Cash Practitioners Development Programme
Accountability and Practice Project

The Cash Practitioner Development Programme (CPDP) is a structured learning and development programme aiming to strengthen the cash and voucher assistance (CVA) expertise of humanitarian professionals in the Red Cross Red Crescent Movement and expand the ready pool of available cash experts. A distinguishing feature of this programme focuses on actionable learning from a specific topic related to applying and implementing CVA in real time scenarios giving participants an opportunity to gain experience, insights and technical expertise that is not attainable in a conventional classroom setting and online. This case study is the outcome of an Accountability and Practice Project carried out by one of the programme’s graduates as part of their course work in the field.

The insights and lessons learned from applying the CVA preparedness self-assessment tool and methodology within the Yemen Red Crescent is a valuable showcase for the cash community and a reference point to guide other national societies embarking on their journey in cash preparedness.

National Society CVA preparedness: key learnings from applying the CVAP methodology in fragile contexts: the case of Yemen

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<td>British Red Cross</td>
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Introduction

Yemen continues to face an unrelenting conflict, as described as the worst humanitarian crisis in the world. Political instability, poor governance and rule of law, a ravaged economy with heavy currency depreciation remain distinctive features of the Yemen situation. Moreover, active hostilities and explosive hazards continue to harm civilians and cause widespread damage to homes and public infrastructures such as hospitals and schools. According to the Humanitarian Response Plan (HRP) 2023, 21.6 million people (two-thirds of the population of Yemen) need some form of humanitarian assistance and protection services.¹

In Yemen the use of Cash and Voucher Assistance (CVA) in emergency response and longer-term programming is widespread and is the modality of choice for many UN agencies, international NGOs, and the International Committee of the Red Cross (ICRC). Over 774,000 people were assisted by humanitarian multi-purpose cash assistance between January and November 2022, a 28 percent increase compared to 2021.

As per the assessment findings of the Yemen Cash and Market Working Group (CMWG), Yemen is recognized as a context where the scale-up of cash assistance is feasible as markets are functioning and financial service providers are operational, even in hard-to-reach areas.

In 2021, Yemen Red Crescent Society (YRCS) was participating in the implementation of CVA interventions undertaken by ICRC, OCHA & UNHCR mainly in assessment, beneficiary list verification and monitoring during distribution. In November 2021, YRCS with the technical and financial support of the British Red Cross (BRC) and ICRC launched a CVA preparedness programme to strengthen its organizational capacity to design and implement cash-based programming independently and at a scale.

A CVA preparedness delegate (also Cash Practitioners Development Program (CPDP) participant) was hired by the BRC and seconded to ICRC Yemen delegation to be the technical lead for the design of YRCS CVA preparedness Plan of Action (PoA) and its implementation. The CPDP program has deployment opportunities based on the individual learning objectives identified by the participant with the guidance of the mentor. As the Yemen context makes it challenging to do deployments out of the country, agreement was reached to develop learning objectives in relation to the YRCS CVA preparedness file so that learning will take place while supporting the implementation of the YRCS CVA preparedness program. The delegate’s CPDP objective regarding CVA preparedness is:

● Develop knowledge and experience of Red Cross Red Crescent Movement (Movement) CVA preparedness (CVAP): (i) via direct support and coordination of the CVAP approach applied in Yemen for and with YRCS; and (ii) by supporting two-way exchange of experience and learning on CVAP, with a focus on the MENA region.

As per the definition indicated in the movement CVA preparedness guidance document, a National Society is CVA prepared when it is able and likely to deliver appropriate assistance, in the form of scalable, timely and accountable CVA. CVAP is an ongoing NS development initiative that aims to increase the state of preparedness by integrating CVA into the organization’s tools, systems, procedures, and staff capacity, as well as strengthening active leadership support for CVA, coordination and communication.²

¹ UNOCHA, Yemen Humanitarian Response Plan (HRP), 2023.pdf
² CVA Preparedness Guidance Chapter 1_CVAP Areas_v2 June 2021.pdf
The YRCS CVA preparedness program followed the procedures indicated in the movement CVA preparedness guidance and started with assessing the preparedness level of the NS based on the five key CVA preparedness areas. These are:

- Area 1: Leadership commitment
- Area 2: Processes, systems, and tools
- Area 3: Financial and human resources and capacities
- Area 4: Community Engagement and Accountability (CEA), coordination and partnerships
- Area 5: Test, learn and improve

The YRCS capacity on the above mentioned five areas was assessed as a baseline and a CVA Plan of Action (PoA) developed based on the gaps identified. The PoA has been implemented for over a year and a re-assessment of the capacity was conducted to assess the changes brought as a result of the implemented activities and identify deliverables with the lowest scores to prioritize areas for further investment.

Therefore, in this study the current CVA capacity of YRCS in comparison with the baseline will be presented and key learnings from applying the CVAP methodology in fragile contexts will be discussed.

Objectives of the study

The objectives of the study are:

- Identify key factors that enabled progress in CVA preparedness for YRCS and limitations of the CVAP methodology when used in complex crisis contexts
- To show the changes brought as a result of a one-year CVAP investment and motivate other NSs who are yet to start the CVA preparedness journey
- To use the study as a resource mobilization tool for CVAP

Methodology

The methodologies applied in conducting the comparative study are:

- Re-assessment of YRCS current CVA capacity by using the standard movement tool
- Revision of YRCS CVAP project implementation status: analysis of initial baseline and current midterm baseline indicators
- Discussion with YRCS staff

Limitations of the study

This study describes only the CVAP baseline and current capacity of YRCS. The overall capacity of the YRCS is not part of the study. As the CVAP investments and the progress usually depend on the overall capacity of a NS, the results might give the impression that this is the progress expected from all NSs regardless of their overall organizational capacity and resources available. In addition, since the movement CVAP tools are being revised and the final documents are not yet available, this study depended on the draft materials.
YRCS progress on the CVAP: enablers and barriers

CVA Preparedness (CVAP) Theory of Change

The YRCS CVAP is designed and is being implemented based on the standard movement CVAP ToC. The assessment as well as the Plan of Action (PoA) was developed according to the five areas of CVAP organizational capacity. The overall CVA capacity of YRCS was assessed weaker across all areas and components during the baseline assessment. Following the implementation of the CVAP PoA a re-assessment of the CVAP capacity was carried out and the findings indicated that the YRCS improved the CVA capacity across all areas and components. The finding of the re-assessment in comparison with the baseline in each component under the five areas is discussed in the below section.

EN_CVAP-Guidance_Theory-of-Change_v8.pdf (cash-hub.org)

Area 1: Leadership commitment
Leadership Commitment is the cornerstone of CVAP, as it includes components that require strategic buy-in from leadership and are linked to the NS vision and strategy for CVA, and level of financial and human resource investment that can be allocated to CVA.

In 2021, as the chart shows below, YRCS was more likely to have a successful CVAP trajectory when there is leadership commitment early in the process.
In 2022, the YRCS leadership commitment capacity improved in all components as shown in the below chart, especially in the organizational structure followed by CVAP capacity assessment and gap analysis then operational plans and CVAP plan of action.

**Chart 1: YRCS Capacity on Area 1: 2021 (Prior to Implementation of PoA)**

Vision and strategy
CVA is included in the strategic plan of YRCS and CVA pilot was implemented in Amran where YRCS targeted 500 HHs. The board and senior leadership supported the implementation of the CVA pilot.

Organizational structure
In 2022, YRCS hired a CVA focal point at HQ level and the position is funded for 2 years, also, a CVA TWG was established and have meetings regularly to discuss the activities that were implemented by YRCS with the participation of PNS, IFRC, ICRC, and members from key YRCS departments.

Amran and Abyan branches are included as part of the initial pilots and staff from both branches are trained in CVA, they carried out the required assessment for the pilots as a result developed their practical knowledge on CVA. YRCS HQ provided technical support for Amran branch in implementing the pilot project and more branches will be targeted in 2023.
CVAP capacity assessment and gap analysis
A CVAP capacity assessment has been completed under the oversight of YRCS staff in decision-making positions. The CVAP capacity process will be repeated at regular intervals for decision-making and resource allocation purposes.

Operational Plans and CVAP Plan of Action
A two-year agreement on CVAP was signed between the YRCS, BRC and ICRC, and CVA is included in 2023 DM plans to support 6000 HHs in cash. Contingency plans of 2023 with full information on the details of assistance have been revised (who to target, how to target, transfer value guidance, frequency of transfers and delivery mechanism).

Leadership-led advocacy and communication
YRCS have not yet integrated CVA in internal communication strategy, also, YRCS have not promoted CVA externally as there is no CVA communication strategy for consistent messaging to external stakeholders. Thus, in 2023, YRCS should include CVA in the communication strategy, policies, and materials.

The major enabling factors for area one as well as all other areas is the commitment of YRCS leadership for the CVAP investment. The management were involved in the meeting concerning CVA and provided support specifically to include CVA in the strategic plan, operational plan and endorsed the ToR of the CVA TWG. As per the discussion with the YRCS staff, the willingness and support of the leadership was the main factor that helped to improve the components in this area.

Area 2: Processes, systems, and tools
Area 2 focuses on systems and procedures that support CVA responses that are similar in scale, timeliness, and effectiveness to other response options such as more traditional in-kind distributions. This includes developing CVA Standard Operating Procedures (SOPs), which set out clear CVA-related roles and responsibilities as a major element. The YRCS status in this area in 2021 was the second weakest of the five core areas, alongside Area 5: Test, learn and improve. The chart below shows the preparedness status of YRCS in Area 2, in 2021.

![Chart 3: YRCS Status in Area 2: 2021 (Prior to Implementation of POA)](chart3)

In 2022, YRCS capacity on this area is developed in all components particularly in roles and responsibilities followed by CVA technical tools and guidance as shown below. YRCS needs to increase its capacity in incorporating CVA in systems and infrastructure, equipment, and technology.
Roles and Responsibilities
There is clarity on the roles of different departments for the effective implementation of CVA. There are CVA specific Standard Operating Procedures in place defining the segregation of duties across YRCS departments, they are tested during the implementation of pilots and the final approval of CVA SOPs will take place in 2023.

Incorporate CVA in Systems
The YRCS launched the tender for FSP framework agreements, and it will be signed in 2023 and currently YRCS relies on external support in financial resource mobilization systems. The YRCS CVA focal point manages the CVA related information and shares with requesting staff while this responsibility must be transferred to information management department when YRCS establishes the unit. Also, a process/platform for capturing, transferring, and applying knowledge is in use where YRCS plans to carry out a lesson learned exercise for the implemented pilot and the lessons will be shared widely with branches and partners in 2023.

Infrastructure, equipment, and technology
Technical infrastructure and equipment do not or only partially enable the implementation of CVA, and their use is ad-hoc and/or relies on external support. Few IT tools and systems are in place for registration, payment, reconciliation, and reporting of CVA implementation is ad-hoc and/or relies on external support. Assessment to identify technical infrastructure, equipment, additional IT tools and systems required will be conducted in 2023.

CVA technical tools and guidance
The YRCS has adapted CVA tools and guidance across the program cycle and is able to use these to respond to an emergency where CVA preparedness, assessment, feasibility, response options, implementation and monitoring tools are available to YRCS staff in the appropriate language(s), however the validation of all tools is yet to be done by YRCS management.

In general, the availability of materials on the Cash Hub specifically guidance on how to develop CVA SOPs and the process of FSP service contracting as well as the CVA program cycle tools was very useful in the implementation of the planned preparedness activities in area 2. On top of that, the YRCS’s willingness to adapt the existing tools, draft the CVA SOPs based on the guidance available and initiate the FSP tender process by using the standard FSP procurement package was a paramount factor in the improvement of the area. The YRCS financial and logistics systems are under development, and it was not possible to show improvements on the components.
Area 3: Financial and human resources and capacities

Area 3 includes financial resources in terms of the capacity to access available funding for CVA implementation, including the appropriate funding release processes and funding replenishment that can respond to emergencies and development contexts. It also involves identifying staff and volunteer capacity, and the additional investments required for CVAP.

In area 3, as per the findings of the self-capacity assessment that was conducted in 2021, YRCS capacity was equally weak across all components. The chart below shows the capacity of YRCS in 2021.

**Chart 5: YRCS Capacity in Area 3: 2021 (Prior to Implementation of PoA)**

In 2022, a slight improvement in some components of this area has been brought specifically in CVA skills and capacity of leadership and decision makers, program staff as well as support service staff as shown in the chart below.

**Chart 6: Current Status of YRCS in Area 3: 2022**

**Funding availability, release, and replenishment**

YRCS has no reserve funds available for a rapid CVA response. Approval processes for release of funds and systems for replenishment for funds are ad hoc. There will be discussions with partners to support YRCS in allocating reserve funds for rapid CVA response.
CVA human resource capacity analysis
YRCS has not undertaken a CVA competency mapping and HR gap analysis. CVA training and skills development is ad-hoc and does not feed into a staff CVA capacity plan.

CVA skills and capacity – leadership and decision-makers
YRCS senior decision makers have the authority to make informed decisions about CVA as they participated in regional and global CVA workshops but their knowledge and skills for all contexts and across all sectors need strengthening through attendance of refreshment trainings.

CVA skills and capacity – programme staff
Staff from all YRCS HQ departments, Amran and Abyan branches attended the IFRC 5 days training in CVA programming and they have the skills and capacity to conduct a CVA feasibility analysis in line with good practice including market assessment and analysis, affected population preference and risk analysis, also in response analysis for CVA programme design, consideration of setting the transfer value, selecting and setting up the delivery mechanism, vulnerability targeting, community engagement and accountability, and affected populations safety in response to an emergency.

Following the training, the trained staff had the opportunity to practically apply the knowledge and skills gained from the training through the cash pilots implemented. In addition, the availability of technical support, guidance, and coaching from the CVA preparedness delegate played a crucial role in the improvement of the area.

CVA skills and capacity – support services staff
All relevant support staff have limited skills and capacity to support CVA scale up. They operate on an ad-hoc basis and rely on external support. HR recruited YRCS CVA focal person and have the capacity to recruit more staff with limited external support.

The other components of the areas are in the same status as the baseline as a result it indicates there needs more work to develop the components.

Area 4: Community Engagement and Accountability (CEA), coordination and partnership

Area 4 looks at how the National Society engages with internal and external actors in its CVA activities.

As it can be seen, all the components of Area 4 in 2021 were equally weak.
In 2022, YRCS developed its capacity in all components starting with external and internal coordination then in community engagement and accountability and internal partnership. Slight improvement is shown in external partnership hence YRCS HQ has to proactively seek partnerships with external actors to collaborate in CVA interventions.

**Community engagement and accountability**

YRCS set-up a two-way communication to affected communities for cash pilots and involved the community in different phases of project cycle. The two-way communication was designed in a way for YRCS to provide information on the overall process of the cash assistance to the communities and there was a feedback and compliance mechanism established for the communities to provide feedback and complaints to YRCS. Information on how to provide feedback was posted at the YRCS branch and the distribution sites.
Internal Coordination
YRCS established a CVA TWG where movement actors are members of this group, the group have meetings regularly at HQ level. YRCS regularly shares plans and status of implementation of CVAP through the TWG. The TWG is led by the YRCS CVA FP and the ICRC and the CVAP delegate has a co-lead role. The group is established as part of the CVA preparedness programme and the formation of the TWG was done following the endorsement of the ToR by the YRCS management.

Internal partnership
ICRC, IFRC, BRC and DRC are providing technical and financial support for the CVAP in 2022, and discussion will be held with the movement partners to provide financial and technical support to the CVAP in 2023.

External Coordination
YRCS CVA focal point is regularly attending in the Yemen CMWG and more staff will be assigned in 2023 to attend the meeting in the absence of the CVA focal point. Also, YRCS is a member of MENA regional CVA TWG and attends in all meetings and more engagement of YRCS in the MENA regional CVA community of practice will be in 2023.

External partnership
A limited number of CVA partnerships are in place between the YRCS and external actors to design and implement CVA where YRCS headquarters had partnership with OCHA previously, and Amran branch currently has partnership with UNHCR in implementing cash assistance for people in need. YRCS headquarters will proactively seek partnerships with external actors to collaborate in CVA interventions in the future.

Area 5: Test, learn and improve
Area 5 focuses on NSs CVA capacity by using simulations, pilots or an active CVA response to test systems, procedures, and tools for CVA. YRCS’s 2021 capacity across all these components was the weakest compared to the other areas. The findings are presented in the chart below.

**CHART 9: YRCS CAPACITY IN AREA 5: 2021 (PRIOR TO IMPLEMENTATION OF POA)**

YRCS improved its capacity in 2022 in area 5 in all components as pilots have been implemented and CVA capacity was reassessed, but CVA knowledge management needs more improvement to reach the maximum target as shown in the chart below:
Testing CVA Capacity
YRCS had partners support in testing CVA capacity in 2022, where cash assistance for 500 HHs was distributed in two rounds in Amran as part of testing the CVA SOPs and in YRCS plan for 2023 more branches will be targeted by pilots to increase the testing of CVA capacity.

CVA knowledge management
YRCS CVA peer-to-peer learning schemes have been identified and YRCS staff attended a peer-to-peer exchange session with the Syrian Arab Red Crescent (SARC), the learning from the SARC was shared widely with the TWG members during the YRCS movement CVA TWG meeting. In addition, a case study from the cash pilot implemented is produced and uploaded on the Cash Hub platform.

Reassessing CVA capacity
YRCS carried out CVAP re-assessment after the implementation of the initial PoA and identified new areas for CVA capacity investment in order to be able to respond to an emergency, and it will continue assessment of CVA capacity.

The key factor for the success of this area was the dedication and commitment of YRCS staff at HQ and the branch as well as the preparedness work that has been done. Making use of partners’ CVA capacity was another factor as YRCS was able to use the FSP service agreement of ICRC as the YRCS one was still under process. Having to decide on the right branch to implement the first pilot was also crucial as Amran branch has relatively better experience and capacity in implementing cash with other partners. Sharing the learnings from the pilots has resulted better implementation quality and speed for the second pilot and all these factors enabled the area to show a relevant improvement.

Overall CVA Organizational Capacity
The overall CVA organizational capacity of YRCS has shown improvement as compared to the baseline status. The changes are brought as a result of the implementation of the CVA preparedness activities identified during the baseline. The chart below shows the baseline of YRCS overall CVA capacity.
Chart 11: YRCS Overall CVA Capacity: 2021 (Prior to Implementation of PoA)

As can be seen in the chart above, the YRCS CVA preparedness was relatively strong in the leadership commitment and assessed weaker across the other core areas. The reason was that the YRCS leadership has committed to start the CVA preparedness process, including by appointing a CVA focal point and conducting a capacity self-assessment as key indicators of this commitment. The chart below shows the current overall status of the YRCS CVA capacity.

Chart 12: YRCS Overall Current CVA Capacity: 2022

The findings of the re-assessment are shown in the above chart where there is an improvement in all areas of CVA capacity as compared to the baseline especially in the community engagement and accountability, coordination and partnership followed by leadership commitment, test, learn and improve. Area 3 is the weakest in 2022 even if it shows improvement from the baseline.

During the discussions with staff in the initial and the re-assessment of the CVAP capacity, they indicated that they found the CVAP assessment tool very useful in identifying the gap initially and showing the progress made during the re-assessment. They indicated that the one-year investment of YRCS in CVAP has brought changes which enabled YRCS to reach 1000 HHs with cash assistance through the pilots. The coordination of the CVAP activities were appreciated by the staff as key staff from all departments and partners were informed regularly on what has been done and they were able to provide their inputs to the implemented activities. The areas which need more capacity building are identified and PoA prepared to work on strengthening the gaps. Finally, they mentioned that the work
has to be expanded to cover all branches of YRCS with the capacity building to enable them to implement cash with the coordination and limited technical support from the HQ.

Conclusion and recommendation to CVA preparedness program

In general, the YRCS first year CVAP journey was successful, and more work is expected from YRCS and partners to promote YRCS CVA readiness to the next level.

For a NS planning to start investing in CVAP, the first and most important task will be to have a 100% dedicated CVA focal person and advocacy with the senior leadership.

The self-assessment tool is an excellent one which ensures the participation of staff from all departments. The visualization of the results and the interactive nature of the assessment methodology makes it very interesting activity for a NS and the re-assessment even more as comparing the results with the initial baseline motivates NSs to continue investing in CVAP as it was the case for YRCS.

Regarding the methodology and the self-assessment tool, the below points are highlighted as a final recommendation.

- In the self-assessment tool, all areas and components hold almost the same score values, and it is indicated that all areas are equally essential for a NSs to be cash ready. However, this might not always be the case for all NSs, and some areas and components might be more relevant than others at least for the first year of CVAP investment. Identification and prioritization of CVAP investment areas for initial, mid-term, and long-term might be important for NSs to avoid trying to accomplish all at the first phase investment.

- It might be relevant to document the expected result of NSs CVAP after the initial, mid-term, and long-term investments based on the overall capacity of a NS. For this, initial overall assessment of a NS capacity can be recommended before conducting the specific CVA capacity self-assessment. Based on the overall capacity scores, a NS can refer what would be the expected CVA capacity improvement for a given phase.

- Finally, from the maximum a NS can achieve (15.76) it would be good to know the number which can objectively identify a NSs` level. For example, with 9.16 total score of YRCS CVAP capacity score what would be the level acquired?