility for the risks, which helped NS dealing with initial fears about accountability and impact. However, limited CVA surge capacity affected the **support provided initially to NS**. The support was not realistic, and it ended up with serious **gaps** as countries have been paired and one delegate supported two countries, is the case

for Slovakia – Hungary and Romania – Moldova. The remote support provided to Moldova and Hungary was not enough to launch such a programme in countries with no capacities, so CVA was put on hold until more capacity was available in country. A key learning is that NS should be involved in all the processes from the beginning even if IFRC is leading, particularly if no CVAP work has been done beforehand, in order to better understand their capacity gaps and investment requirements, as well as to enable learning by doing. This requires dedicated staff from the NS who can be involved, trained, and coached. In the future, IFRC emergency responses must enable scaling up NS' HR CVA capacity for sustainability.

An **openness to innovation** and an empowered decision-making environment was fostered within IFRC operational and technical teams. An example of this is the development of the self-registration app, which was ready to pilot within just three weeks from concept. Senior management saw the opportunity and trusted the team in Romania to develop a whole new system based on previous domestic experience from the American Red Cross (AmCross) and with the capacity of AmCross staff deployed to Romania. Such a high degree of piloting and innovation during a crisis response comes with significant risk and it was only made possible by certain key senior members advocating for these new approaches. Using the RedRose data management system also was key given it was at that time the only system that was ready to be immediately operationalised.

Capacity gaps in digital and technology skills within NSs meant they had less involvement with technology setup, although they did play a key role in supporting the piloting of innovations. While most NSs were not able to participate in the initial CVA process design, they are subsequently more involved with supporting country regulatory compliance, supporting the CVA registration process at service centres, and supporting case management through local helplines. Local staff and volunteers often do not have access or training to use RedRose or reporting dashboards, which excludes them from participating in the end-to-end operations of the CVA programme and gaining hands-on experience in all steps of the process. As the programme moves from initial set-up to day-to-day operations, there is increasing opportunity for NS participation in the full cash process (e.g. the Romanian Red Cross engaging a cash focal point).

Centralised, **specialised support** at the IFRC HQ in Geneva was critical to help NS in specific areas where they lacked experience or expertise. A particular example was data protection compliance and data sharing agreements (DSAs), which were quickly identified as an area that neither NS or IFRC surge teams were skilled or knowledgeable in. Participation in negotiations and understanding of agreements relied heavily on support from the IFRC and their legal experts. Likewise, key decisions related to the use of technology, global software agreements (RedRose) and FSP agreements were influenced by a strong steer from teams outside the NS – in particular, key the support from the IFRC Global Cash Team was mentioned several times during the review.

For IFRC to be 'operational' and cash ready requires more investment and support from partners and the wider IFRC network. There is a still a lack of understanding outside CVA teams of what is required for CVA at scale and for effective support systems in finance, HR and IM, even though this has been documented in the IFRC CVA Roadmap Review and from the CVA delivered in Türkiye. Slow response and decision-making by IFRC in Geneva and the sign-off of documents at HQ level took a long time. It was felt that corporate services in Geneva were not always aware of the pace needed for CVA during a large-scale emergency response, and IFRC internal bureaucracy also significantly affected timeliness. It was said there is "too much advice and not enough doing" and there was often a reliance on individuals to make progress.

Several interviewees noted that there was **limited context analysis** and the strategy required a stronger needs-based approach. They also noted that the focus was almost entirely on delivery whereas ongoing needs and context analysis

would have enabled strategy and planning that were able to plan for different scenarios and the ability to scale up or down based on context changes. One senior participant in the review suggested that IFRC would do well to reflect on the approach applied in Ukraine and which parts of the operation might be adapted to be more appropriate for a protracted crisis, considering the surge components and targets were set for a more large-scale onset emergency approach. This approach led to high commitments to donors on scale and put pressure on IFRC to implement. With a fuller understanding of the context, IFRC could advise donors on needs and advocate for longer-term funding instead of the onset emergency type.

> Participant comment:
> "We applied a natural disaster response type approach to a protracted crisis at a large scale and it was not suitable."

Some CVA surge personnel felt that to date in the response, there has been a lack of space for **CVA strategic discussions** and coordination has been mostly limited to the delivery of the assistance. The CVA strategy has been developed remotely and not by staff based in country and has lacked any medium- or long-term objectives, which has made the shift from emergency to sectoral CVA, exit strategies, and consideration of linking CVA with social protection more challenging.

Limited CVA surge HR, combined with low or no CVA capacity in the NSs, meant that the few resources available were stretched beyond capacity, particularly during the initial set-up (first rotations). However, overall success was possible thanks to the high level of flexibility, teamwork, learning on the job and adapting to priorities of staff, volunteers, and surge delegates in a challenging context. Frequency of staff rotation and gaps in handovers were cited as key barriers to enabling timely progress in finalising these agreements. By the time of the review, long-term delegates were not yet in place meaning gaps in handover and slowing down of the operation, as the operations had to rely on the CVA coordinator and operations managers to support.

Existing **CVA surge profiles** did not fit neatly into the operation's characteristics and needs. CVA roles and responsibilities were not clear and not adapted to the needs of this response and individuals were responsible for a variety of tasks, not always working on what they were enlisted for or expecting. **Finance CVA surg**e profiles were not requested until the need was identified by one experienced surge delegate and a new role was added. CVA finance profiles have yet to be institutionalised as part of the CVA team from the design phase. CVA finance roles are not required for all operations, as IFRC usually can cover the needs, but this response highlighted that additional resources are required for large-scale, complex crisis responses and field, HQ and regional offices must respond by scaling up Finance Department capacity. The lack of appropriate profiles impact operations, e.g. for this operation it was reported that initial CVA delivery systems were designed by staff with no financial background, and so needed to be revised and adapted, which resulted in delays for programme delivery. There is also need for new CVA surge roles with strong **advocacy skills and social protection** knowledge. There is limited knowledge of linking CVA to social protection among CVA surge staff, so IFRC faced challenges to provide appropriate support to NS in working with their governments and exploring options to link CVA to social protection.

There was new realisation of the value of **Information Management, Applications and Technology** related profiles. The IM profile is misunderstood and often used to describe "anything to do with I.T.", which is incorrect and leads to personnel not having the correct skills for the job. What has emerged from this response is the clear need for two very distinct profiles:

• Information Management– specialised in transforming data into information through data collection/analysis techniques, standardisation of data, reporting and dashboard creation.

• Applications and Technology – specialised in software implementation, software development lifecycle and the integration of technology within CVA Standard Operating Procedures and interoperability between systems/technology.

External positioning

In some countries, the NS took a leadership role in the **CWGs** or showed potential to take on this position. In Romania, the NS co-chaired the CWG and was key in organising the meetings. Their role in **coordination** was key in enabling information sharing and effective collaboration with the Government and UN. In Hungary, it was felt there could have been a missed opportunity for the IFRC/Hungarian Red Cross Society to set up a CWG and co-lead with local actors or the government. Potentially they could still take this role, although possibly the need is reduced as MPCA phases out. Certainly, there is a role for the Hungarian Red Cross Society to develop its auxiliary role to government and explore how CVA can link with social protection; a coordination role linked to this could also evolve. At a regional level, the IFRC co-chaired the **regional CWG** created in March as a result of the outcome of the Cash Coordination Caucus and the Global Advisory Group established to support better CVA Coordination in Inter-Agency Standing Committee settings. OCHA took the co-lead in the Ukraine CWG and in the neighbouring countries it was UNHCR who co-chaired the regional CWG with the IFRC. The group was disbanded in June 2022 due to lack of support requested from national CWGs and a lack of capacity to respond to any such requests.

Despite some countries having **pre-existing relations with their governments**, for many this was the first time NS were introducing themselves and building relationships with their governments in the context of humanitarian assistance. A lack of CVA preparedness or previous in-country experience in CVA meant that NS had not been pre-identified as CVA partners of choice by their governments. For example, in Ukraine, the URCS is perceived as a relevant actor by their government but had been assigned other responsibilities, based on humanitarian laws and relief roles, which did not emphasise CVA as a priority. Due to the large-scale CVA operations now implemented, NS have gained greater visibility and a positive reputation in their countries with their governments, other organisations, and the local population.

Where they previously existed, **NSs' relationships with their governmen**t were key in enabling rapid acceptance of CVA. This was the case for Romania, where the NS was able to build on its existing relationship with the government and use the experience and learnings from previous situations, particularly the COVID-19 pandemic. Ukraine, Slovakia and Hungary have been able, or have opportunities in place, to potentially link CVA programmes to government social protection programmes. For URCS, having existing relationships with the Ministry of Social Policy was key. Strong advocacy around CVA awareness at the start of the response by IFRC surge and leadership and the NS were enablers for Slovakia and Hungary to put these linkages in place.

The use of **CVA was generally accepted by governments**, although in some cases permissions were given with restrictions or conditions. The only country where CVA acceptance was slow was Hungary, which required extensive advocacy from IFRC leadership. The acceptance of CVA was also influence by the supportive environment amongst international donor agencies as funding was made available early on to enable a CVA response at scale.

This response has highlighted how complex working on **CVA and social protection** with governments can be and that the IFRC didn't yet have a clear position, niche or appropriate CVA surge profiles in place to enable this way of working during the response time. As such, IFRC was challenged to provide appropriate support to NS in working with their governments and exploring options to link CVA to social protection. To date, most NS and governments are not ready to link CVA into social protection for any exit strategy (although potential opportunities are in place for Ukraine, Slovakia and Hungary). IFRC has not been able to provide an appropriate strategic steer to NS in most cases, and there is limited knowledge of linking CVA to social protection and options for engagement among CVA surge staff.

Unhealthy **UN and Red Cross Red Crescent Movement competition** for humanitarian space was a substantial barrier in some countries, particularly with UNHCR wishing to limit the IFRC/NS role as CVA delivery provider. External Movement positioning regarding CVA was not well known by UN actors at country level. In addition, Movement actors were not familiar with UN dynamics in relation to CVA and the UNHCR were not aware of the scale or scope of the IFRC and NS in using CVA. Even where data sharing agreements finally were put in place, these were often not operationalised.

Relations between the Movement and UN varied from country to country, with Romania, Slovakia and Moldova having the biggest challenges. In contrast, there were some instances of good cooperation (Russia and Belarus), however this was mainly because the UN was a donor not an implementer. Relations also varied by UN agency – in this context, UNHCR had a more competitive attitude, while WFP was looking to cooperate.

• In Romania, IFRC was able to get UNHCR to accept Red Cross leading role by reinforcing the RC positioning in terms of reach to the target population (available funding and the self-registration app were key) and the NS being able to get the Red Cross, UNHCR and government around the same table in the CWG.

• Interviewees from Slovakia reported that UNHCR faced challenges in their coordination role, as they were not representing other agencies in their discussions with the government. However, IFRC was able to retain space by positive CVA advocacy messaging by senior staff (with risks mitigated), informed by strong CVA technical staff.

• In Moldova, remote surge support was not enough to support the Movement positioning themselves within the country's response and the UN had already established a primary relation with the Government by the time the NS was able to start. Some discussion took place with WFP but at the time of the review, no intervention was yet agreed.

• In contrast, Poland reported good collaboration with UNHCR (coordinating and implementing) and the IFRC and NS were perceived favourably. IFRC/PRCS are helping to provide CVA in hard-to-reach areas within the country where UNHCR has no access.

• The situation in Ukraine was different as the NS was looking from the beginning for country-wide programmes in partnership with the Government, yet CVA has not been their first priority, instead they were focusing on delivering lifesaving and relief activities. The humanitarian space is very crowded in Ukraine. Initially, IFRC and PNS pushed for CVA but due to internal and external delays, many opportunities were lost to UN and other agencies. The humanitarian assistance in country is now being reorganised, and there are increasing opportunities for the NS to take over different assistance programme with the government, using CVA, e.g., to facilitate support for host families.

IFRC and UN agreements took months and required input from Geneva-level legal support services. Data sharing agreements with the UN was the main aspect where relations with the UN fell down, adding to internal frustrations. Technical and operational staff did not have enough knowledge on data protection, nor did the NS. The risks were for all in the chain, not just IFRC, but this was not recognised. This generated frustration as legal documents were not already in place, legal support was required from Geneva, NS did not understand the level of risk they were required to sign against, and IFRC country teams were unable to assist.

Regarding private sector relations, the relationship between the RedRose team, MoneyGram and the Ukrainian Ministry for Social Policy (MoSP) is an example of the private sector stepping further into the CVA space, potentially presenting both a threat to accountability and an opportunity to scale. In Ukraine, the Ministry of Social Policy (MoSP) already had a list of eligible people to receive cash. The MoSP sought an organisation with the ability to use that list and make payments. The RedRose team were in direct discussions with the MoSP, exploring their ability to do this. This meant that the Red Cross's role became one of providing the donor funds, quality assurance, case management and CEA. The Red Cross was accountable to the donors, but a large part of the process was essentially outsourced to RedRose/MoneyGram. One source said that if the data in the payments file received from the MoSP was 100% correct (many checks were carried out – see Appendix F), then payments could be processed and available for pick-up in 10 minutes.

Learnings on technology and digital tools and innovation

Overall, in addition to improving scale and eventually timeliness, the use of innovations (the self-reg app and automation) in this operation has created huge efficiency gains, as they free up human resources for other CVA activities.

Considering the special importance of innovation in this operation, this section is dedicated to the analysis of highlights and learnings related to technology, digital tools, and innovation in this operation to date.

Context

The multi-country context influenced how technology is used, with some functions centralised in Budapest to achieve efficiencies of scale and centralised control, while other functions have remained in-country and tailored to meet local needs such as local regulatory compliance.

Availability of banks and FSP's and a high level of financial inclusion and literacy among the people in crisis; widespread and available telecoms infrastructure (phone and internet access in Ukraine and host countries) and familiarity of the Ukrainian population with using smartphones, internet banking and communication apps (e.g. Viber and WhatsApp) made it possible to complement traditional communication channels. Language barriers affected the decisions on how the CVA programme was set up and the various tools and options provided to the people in crisis. In addition, the mixed use of Cyrillic and Latin scripts is a particular challenge for consistency and accuracy in checking documents and information.

The scale of the operation and the capacity and experience of staff, volunteer and surge resources made the use of new digital channels possible, providing additional ways in which essential information about the cash offer is communicated, how individuals register their interest in the programme and how they are able to collect or receive cash. It also influenced the level of automation of tasks needed to meet the demands of the programme in terms of scale, speed and accountability.

The multi-agency context (particularly the involvement of the UN) has affected the speed at which a coordinated approach to data collection (registrations), verification (checking for eligibility) and data protection (protecting individuals from harm/misuse of data) has been operationalised. This complex infrastructure required agreements for data sharing, use of biometrics, FSP partnerships, roles and responsibilities between agencies and compliance with government and banking regulations has an impact on the speed at which the CVA programme is delivered. For example, a variety of technologies and digital tools are used by different agencies to carry out registrations, store and manage data, process payments and monitor the CVA programme. These include RedRose, used by IFRC/NSs, Scope used by WFP and proGres (one of the core tools of PRIMES, UNHCR's Population Registry and Identity Management Ecosystem), used by UNHCR. Approaches to the use of biometrics differ, with the UNHCR advocating for the use of biometric data to enable duplication checking and ID verification. Such differences require alignment to achieve coordination at speed and scale between agencies. A separate evaluation of the technology ecosystem is needed to understand where the RCRCM is positioned compared to others, although some key informants indicated that the Red Cross is considered as lagging behind other agencies in its overall digital transformation.

Technology landscape

Technology and digital tools are used widely to support the Ukraine response CVA programme. This includes new ways of registering individuals to receive cash on smartphones (self-registration app), widespread use of the data management platform (RedRose) to store and process large volumes of registration data, integrated FSP payments (MoneyGram and Visa), and digital communication channels (chatbots). The operational context allowed for such technologies to be used to support the speed, accountability, and scale of the programme.

The Ukraine response is supported by a variety of digital tools and technology, some of them new, some that have been used previously, but all with a specific role and integrated into the CVA process. The following is a short description of each:

Website (portal) – https://ukrainefinancialassistance.ifrc.org/. This is the starting point for people in crisis – it explains eligibility criteria and instructions on how to download the self-registration app.
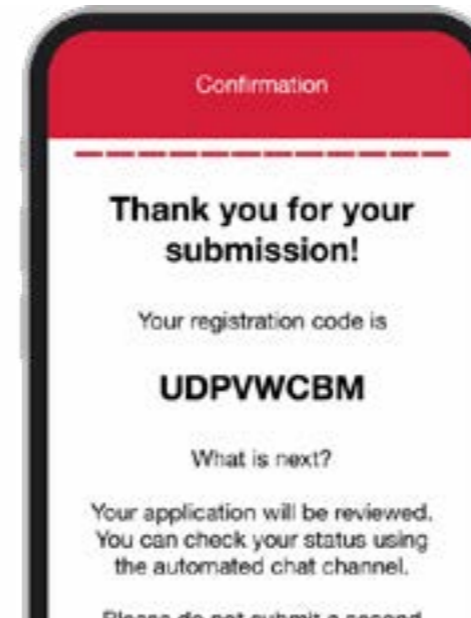
- • **The self-registration app –available** for Apple or Android smartphones enables people to register their details to apply for CVA.

- • **Data management software (RedRose)** –used to store and process registration data and manage the payment process, integrating with FSPs to make payments.

- • **Chatbots** – an automated message service enabled for use on the person's smartphone once the registration is complete. Individuals can use it to ask a small set of frequently asked questions related to their CVA application and payment process.

- • **Helpdesk software** – used by Red Cross staff and volunteers to record, prioritise and answer questions received through NS Helplines. EspoCRM, Zendesk, and MS Teams are used by different NSs.

- • **Dashboard reporting software (PowerBI)** – aggregates and consolidates data to produce dashboards and visualisations of the cash programme.

Each of these tools addresses an immediate and specific need that was not being met in the response. They all attempt to address issues of scale, timeliness, quality and accessibility. Key to their success is the agile approach to their design and development – introducing a basic product and then adapting/enhancing incrementally as learning and testing informed what was needed.

Innovation: self-registration

Self-registration is not new to the Red Cross. It has been used in other contexts, for example, in the USA and Canada, and is currently being piloted in the UK (through a website/webform). The real innovation in the Ukraine operation is not the ability to self-register but the degree to which the app emulates the actions of a member of staff or volunteer in a registration centre, including to check that the registration is complete and trustworthy.
The app does not simply collect registration information, it also attempts to check that the person registering is the same person in the ID documents, that they are located in the place that they say they are registering from and that they meet certain eligibility criteria. These additional checks are essentially the difference between a mobile registration app and a self-registration app. The self-registration app was described as a "game changer" by one interviewee and "pure genius" by another.

The app had been used in Romania, Poland, and Slovakia at the time of the review, and was later extended to other countries too. The model was successful because it met the need to register people at scale without having the staff or volunteer capacity to register them otherwise. The ability to advertise the app through digital channels such as Facebook facilitated the speed of uptake. It was noted that people initially did not trust that they would receive cash assistance through the app, thinking that it may be a scam, but trust was quickly established when people started to hear from others that they actually received money.

An appetite for risk and an openness to innovation were key. Knowledge sharing between NSs and healthy competition allowed innovations to be replicated – for example, the use of the self-registration app in Poland and other NSs, following its inception in Romania. Knowledge sharing was also facilitated by roving surge delegates. The availability of RedRose documentation provided through a 'knowledge hub' was also found, by some, to be useful.

Annex D provides more details on the self-registration app and describes considerations for piloting the self-registration app in other contexts.

Data management

A clear steer from the IFRC to use the RedRose data management platform, and having a global framework agreement already in place, were key enablers in reducing the time spent on software selection. This was a quick decision and took into consideration other options (121, RC2) as well as factors including the scale of the programme and support needed. Having a recommended toolkit of technology products and a clear steer on which tool is most suitable for the context was cited as a possible key enabler for future programmes. In addition, the decision to centralise RedRose payment processing in Budapest simplified the technology set-up and support and aimed to improve the processing and reporting of payments. The availability of RedRose developers was cited as a key challenge. This programme relies heavily on the use of the RedRose platform. Each NS has its own local requirements which require configuration within the RedRose platform. The RedRose team of developers were overstretched by the number of requests. Reliance on key members of the RedRose team created bottlenecks. Time was spent testing customisations of the RedRose platform when it should have already been tested by the RedRose team. Conversely, it was noted that the uncoordinated prioritisation of requests to RedRose across country programmes was a barrier to the RedRose team's ability to focus on areas of highest priority. NOTE: Many interviewees said that the operation could not have happened without the RedRose platform and the RedRose team (see section on enablers); even though the RedRose platform was described as not particularly user friendly it was said to be able to do the job.

While the overstretched resources of the RedRose team were seen as a barrier to the use of the platform, it has enabled the CVA operation to be managed at scale. The platform was adapted to meet specific requirements of the programme (for example managing a hierarchy of individuals within a household). These were significant changes to the standard product. The ability of the RedRose team to modify the data management platform and support innovation was an enabler.

Protecting, storing, and using personal data

The use of the RedRose data management platform is not innovative but the way in which it was implemented in this context is unique. Usually, each country would have its own instance of the RedRose platform – essentially its own version of RedRose, providing the NS with control over how it is used, who has access to it, and ability to configure locally and manage the end-to-end operations locally. The scale and overarching nature of this programme led to an innovative single instance of the RedRose platform being used that enabled a central team in Budapest to send payments to individuals who registered in-country. Centralised control reduced the challenges of managing, supporting, and reporting through numerous siloed country databases. Further analysis is needed to explore the pros and cons of this approach and whether it is suitable for other contexts.

Automation of tasks

Automating the approval and rejection process of registrations in the RedRose platform has the potential to simplify and speed up the data management process. The decision as to whether a registration should be approved, rejected or followed up is based on specific business rules to create a final daily payment file. This is time consuming when carried out manually. On 8 September 2022, piloting of an automated process that follows the same business rules was started. The aim is to have a seamless process whereby a registration is received, automatically approved, rejected, or marked for follow-up and then sent for payment with minimal manual processing. Once an approved payment file exists, payment can be made quickly.

Manual checking

The scale of the CVA operation means that large volumes of data are collected (mostly personal data during the registration process), which require checking for eligibility, completeness, and duplications. In other CVA operations, these checks would mostly be done manually by volunteers face-to-face at registration sites (i.e. checking eligibility, confirming their location, checking ID documents or requesting supporting information to complete the registration). With self-registration, these checks need to be carried out in the NS back-office after registration, mostly by surge IM with access to the RedRose platform who are tasked with producing a daily payment file of approved registrations. More analysis is needed to determine if this operation generates more manual processing or if the amount of work is the same as in other contexts but takes place in a different part of the process. Annex E contains more details of the manual checking carried out.

NOTE: the defined set of business rules provides the opportunity to automate these checks. This is being explored and piloted within the RedRose platform, with the aim of reducing the number of manual operations between registration and payment.

Digital communication channels alongside traditional channels

Use of digital channels for communication enabled scale up. The website portal was quick to set up and offered vital information for the people in crisis about the CVA programme. In addition, chatbots provided an automated online conversation to answer a defined set of frequently asked questions. The chatbot accepts two types of question – those to which it can respond to automatically (e.g. "what is my code for picking up money?") and those which it forwards to the Helpline teams (e.g. "Please could you change my payment method from MoneyGram to IBAN transfer?"). Chatbots were also used in post-distribution monitoring, asking questions such as "What did you think of the service you received?", although it was also noted that these responses were not monitored and there is no evidence of the use of the feedback. These digital communication channels were able to reach a wide audience with a single message.

Chatbots were used to meet high volumes of questions, often in Ukrainian, that a limited number of staff and volunteers were unable to respond to. The chatbots operated alongside the telephone helpline but were in no way a substitute for it. Two chatbots were used – the IFRC bot and the RedRose bot. Feedback from Ukraine indicated that the IFRC bot would have been better with less issues to resolve to get it to work properly.

The helpline was essential and customer relationship management and helpdesk software (EspoCRM, ZenDesk and MS Teams) were cited as necessary to manage the large volumes of requests and questions received.

Delivery mechanisms

The use of Visa Prepaid cards was the first option for delivering cash assistance, which was considered a quick solution as experience and a framework agreement existed already in the Americas region. The decision to transfer the prepositioned Visa cards agreement from the Americas was well intentioned but it did not happen as smoothly as expected. The cards required physical distribution and did not solve the problem of lack of human capacity, and information on the cards was only available in English and Spanish so did not match language needs. In addition, several other challenges were raised: the cards required a manual loading system and different data management system than RedRose; not enough cards were available and procuring new cards took time; there was a limit of $500 per card due to Know Your Customer (KYC) and Anti Money Laundering requirements, resulting in multiple cards being distributed for some households; cards were not loaded with local currencies (e.g. Polish złoty) and fluctuations in the exchange rate affected the card balance, causing confusion when people withdrew money; some ATM providers had very high charges for withdrawals – one quoted at 17%; and the helpline was only available during business hours in the USA. Prepaid cards were used in Slovakia and Poland from April and continue to be used together with the self-registration system.

> **Participant comment:**
> "The procurement and delivery of the debit cards was very slow, which limited their efficacy in the first phase of the crisis. As such, the IFRC should strongly consider stockpiling cash cards at national and regional level for future large-scale interventions and replenishing them on a cost recovery basis through emergency appeals."

A tendering process with Mastercard was initiated in order to have an alternative for Ukraine and other countries where Visa was not accepted but was eventually dismissed as the related costs were too high.

The shift to MoneyGram was influenced by RedRose as it is an integrated payment provider with the RedRose platform. The payment options available through MoneyGram are seen as an enabler but the inconsistent levels of customer service by MoneyGram agents as a barrier to accountability. The RedRose agreement with MoneyGram was extremely timely but this meant that RedRose held the relationship with MoneyGram and the Movement had no control over the quality of the service provided, which varied and was at times found to be lacking. Participants reported that a significant number of MoneyGram agents were using discriminatory practices, particularly with inconsistencies in documentation requirements, with some agents rejecting documents that other agents would accept, and others directly refusing to provide assistance. Delays also arose as a result of MoneyGram needing to adapt to handling bulk payments from a single source of funds distributed to many individuals. Overall, working with MoneyGram allowed the offering of different payment options to beneficiaries (in-person pickup, digital pickup and IBAN transfers) which facilitated access to assistance adapted to each person's capacities and needs. Having a network of agents also means that individuals can often choose between which agents to use. Using MoneyGram enabled the CVA operation to scale in a way that would have been more challenging with Visa Prepaid cards.

MoneyGram services offered:
- In-person pick-up – collection from a MoneyGram agent (needs a physical form of ID to be shown)
- Digital pick-up – using internet banking to collect money into personal bank account (needs access to internet banking)
- IBAN transfer – direct bank transfer into personal bank account (IBAN)

In Ukraine the NS started using vouchers and later signed a memorandum of understanding with Privat Bank to use bank transfers to provide assistance to beneficiaries

Enabling factors and barriers for CVA at scale

The following section summarises the enablers and barriers explained through the different sections of the report, that either facilitated or blocked timely, accountable CVA at scale.

A key enabler was the **PNS support** to the operation, which enabled enough human resources and technical and technological capacity, in addition to funding, to be deployed. Global efforts made it possible to have multiple surge CVA delegates deployed during the first six months of the operation. A list of all deployments is available in Annex D .

American Red Cross (AmCross) is one of the major PNS supporting CVA surge, providing at least 12 roles. Some surge staff deployed from AmCross have remained into mid- and longer-term positions to continue delivering the operation. AmCross has provided critical roles such as the regional CVA coordinator, the finance delegate who enabled system changes that supported scale and timeliness, and CVA delegate in Romania that enabled the development of the self-registration app thanks to his domestic experience with remote registration.

Another PNS that made a major contribution in terms of HR surge CVA support is the British Red Cross, which supplied surge support in-country in Ukraine, including the CVA coordinator position. A specific mention worth to the URCS-embedded CVA delegate role deployed in collaboration with CashCap, who provides neutral technical advice to the NS and has been instrumental in overseeing day to day CVA programming and supporting decision-making with URCS senior leadership and proved to be successful.

Netherlands Red Cross has contributed five CVA IM roles. Other PNS contributing surge staff are Canadian Red Cross, New Zealand Red Cross, Zimbabwe Red Cross, Danish Red Cross and Swiss Red Cross.
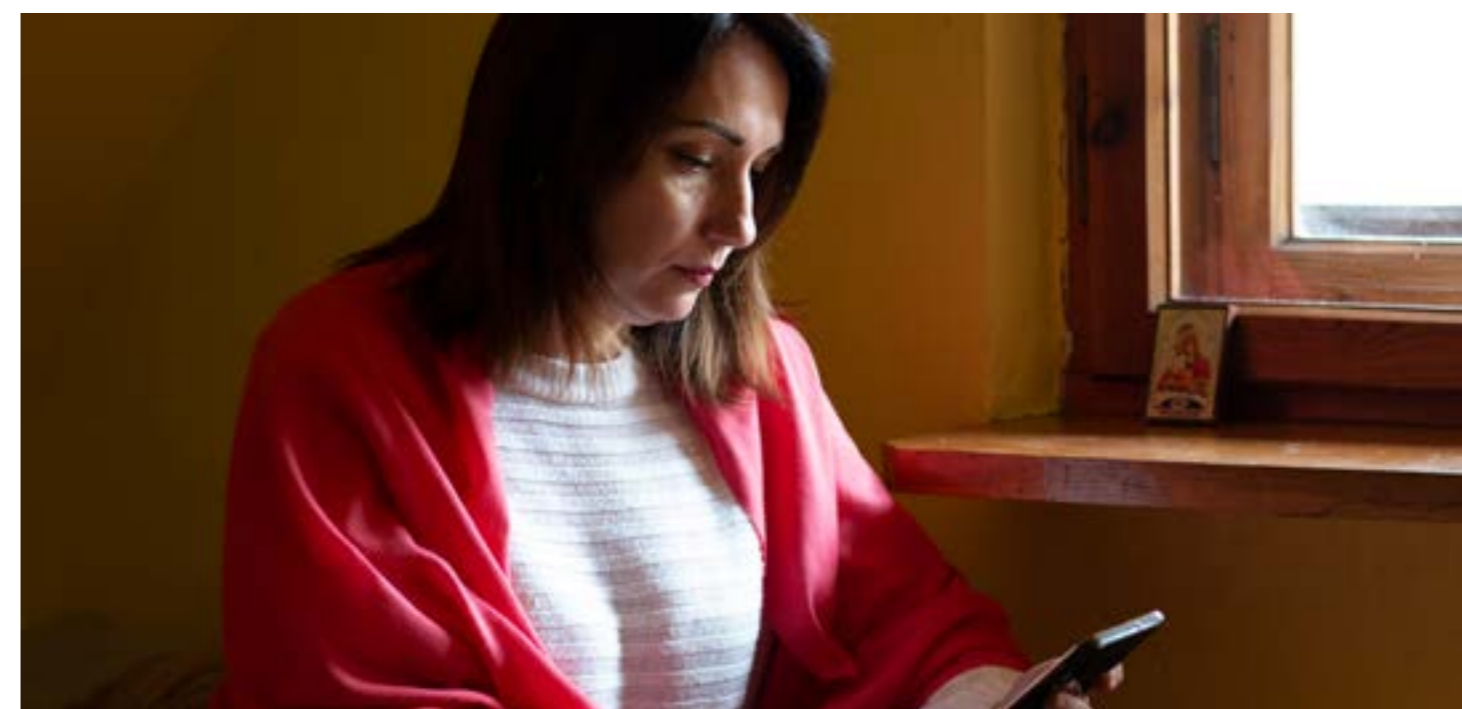
Table 4 provides a summary of main enabling factors and barriers for the operation.

Table 4.
Enablers and barriers for the Ukraine CVA operation

Movement related

Enablers

Strategic

IFRC's leadership intent and risk appetite

CVA designated as priority response tool

Financial resources available

Openness to innovation in the operation

NS trusting IFRC lead role on CVA

NS willingness to test and learn about CVA

PNS supporting multilateral response (financial support)

PNS support deploying skilled CVA surge ensuring up to 6 months capacity in countries affected

Barriers

Strategic

IFRC not having previous presence in country, relations and trust had to be built

IFRC not being perceived as operational by NS

Competing priorities

Limited capacity for advocacy and humanitarian diplomacy in the operation

Lack of understanding outside CVA of resources required for CVA at scale

Limited experience engaging with social protection

IFRC internal bureaucracy, time-consuming decision-making processes

Enablers

Operational

Fast, solution focused decision-making by IFRC

Experienced staff able to make decisions with limited information

IFRC decision to use the RedRose data management platform

A global framework agreement with RedRose already in place

Prepaid cards solutions imported from Americas

Ops leadership advocacy for innovation and support to technical staff developing new approaches

Trust on CVA staff capacities

Surge staff with appropriate knowledge that could develop new IT systems

RedRose flexibility and ability to adapt the data management platform to Red Cross programme specific requirements

RedRose–MoneyGram existing integrated system

Available MoneyGram network of agents

Flexibility of RedRose/MoneyGram to enable different payment options

Support services and CVA flexibility to adapt the processes

Regular coordination calls between CVA and Finance staff at field, region and HQ levels

Centralised RedRose payment processing in Budapest

NS integrated new areas into their ways of working: CEA, PGI and mental health

Barriers

Operational

Lack of context analysis, needs assessment and response options reported

Response did not follow an evidence needs-based approach resting on the assumption that the programmes would align to the existing Social Protection programmes in country

No IFRC CVA Standard Operating Procedures (SOP)[17]

No regional or country FSP framework agreements in place

Lack of analysis of local solutions to identify alternative FSPs

No institutionalised knowledge in IFRC of working with non-traditional delivery mechanisms e.g. prepaid cards, remittances

Cost of international cross-country solutions like Visa and MasterCard

Operational staff's lack of knowledge of the IFRC internal finance processes

Limited use of CEA information to support programme quality

Lack of space for CVA strategic discussions

Limited CVA HR resources

Lack of clear CVA roles and responsibilities

Limited CVA strategists' profiles in the operation

Limited surge CVA with knowledge of RedRose

Standard emergency CVA tools (i.e. Cash in Emergencies toolkit) and approaches not nuanced for a protracted conflict

In-country, delays in recruiting Ukrainian speakers on contract

Long recruitment process for mid- and long-term delegates

RedRose not accepted by the NS in Ukraine

RedRose limited capacity as serving other partners

Large amount of manual checking of registration data

CVA staff not attending IFRC internal sectorial meetings – missed opportunities for coordination with key sectors

Competition with other sectors

Limited ability to provide meaningful dashboards and reports

17 SOPs were drafted in 2019 but never signed off and the existing draft SOPs are not applicable to the scale of this response, the use of digital CVA or using RedRose. Many surge staff were not aware of the draft SOP.

Table 4 provides a summary of main enabling factors and barriers for the operation.

Table 4.
Enablers and barriers for the Ukraine CVA operation

External

Enablers

Where they existed, NS relationships with their government

Governments' acceptance of CVA

Donors' support to CVA

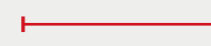UN cooperation in some countries

Existing social assistance programmes to guide initial decisions

CVA feasibility: functional markets; financial systems in place with available FSP; available, functional technology and connectivity; financial inclusion and digital literacy of the affected population

Coordination by the Cash Working Group

Harmonised approach as decision-making was facilitated by CWG: common targeting criteria, assistance amount and duration

Barriers

No previous CVA experience in country, except Ukraine

Unhealthy UN and Movement competition in some countries

Social protection systems not ready to support refugees

Limited access to affected population for needs assessment, registration, and assistance delivery

Language barriers, neighbour countries not speaking Ukrainian

Initial mistrust of population regarding the app

Refugees using different types of identity documents and documents only using Cyrillic alphabet

Lack of collaboration from some MoneyGram agents
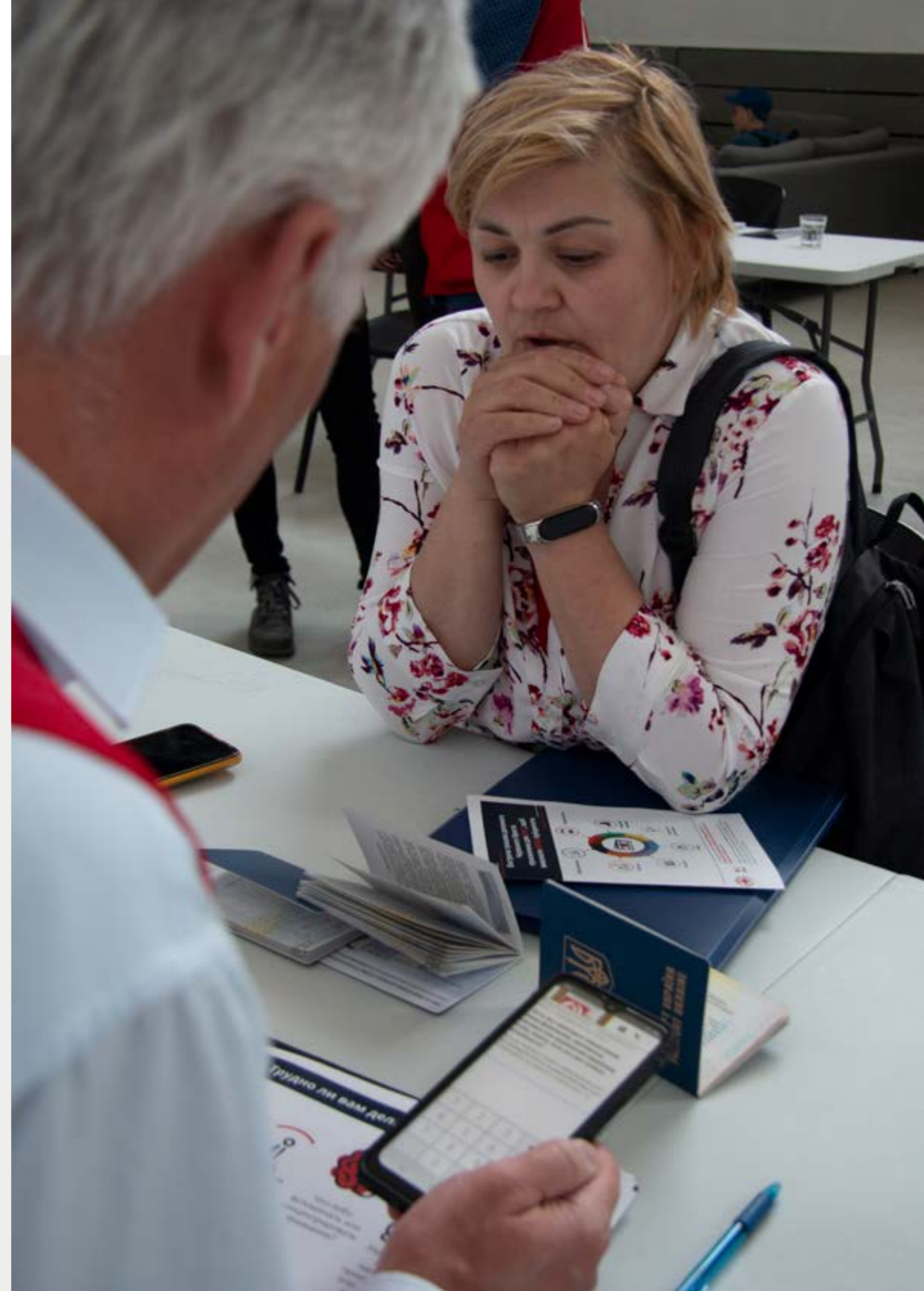
Recommendations for this and future CVA operations

This section presents a summary of recommendations and key actions that can be taken based on the review findings. Some of the recommendations highlighted in the list below have already been integrated into the planning for the current response to Ukraine crisis and will be implemented through the operation; the remaining ones have a larger impact and require action from IFRC at global level.

Strategic recommendations

Advocacy: "If we want to be leaders, we need leaders to advocate for cash." Leadership needs to have the right tools and knowledge to support CVA technical people and push for CVA when discussions are tough and require the highest level of negotiation in the early stages of a response.

- Develop **communication and advocacy materials for CVA**, pitched for different users and audiences (e.g for operations, for CVA technical staff, for NS). For instance, using programme data - e.g. impact of the CVA and recipient stories and voices, for awareness raising and encourage support and commitment; update the 'engaging NS leadership'; to an easy checklist with key tips for what to do and how to advocate with leadership; identify regional and local champions that can add weight to advocacy and ensures a consistent message from different stakeholders; include key messages e.g. exit strategies from the design phase.

- Consider reframing the **language** used about CVA so it is more meaningful to non-technical people and reposition CVA as a service for delivery rather than a sector. For instance, instead of talking about CVA or cash, some participants suggested to consider 'financial assistance'. This also shifts away from the limitations of CVA being purely a modality and towards being an approach. Any language change must pay attention to the translation of the terminology and acceptance in different languages used by IFRC.

- **Define what scale means for IFRC and how to be assessed** considering differentiate scale and coverage. This already exists for NS since CVAP indicators define scale for the different levels of cash readiness. Several scenarios based on the most common type of response can be profiled to define scale, timeliness, accountability, and the required resources, human and financial, likely to be needed for each scenario.

Develop SoPs and ways of working for CVA at scale for the IFRC and ensure IFRC surge staff are trained on these as well as IFRC systems (ongoing)

Preparedness

Invest in CVA preparedness: aligning with IFRC ambitions for doing CVA at scale. This response has given a vast amount of evidence that preparedness is key to the delivery of CVA at speed, scale and quality. The Movement ambition for CVA at scale should be strongly linked to being cash ready and being able to deliver CVA through and with NS, who need to have leadership buy-in, as well as appropriate support systems and processes. Without these, barriers to scale are likely to remain.

- Develop alternatives to traditional CVAP processes to enable **learning by doing** when NS have no experience but starts using CVA during an emergency response

- **Update CVAP approach** to adapt to innovation, remote programming and IM and include developing linkages with Social Protection. NS self-assessment methodology can be adapted to analyse deeper IM aspects to accommodate current needs and practices. Regarding Social Protection, the self-assessment can integrate analysis and planning to define connection between IFRC/NS program in emergency phase and the transition to government led social protection programmes. Create an **emergency information package** with the minimum information required to know for any person deployed to support CVA (Info to include - SoPs, CiE toolkit, Checklist for minimum requirements e.g. PGI and where to access the most up to date materials.) and provide an initial briefing on the resources. Could this be the role of the Cash Hub Helpdesk?

Develop SOPs or responsibility assignment matrix (RACI) to establish clear roles and responsibilities, decision making and reporting structure between region and countries and within countries (ongoing)

- **Disseminate the existing resources** (CiE toolkit, CEA for CVA toolkit) and available technical support such as the Helpdesk function in the Cash Hub (good quality programming)

- **Disseminate experiences and tools used in other regions and countries** for learning purposes. To support faster analysis and decision making could be useful to have a data bank of solutions used in different regions, with pros and cons based on existing experiences to support response analysis.

Develop new guiding materials to support the use of CVA at scale (ongoing)

FSP: establish pre-positioned FSPs to facilitate processes in emergencies. Define who is responsible for FSP CVA due diligence. National, regional and global agreements required (ongoing)

- **Beneficiaries' preferences**- Promote and if needed train CVA staff to be able to use CEA mechanisms to understand affected population preferences, limitations, and risks of the delivery mechanisms to be used and adapt programme design based on that.

- Prioritise working with NS to identify **local solutions** based on population profiles and preferences.

Human Resources

Ensuring enough skilled Human Resources was a continuous challenge during the operation for both IFRC and NS. Updated profiles, more agile recruitment processes, and alternatives to the dependency on PNS are needed.

- Predefine **Human Resources needs** for emergency responses using CVA at scale. Together with defining scale, scenarios can be used to identified human required for the CVA response considering the context, the needs, and the capacity of NS. Learnings from other actors as UN agencies with more experience in using CVA at scale can be useful.

- Update existing **CVA profiles** and integrate CVA competencies into sectors profiles.

- **CVA Finance surge role** should be created and institutionalized.

- Include in CVA surge JD a minimum of **awareness of existing tools for social protection, CEA and PGI,** currently lacking in JDs, and where relevant for the context, ToR to require competences in these areas

- Expand the CVA Coordination function to include a **humanitarian diplomacy and strategic focus, t**o enable more effective CVA advocacy within NS and with the government

- Provide **CVA surge with briefings** and the **Emergency information package** mentioned above.

- Establish **standard handover** to avoid disruptions in progress and delays, especially relevant in contexts of high rotations. Could the Cash Hub play a role on ensuring information and learning is transferred? There is need for handovers, briefings and appraisals in country and a standard method for data management to include common space for storing key documents to enable programme implementation as handovers occur.

- Raise awareness about the **CVA roles and responsibilities with other sectors and operational staff** to ensure expectation on their performance are realistic and aligned with their job description.

- Develop **alternatives to the current recruitment processes** for timely recruitment of long-term international staff to ensure continuity and avoid disruptions. Priority should be given to 'longer' surge deployments where possible

- Find solutions to **facilitate NS capacity to scale up HR in emergencies**

- Balance CVA surge staff profiles in an operation to include **both programme management and IM/ IT skills** as per context requirements.

- Continue the collaboration with **CashCap** and expand on this model that proved to be successful in Ukraine.

Trainings

  – Promote CEA, PSEA and PGI capacity building and resources for CVA staff to ensure minimum standards application.

  – Increase CVA training offer, there are limited options during the year and no technical profiles/ operational staff find difficult to get a seat in a training

  – Develop CVA training materials/ resources for sectors and transversal areas to ensure basic CVA knowledge

  – Promote and train if needed CVA surge staff to use CEA information to support evidence-based decision making for CVA especially linked with beneficiaries and risk mitigation

Financial services and capacities

There is limited or no financial competency among external CVA surge, as they are not part of IFRC. Internal IFRC processes related to **Finance support services** and CVA need to undergo revision together to define solutions to common barriers.

- **CVA Finance Surge Profile** needs to be created for large or complex operations to assess risks in program design, monitor and manage cashflow to minimize risk, and lead on reconciliation process.

- Coordination- Regular meetings between CVA personnel and regional and HQ finance teams should be replicated for big operations.

Develop training packages for CVA surge on financial aspects of operations, include minimum information in existing trainings (cashflow, reconciliation, risk currency fluctuations and money with FSPs) (ongoing)

Facilitate access and adapted CVA trainings for Finance staff (ongoing)

- Personal appointed to **CVA Finance role** should have additional background experience with IFRC accounting systems or be trained for it.

- CVA Finance **surge rotations** should aim to be three months duration. For this operation it took 3 to 4 weeks for delegates to feel confident in using the finance system.

Define roles and responsibilities between finance staff, CVA staff and programme managers including establishing who is the budget holder. If this cannot be define as standard, then it should be defined within the first week of the operation (ongoing)

Budget holders need stronger understanding of financial processes. Not knowing the procedures make access to funding difficult and cause delays (This is more with the IFRC Finance teams, not CVA Finance specifically) (ongoing)

Involve Finance in planning and contracting FSP from the start to mitigate risk of currency fluctuations, funding available and accessible at field level, etc. Improve the pledge process with rapid, clarity on earmarked and non-earmarking funding to ensure funds are available locally for CVA and don't delay distributions (ongoing)

Technology, digital tools, and innovation

Innovations were introduced quickly in this operation and there is huge potential for replication and further development.

- Potential for **replication assessment and analysis:** conduct a technical assessment of and due diligence on each innovation to understand costs, adaptability, usability, reliability and what is needed to support these new tools, to determine if they have the potential to be used in other CVA contexts and other programmes.

Further analysis- users experience- to learn from the experience of people who used them (website portal, helpline, self-registration app, chatbots, money pickup and IBAN transfers). (ongoing)

Digital toolkit: develop a supporting package of usage/purchase agreements, support structures, training, and documentation for new tools (ongoing)

- Training, knowledge sharing and upskilling in digital tools and technology used for CVA for current surge pool. Surge desk to provide training on project management of digital tools for the surge roster

- RedRose training: develop enough, appropriate, and accessible training materials and resources on RedRose to support CVA and IM surge, NS and others needing to understand the process.

Self-registration app- guidelines and basic trainings, to enable staff and volunteers to feel comfortable with it becoming a Movement tool, outside of IM's sphere. (ongoing)

Continue looking for innovations that seek to automate manual processes common to CVA – for example, checking for duplications or completeness and eligibility of registrations. (ongoing)

Involve Planning Monitoring Evaluation Reporting (PMER) to improve data collection to develop meaningful dashboards and reports (ongoing)

- Bridge the linkages between CVA and IFRC data protection team on **compliance, data protection and DSA's.** Early engagement and continued support from the IFRC data protection team will help to widen understanding and compliance in data protection across the RCRCM.

- **Translation:** provide reliable, fast translation services for documents and technical writing especially relevant for the self-registration app. Establish contracts to ensure quick translation (24 hour turn around or even faster, etc..)

- Some KI interviewed suggest that IFRC could consider developing its own in-house data management system.

- Include NS in the MoU with Red Rose so they can use it and avoid needing to conduct tender processes during an emergency, if this already exists, disseminate it to NS to prepare in advance to emergencies

Working with governments and Social Protection

Include understanding social protection and linkage opportunities as part of CVA preparedness

Support NS conversations with governments in advance, helping NS promote the use of CVA in disasters with governments and linking it into their core roles (ongoing)

Support NS to develop operational models that link CVA with social protection systems, analyse risks and benefits, including NS and government capacities and willingness to engage

- Ensure enough **resources and funding** for CVA at scale if talking about implementing CVA linked to social protection.
- In emergency responses, taking a CVA two-track approach (i.e., immediate needs vs social protection) could be the way forward in many contexts.

Collaborating with the UN

Promote more awareness of the external environment in relation to the UN in Movement tools, training, approaches etc. For instance, what are the CVA coordination issues, what is the UN's official role/space, how to engage on deduplication, and how should the RC be positioning itself (ongoing)

Facilitate joint lessons learned work between UN and IFRC at national, regional, and global level based on the context, for improving collaboration with UN, for example on data sharing and analysing issues behind deduplication and how future risks can be mitigated.

Risks

Risks raised during the interviews, and approaches to managing them, are summarised below for consideration in this and future operations.

Risk management

There is a need for greater clarity on the IFRC's risk management approach for the operation, what are priority risks to mitigate, and which risks should be accepted as necessary to deliver the organisational humanitarian goal.

Consider using evidence (including engagement with CEA) to identify risks to be prioritised and which should be accepted, and advocate with donors to explain the IFRC/NS approach.

Impact and community accountability

There is a risk that the value for money analysis only considers donors' accountability; it should also take into account the key factors of efficiency and effectiveness and accountability to assisted population.

The response should consider using accountability and feedback mechanisms to revise programme quality and take control of the impact.

Progammatic accountability

With higher degrees of outsourcing come higher levels of risk, particularly with accountability. Outsourcing the use of technology in cash programming can be a threat or opportunity depending on one's point of view. Roles and responsibilities must be clear and communicated to programme teams.

Interviewees raised fears of giving too much power to RedRose, this includes not knowing RedRose or the IFRC assumes responsibility for the data management system errors.

New competitors

There are new competitors in the humanitarian space as RedRose expand their capacities. i.e. in Ukraine they want to be the deduplication body of the Government and NGO lists. Key questions have been raised around whether IFRC is contributing to this competition supporting RedRose.

Dependency on external data management supplier

Interviewees reported the high dependency on the external data management service provider as negative giving too much power to an external service provider. There have been several voices suggesting thatin the longer term IFRC should create an in-house data management system for the Movement.

Strategically the decision-makers would need to consider what is their approach based on cost analysis and consultations with experts and possible users including Cash Peer Working Group for CVA, NS, IFRC Secretariat and potentially ICRC.

Roles and responsibilities

IFRC/NS role miscommunication was highlighted as an area for concern for some interviewees. Individuals fed back that it looked as if IFRC was reinforcing RedRose as a programmatic solution while it is an IM tool, and the programme design and implementation is still responsibility of IFRC and NS.

Self-registration app

There are concerns about risk of people not meeting the geolocation criteria could use the app to claim CVA.

This situation arose when some Ukrainians living close to the border with Romania were offered 'day return' transport to transfer them across the border where the self-registration app was available. This allowed them to register for CVA payments into Ukrainian bank accounts and return to Ukraine once the registration was submitted.

It is questionable whether the app facilitated this loophole or actually provided a quick solution to those in need not receiving aid INSIDE Ukraine: counter opinion says that the border surge could have happened without the app (for example, if an in-person registration site was located beside the border) and that the app made it possible to identify and respond quickly by digitally blocking registrations in specific geographic areas close to the border.

Finance

Some interviewees reported that the lack of clear roles and responsibilities internally may result in confusion and risk of duties being missed. i.e. are issues owned by Red Rose, Finance department or CVA?

Working with a third party as delivery mechanism who has not been contracted by IFRC could be negative as they are out of IFRC's control or positive as risk management is transferred as with MoneyGram. Still, due diligence should include these, when this can lead to large sum of money sitting with FSP that are out of IFRC control.

When contracting FSP using a currency other than Swiss francs there is risk of negative exchange rate fluctuations that can affect the resources available and programme delivery.

General

The Ukraine crisis response is a unique situation and adapting systems to this type of response risks the work becoming irrelevant for other contexts that represent 90% of IFRC's work.

While remote programming looks like the future, innovation and technology should contribute to build needs-based responses. There is increased fear that operations will become too much led by information management and will affect RCRC volunteering and local engagement as there is less direct contact with people in crisis.

Annexes

A. Glossary of terms

Biometric data
Personal data resulting from specific technical processing relating to the physical, physiological or behavioural characteristics of a natural person, which allow or confirm the unique identification of that natural person, such as facial images or dactyloscopic (fingerprint) data

BYN
Belarusian Ruble

Chatbot
Software that simulates dialogue (for example using WhatsApp, Viber) to answer frequently asked questions through an automated conversation.

CHF
Swiss franc

CVA
Cash and Voucher Assistance

CVAP
Cash and Voucher Assistance Preparedness

CWG
Cash Working Group

DIIA
A database/platform of Ukrainian citizens (digital identities and personal data)

DRC
Danish Red Cross

DREF
Disaster Relief Emergency Fund

DSA
Data Sharing Agreement

FSP
Financial Service Provider (e.g. Visa or MoneyGram)

Helpdesk software
software that enables the recording, tracking and prioritisation of helpline questions

HH
Households

HQ
Headquarters

HR
Human resources

HRCS
Hungarian Red Cross Society

HUF
Hungarian forint

ICRC
International Committee of the Red Cross

IDP
Internally displaced person or people

IFRC
International Federation of Red Cross and Red Crescent Societies

IM
Information Management

IOM
International Organization for Migration

KYC
Know Your Customer

MDL
Moldovan Leu

MoSP
Ministry of Social Policy (Ukraine)

MoU
Memorandum of Understanding

MPCA
Multipurpose Cash Assistance

NS
National Societies

OCHA
The United Nations Office for the Coordination of Humanitarian Affairs

PGI
Protection, Gender and Inclusion

PLN
Polish zloty

PMER
Performance, Monitoring, Evaluation, Reporting

PNS
Partner National Societies

PRCS
Polish Red Cross Society

RCRCM
Red Cross Red Crescent Movement

RedRose platform
software that enables the collection and processing of CVA and in-kind distributions. NOTE: The company that provides the RedRose platform is also called RedRose.

RUB
Russian Ruble

Self-registration app
a smartphone app that enables an individual to register their details to receive CVA.

UAH
Ukraine hryvnia

UNHCR
United Nations Refugee Agency

URCS
Ukrainian Red Cross Society

VPN
Virtual Private Network

WFP
World Food Programme

B. Methodology

The IFRC-wide response to the Ukraine crisis, which includes the IFRC Secretariat and member National Societies, aims to assist 3.6 million people over two years and has a total budget of 1.2 billion Swiss francs (CHF). A primary Emergency Appeal was launched on 28 February 2022, and the Operational Strategy was published on 23 May.

CVA was a key form of assistance for this response. The Ukraine response represents the largest commitment to CVA in an operation.[18] The budget for CVA (245 million CHF) represents 45% of the total budget estimated for the IFRC Secretariat activities, 550 million CHF.

Considering the IFRC high ambition of delivering 50% of humanitarian assistance through CVA by 2025 and the importance and key role of CVA in the Ukraine crisis response, as demonstrated by the budget allocated and the investment into CVA as a key modality to meet humanitarian needs, a review of the key successes and challenges focused on CVA seemed to be appropriate and timely to inform, together with the IOR, the current response and build evidence for future operations.

Strategic recommendations

Purpose: IFRC commissioned this internal review to learn from the current CVA practice and innovation in the Ukraine crisis response. The IFRC Secretariat seeks to inform changes to make and practices to build on for the current response, while also building evidence for CVA delivery for operations in other humanitarian settings.

Scope: The review covered all the countries involved in delivering CVA to people affected by the Ukraine crisis: Ukraine, Poland, Slovakia, Romania, Hungary, Moldova, Belarus, and Russia. Different levels of analysis will be applied based on the response stage in each country

Overall Objectives:

1. Reflect on the operation to date to identify and document good practices and lessons learned
2. Identify critical issues and recommendations for the continuing response to the Ukraine crisis (over next one to three years)
3. Identify actions and recommendations to inform IFRC's CVA operation model and future operations

Methodology

The review attempted a participatory methodological approach based on meaningful participation of all relevant stakeholders and triangulation of data, including:
   •   secondary data compilation and literature review
   •   key informants' interviews and focus group discussions
   •   quantitative data analysis
As the review was not an evaluation of impact, it did not include beneficiary interviews or primary data collection from the affected population. For the selection of key informants, priority was given to those that had a key role in the inception of the response and those with longer presence in the position. A focus group discussion was organised with PNS to understand their perspective on the response. with PNS to understand their perspective on the response.

Key informants	Number	Selection criteria
		Geographical representation
National Societies CVA Focal Point/ Programme Manager	5	National Societies
Ops lead	22	• IFRC Regional Ops lead and CVA coordinators
CVA surge	13	• IFRC country-level Ops lead and CVA coordinators
Information management/Information technology	15	• IFRC HQ Geneva CVA, Innovation and systems
Finance	3	
PMER/ Risk Management	2	Response phase:
		• Emergency phase (first three months)
		• review date
		Key functions
		• IM/IT key roles for innovation
		• Finance
		• PMER
		• Risk management
		Not included:
		• CEA & PGI personnel covered by previous CEA review
Total completed	60	Interviews requested: 70
		Invited: 9 PNS
Focus Group Discussion- PNS	3	Attended: 3 PNS

18 Operational Strategy
https://prddsgofilestorage.blob.core.windows.net/api/event-featured-documents/file/MGR65002os2_8KvOECT.pdf

Key review questions that guided the interviews and data analysis:

There is limited or no financial competency among external CVA surge, as they are not part of IFRC. Internal IFRC processes related to Finance support services and CVA need to undergo revision together to define solutions to common barriers.

1. **How did the operational context affect delivery of CVA?** How is Red Cross response positioning vis-à-vis UN and other agencies? What is the level of participation of the NS in CVA activities and with other stakeholders in the country?

2. **To what extent was timely, scalable and accountable CVA operationalised in this response?** What were the greatest barriers? What were the most relevant enabling factors?

3. **What were the key innovations and the factors that enabled them in this operation?** Why were these models/ innovations successful? What do we need to continue building so successful models for this operation are not one-offs and start becoming part of the way we deliver CVA where appropriate

4. **Where are there opportunities to improve the ongoing CVA response and inform future responses?** How can current barriers to scale be addressed? What needs to be incubated, scaled and how?

Limitations

- The focus of the review was the CVA technical area. It aims to complement the broader IFRC-commissioned Internal Operational Review by providing CVA input.

- Limited Community Engagement and Accountability (CEA) information was gathered, to avoid duplication with the CEA for CVA review conducted in July 2022. Thus, information in the CVA review is based on CVA and Ops KI interviews.

- Key informants did not include Protection, Gender, and Inclusion experts, as these were involved in the CEA review. Nor were personnel from technical sectors included as the activities have not yet started or were early stages.

- It was not possible to conduct a comparison of the Red Cross Red Crescent Movement and United Nations responses in countries neighbouring Ukraine as not enough rigorous data was available with the same parameters (number of people supported, date start, delivery mechanism, etc.).

- PNS participation was limited and due to time constraints it was not possible to offer alternative dates for interviews.

- There was no opportunity in this evaluation to gather feedback from the people in crisis. It would be useful to learn from the experience of people who used the new tools (website portal, helpline, self-registration app, chatbots, money pickup and IBAN transfers).

C. Countries summary (at review date, September 2022)

Summary of assistance modality and delivery mechanisms based on information available on the self-registration website https://ukrainefinancialassistance.ifrc.org/

	Ukraine	Poland	Romania	Slovakia	Hungary
Modality	Cash	Cash	Cash	Cash	Cash
Amount	2,220 UAH 58 EUR	710 PLN 150 EUR	110 EUR	80 EUR/ adults 60 EUR/ child 3 −18 years old, 160 EUR child <3 Max. 380 EUR	30,000 HUF 74 EUR
#Instalments/ # months	3	4	3	3	2
Delivery mechanisms	Bank transfer	MoneyGram Visa	MoneyGram	MoneyGram	Bank transfer MoneyGram Visa
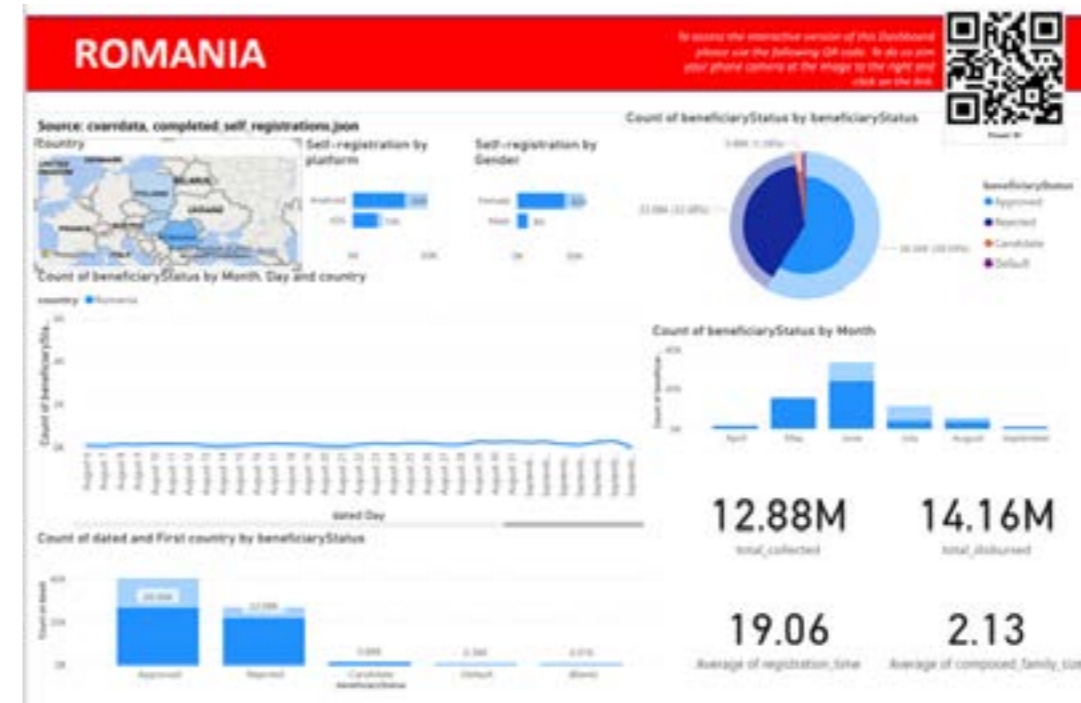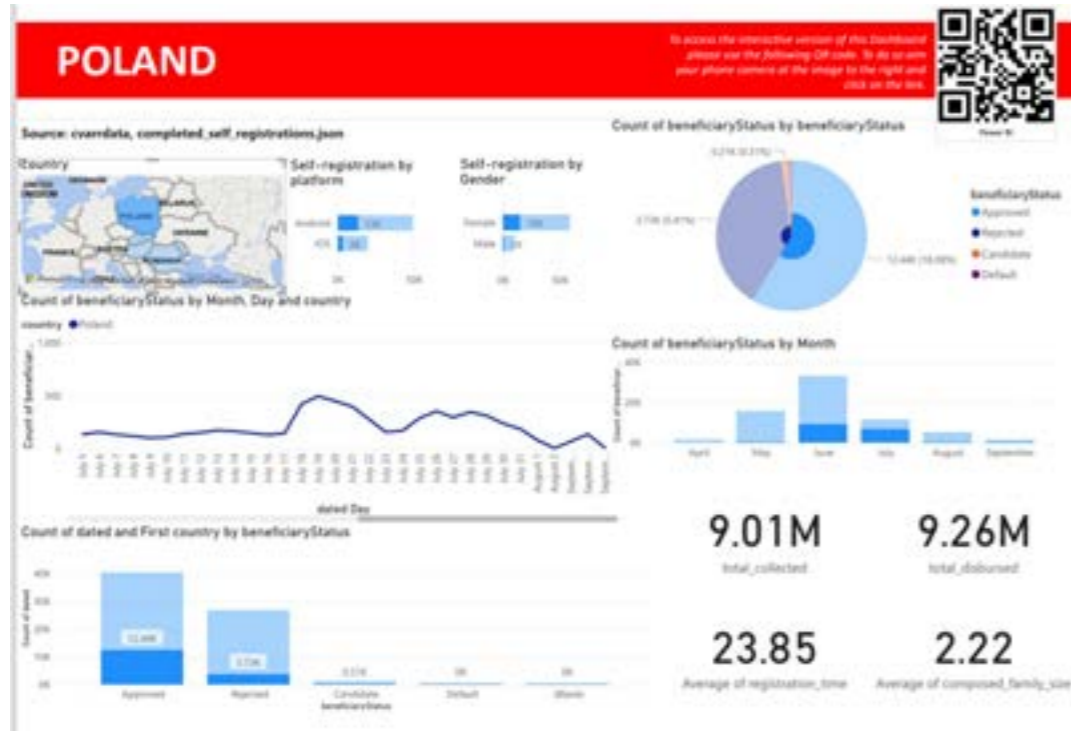
D. CVA deployments[19]

Role	Name	Deployed from -National Society	Start date	End date
CVA IM Officer, Ukraine Crisis, Poland	Lilly, Katherine	American Red Cross	04/04/2022	04/05/2022
CVA IM, Romania, Ukraine Crisis	Li, Andy	American Red Cross	23/05/2022	
CVA Officer Roving 2nd Rotation, Ukraine Crisis	Lin, Kanhong	American Red Cross	08/06/2022	08/07/2022
CVA Officer, Ukraine Crisis, Moldova	Chapman, Alayne	American Red Cross	29/06/2022	29/07/2022
CVA Officer, Ukraine Crisis, neighbouring countries	Lin, Kanhong	American Red Cross	10/03/2022	19/05/2022
CVA Regional Roving, Ukraine Crisis, Hungary.	Youmans, Tiara	American Red Cross	09/04/2022	16/05/2022
CVA Roving, Ukraine Crisis	Eyre, Christina	American Red Cross	30/04/2022	15/07/2022
CVA Roving, Ukraine Crisis	Hagerich, Stephen	American Red Cross	19/03/2022	19/05/2022
CVA Roving, Ukraine Crisis, Hungary	Berg, Sally	American Red Cross	14/04/2022	07/07/2022
CVA Roving, Ukraine Crisis	Paddock, Jeffrey	American Red Cross	05/04/2022	05/06/2022
CVA-IM Cash Processing Approver, Ukraine Crisis, Budapest	Kelly, Claudia	American Red Cross	27/06/2022	27/08/2022
CVA-IM Cash Processing Approver, Ukraine Crisis, Budapest	Kelly, Claudia	American Red Cross	26/06/2022	26/08/2022
CVA Coordinator 3rd rotation, Ukraine, Ukraine Crisis	Robertson, Elicia	British Red Cross	08/08/2022	08/10/2022
CVA Coordinator, Ukraine Crisis, Ukraine	Robertson, Elicia	British Red Cross	24/03/2022	24/06/2022
CVA Coordinator, Ukraine Crisis, Regional	Podlesny, Marcin	British Red Cross	03/03/2022	03/06/2022
CVA IM Officer 3rd rotation, Ukraine Crisis, Poland	Wilson, Cara	British Red Cross	27/05/2022	08/07/2022
CVA IM Officer 3rd rotation, Ukraine Crisis, Romania	Henshall, Johnny	British Red Cross	11/07/2022	29/08/2022
CVA LOG FSP, Ukraine crisis	Hamblett, LUCIE	British Red Cross	10/03/2022	06/05/2022
CVA Officer 3rd Rotation, Ukraine Crisis, Poland	Chadwick, Benjamin	British Red Cross	07/07/2022	07/09/2022
CVA Officer, Ukraine Crisis, Ukraine	Bruce, Juliet	British Red Cross	28/03/2022	22/05/2022
CVA Officer, Ukraine Crisis, Poland	Hesse, Jordane	Danish Red Cross	16/03/2022	14/05/2022
CVA Coordinator 2nd rotation, Ukraine Crisis, Poland,	Mulwafu, Aston Oliver	IFRC	27/05/2022	26/08/2022
CVA Coordinator 2nd Rotation, Ukraine Crisis, Ukraine	Hacimehmet, Orhan	IFRC	18/06/2022	18/07/2022
CVA IM 3rd Rotation, Ukraine Crisis, Romania	Mohammad, Sulaiman	IFRC	24/06/2022	24/08/2022

Role	Name	Deployed from -National Society	Start date	End date
CVA IM Officer, Ukraine Crisis, Slovakia	Narymbaeva, Shirin	IFRC	24/05/2022	24/07/2022
CVA IM, Ukraine Crisis, Ukraine	Ã‡etin, Semih	IFRC	24/06/2022	24/08/2022
CVA Officer 2nd rotation, Ukraine Crisis, Romania	Borlongan, Jomari	IFRC	17/05/2022	16/08/2022
CVA Officer 2nd rotation, roving, Ukraine Crisis	EREN-WEBB, Ebru	IFRC	01/06/2022	01/08/2022
CVA Officer 2nd Rotation, Ukraine Crisis, Slovakia	Hasan, Mohammad Mehedi	IFRC	01/05/2022	17/06/2022
CVA Officer 2nd rotation, Slovakia, Ukraine Crisis	Abu Rassa, Sawsan	IFRC	22/06/2022	22/08/2022
CVA Roving, Ukraine Crisis	Shah, Bilal Hussain	IFRC	17/03/2022	14/04/2022
CVA-IM Officer, Ukraine Crisis, Romania	Musori, Mununuri	IFRC	03/06/2022	07/07/2022
CVA IM Coordinator, Ukraine Crisis, Roving	Gyles, Natalie	New Zealand Red Cross	08/04/2022	03/07/2022
CVA Officer 2nd rotation, Ukraine Crisis, Poland	Kopoboru Aguado, Susana	Swiss Red Cross	14/05/2022	15/07/2022
CVA Coordinator 2nd rotation, Budapest, Ukraine Crisis	Vergara, Daniela	The Canadian Red Cross Society	20/06/2022	23/07/2022
CVA Officer Roving, Budapest	Latinovic, Nikola	The Canadian Red Cross Society	09/05/2022	09/07/2022
CVA Officer, Ukraine Crisis, neighbouring countries	Vergara, Daniela	The Canadian Red Cross Society	10/03/2022	22/04/2022
CVA IM Officer 2nd rotation, Ukraine Crisis, Poland	Ziere, Tijs	The Netherlands Red Cross	01/05/2022	31/05/2022
CVA IM Officer 4th Rotation, Ukraine Crisis, Poland	Berenschot, Sanne	The Netherlands Red Cross	02/07/2022	18/08/2022
CVA IM SIMS (remote) 2nd rotation, Ukraine Crisis	Ziere, Tijs	The Netherlands Red Cross	01/06/2022	01/08/2022
CVA IM SIMS, Ukraine Crisis, remote	Suárez Jiménez, Fernando	The Netherlands Red Cross	01/04/2022	01/06/2022
CVA IM Officer Ukraine Crisis, , Budapest,	Stevens, Lars	The Netherlands Red Cross	20/06/2022	15/07/2022
CVA Officer, roving 2nd rotation, Ukraine Crisis	Mandizvidza, Admire	Zimbabwe Red Cross Society	18/07/2022	18/07/2022
CVA Co, Ukraine Crisis, Russia	Sydykov, Azizbek	?	24/04/2022	24/05/2022
CVA Officer, Ukraine Crisis, Russia	Sabirov, Azamat	?	01/04/2022	25/04/2022

19 https://go.ifrc.org/deployments/overview

E. Self-registration app

Apps for registration of individuals already exist and are used in the private sector to check that someone really is who they say they are. They are also used by governments – e-Estonia is an example of a widely used, verified ID service. In the Ukraine, the DIIA app was launched in 2020 allowing Ukrainian citizens to use digital documents in their smartphones instead of physical ones for identification and sharing purposes.

The self-registration app developed in Romania during this response uses the smartphone's GPS to determine the location of the person registering. It takes three photos on the smartphone, one mapping the ID document, one mapping the person's face and the other checking that the face of the person registering resembles the photo in the ID document. It is not 'facial recognition' but 'facial mapping' and it does not store biometric data (e.g. facial, fingerprint or iris recognition data). NOTE: A photo of the individual's ID document (passport) is stored within RedRose. This is similar to other CVA operations where the ID document is photographed or scanned. No processed biometric data is stored (see the Glossary in Appendix A for a definition of biometric data).

The app was built by the RedRose team and integrates with their data management platform and MoneyGram (but is not specific to MoneyGram). It has been used mostly in Romania (started 24 April 2022) and Poland (started in June 2022, and more recently used in Slovakia (July 2022) and Hungary (August 2022) carrying out much smaller distributions. It transformed the ability to register at scale for Romania and Poland.

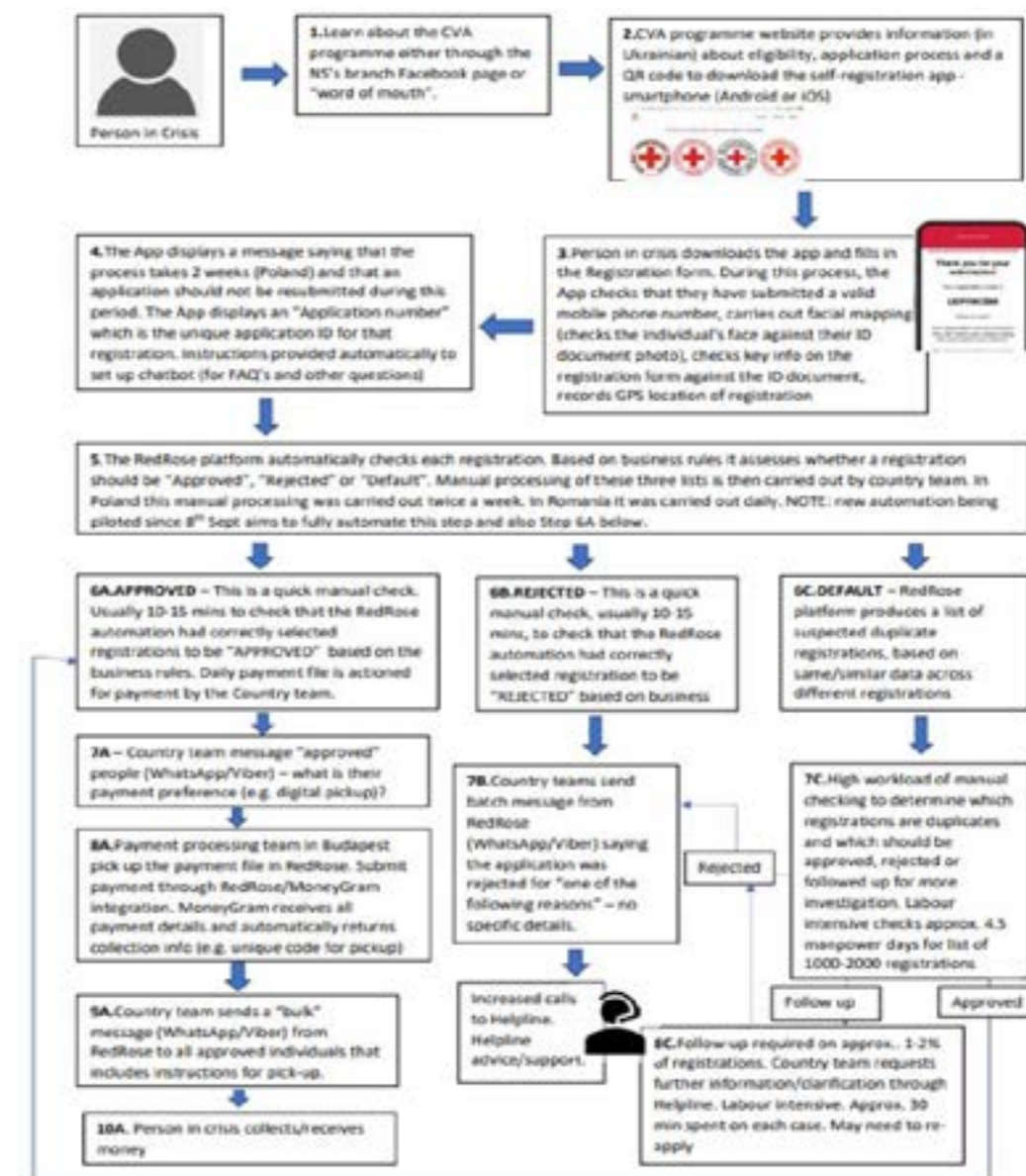## Participants in this study mentioned a number of issues for consideration for wider use of the app:

- Business rules such as when the eligibility of an individual's registration is decided need to be reviewed. Currently the app does not indicate eligibility at the point of registration, which results in the need for manual processing and checking further down in the process.
- Business rules and eligibility of registrations made on the app rely on self-attestation (i.e. information entered is deemed to be true). In other contexts, confidence in the levels of self-attestation may vary and additional monitoring may be needed.
- The ID verification checks have been designed to check for specific information on Ukrainian ID documents (e.g. passport). These checks do not work for other ID documents (e.g. other nationalities) and will need to be developed further for use in other contexts.
- Images captured in the app are not stored. Facial mapping rather than ID recognition is used. Further insight is needed into any data protection implications and local legislation compliance if used in other contexts.
- Verification of ID documents and information provided in different scripts (in the case of this programme – Cyrillic and Latin) is challenging and needs further analysis and development for other contexts.
- Levels of digital inclusion/exclusion will vary for each context.

- Planning is needed to control available funds for self-registration. If available funds are used up quickly with large numbers of people self-registering, is inclusion based on speed of registration and digital literacy over vulnerability criteria?
- Is the app appropriate for the population – levels of digital literacy, availability of smartphones and telecoms networks.

Example: Self Registartion Process Flow (Poland)

The following flow diagram is an example of the CVA process in Poland. It aims to show the main steps and areas of innovation and automation The Poland CVA response targeted specific towns and cities (e.g. Lodz).

There are differences in the process between National Societies. For example, in Romania, there were not enough resources available to carry out the detailed duplication checks (in the 'Default' file) and individual case follow-ups as was done in Poland. The expectation in Romania was that these would be automated and so that level of manual checking was left until further automation was possible.

CVA in the Ukraine and impacted countries crisis response

November 2022

Step #	Description	Impact
2	Creating a website (portal) was a quick way of communicating the programme details in the Ukrainian language. It aimed to address the language barrier and provided a link to download the self-registration app. The website was created in a few days. It is hosted by RedRose (on their Amazon services cloud). The reason cited for hosting it there is that it was not an easy or quick process to host it through the IFRC.	Potential for other CVA programmes
3	The self-registration app aimed to address the challenge of not having enough volunteers available at registration centres, language barriers, and the wide distribution of people in crisis – and provided the ability to scale-up quickly	Potential for other CVA programmes – needs further analysis
5, 6A, 6B	Automating manual processing in RedRose aims to speed up the process, reduce possible human error and reduce the manual resources needed to check the validity of a registration for payment.	Potential for other CVA programmes
7A	Asking each individual what their preferred payment method is provides flexibility within the process for individuals – this was also cited as time-consuming, especially when individuals request changes to the way they would like to be paid.	Adds flexibility but also potential to cause bottlenecks or delays in the process
4, 7A, 7B, 9A	Sending bulk messages through Viber/WhatsApp provides a quick way of communicating information. Being able to send 'personalised' messages in bulk (e.g. containing each individual's unique MoneyGram pick-up code) aims to reduce time by sending a single message, widely and quickly. NOTE: The sending of messages is very quick, but it was cited that initially setting up or modifying the messages was a slow process.	Potential for other CVA programmes
7C, 8C	Focused manual checking of a small proportion of registrations is a bottleneck. This is an area for further analysis – can automation help here? How?	Bottleneck: barriers to speed and scale

F. Manual processing and checks to create the payment file

The following is an example of the types of manual processing of registrations through the self-registration app that have been time consuming. Automation of these tasks is now being piloted for Poland.

1. Individually check duplicate registrations and manually change to reject/approve/follow up. This was the step that took the largest amount of time.

2. Manually review listed document type as 'other', either changing them to their correct document type or marking the case as follow up (which involves the Helpline staff contacting individuals to request additional information or documentation).

3. Reject all the registrations submitted within a VPN – i.e. detect potential fraudulent registrations submitted from geographic locations outside the designated registration area.

4. Move all the approved registrations into one group, all the rejected into another, and then all the follow up into a third. Upload into RedRose.

NOTE: De-duplication between UNHCR and IFRC registrations only started in September – six months after the start of the operation.

In Ukraine a list of eligible people to receive CVA was received directly from the Ministry of Social Policy. For accountability, the list was checked by the URC before carrying out the CVA. The results are as follows:
- **40,000 individual records received**
- **TAX ID:** 39,395 have TAX ID. Duplicate Tax ID: 10. Unique TAX ID: 39,385. From these 107 are invalid.
- **IBAN:** 37,623 records have IBAN numbers. Duplicate IBAN: 21 records. Unique IBAN 37,602. 2,277 individuals did not provide an IBAN number.
- **PHONE NUMBER**: 39,990 received. 10 records without phone number. 103 phone numbers are invalid. We have 39,887 unique and valid phone numbers.
- **DISPLACEMENT:** 35,535 records with displacement information. For 1,415 records, 'from' and 'to' city are the same.
- **252** of the records received have an issue.
- **4** of the records are matching records of people registered in Romania using the self-registration app.
- Online verification via SMS was sent to 218 people. Of 127 replies received, 126 were correct and only one did not provide the correct date of birth.

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G. Further learning and research

Evidence and Learning

- Develop country fact sheets and case studies.
- Evaluate the impact, effectiveness, and efficiency of cash assistance.
- Evaluate the collection, accuracy, completeness, availability, and standardisation of programme data –to understand gaps and areas for improvement.
- Review and evaluate the use of digital ID verification, issues surrounding DIIA integration and ID-specific innovations that arose in this CVA response that could inform wider work and research on digital ID.
- Seek and evaluate feedback from people in crisis who have used technology for example the self-registration app, chatbots, or helpline, as part of the process to receive cash in this programme. What is their perspective? Did it improve or reduce trust in the Red Cross? What was missing from these tools? Gather feedback on data protection, processes to obtain their consent to use their data, biometrics, etc.

Programmes and Operational guidance

- Document processes and changes to develop guidance documents for the future.
- Identify information needs and tools required for the design of appropriate programmes and develop resources to support timely and accountable responses at scale.
- Carry out functional and non-functional reviews of technology and digital tools used in this CVA programme to assess if and how they should be included in a digital toolkit for CVA. This should include a wider analysis of the technology marketplace, and tools used by other agencies, to see what already exists (are we re-inventing the wheel?).
- Analyse training available and training needed, especially for technology and digital tools. Identify gaps and areas where training could be embedded further (cash school?). Identify specific training needed to upskill or cross-skill personnel.

Partnerships

- Conduct a review of due diligence of third parties to inform tighter contracting in the areas of support available (e.g. RedRose) and customer service (Financial Service Providers). Seek support from the private sector on contract requirements, compliance, penalties, etc.

IFRC internal review