# CVA simulation

**FACILITATORS’ GUIDE**

Purpose of the simulation

The main objective of the simulation is to evaluate the NS capacity and readiness for provision of timely and quality CVA in an emergency response context, using a most likely scenario.

Objectives

The simulation is designed to test the following CVA functional areas:

* Functionality of NS CVA SOPs
* Roles and responsibilities of HQ and branches, including support services staff and volunteers, in the design and delivery of CVA
* Decision-making process at HQ and regional branches
* Community Engagement and Accountability (CEA for CVA)
* Monitoring systems and processes, including PDM
* Finance and administration systems, including financial sign-off and accounting procedures
* Logistics systems and processes, including activating the FSP agreement by developing a Purchase Order
* HR and the capacity of CVA trained staff and volunteers in planning and delivering CVA
* Internal communication
* Internal and external coordination

Preparing and planning the simulation

This guidance provides considerations for running a 3-day CVA simulation exercise, including a proposed schedule, with suggested timed exercises and tasks.

Before the simulation can be run, the NS will need to design the scenario (or adapt an existing response) and prepare the supporting documents for the simulation. The facilitation process will also need to be defined, including roles and responsibilities of the various actors (either sourced from within the NS and/or externally, e.g. IFRC, partners). In some simulations, external participation such as from FSPs, local government or community members may also be an option.

Tasks include:

* Designing the scenario
* Preparing the necessary challenges/injects and supporting documents for the simulation (e.g news articles, sit reps, reports, summary matrix of figures etc
* Preparing the facilitation team to evaluate and monitor participants during the simulation
* Informing FSPs or other external participants about the simulation and inviting them to play a role (if applicable)
* Deciding and accessing existing beneficiary lists to use for the targeting exercise

The following toolkits can be useful in providing a range of example materials that can be adapted for a CVA simulation: *IFRC Simulation Guidelines, MAAT, PECT* [add relevant links]

Some CVA project cycle steps can be done in advance of the simulation. This includes Assessment and Response Analysis. Findings from the [*External CVA baseline for pre-crisis analysi*s](https://cash-hub.org/wp-content/uploads/sites/3/2024/02/1.3.f-External-CVA-baseline-for-CVA-pre-crisis-analysis-report-template-.docx) can be directly utilised to inform some of the situation analysis information and to support response analysis decision (e.g. modality and transfer value), thus saving time in the actual simulation. This information can be gathered as a desk exercise during the preparation phase and provided as supporting documents provided during the challenges/injects or used to develop the scenario. For example, available information from the external CVA baseline could include market functionality, FSP mapping and analysis, assessment of government regulations and policy for conducting CVA, understanding of legal framework/regulatory context in country.

**Methodology**

The time to deliver CVA from a disaster up until the first cash distribution typically takes place, can range from anything between 48 hours to 1 month, depending on the preparedness capacity and experience of the NS. For the simulation exercise, the timeline from disaster to delivery takes place over 72 hours (3 days) in order to test timeliness and show what is possible, if certain things are already in place such as systems and SOPs.

During the simulation, activities and task are issued set along the timeline of an emergency scenario designed to simulate conditions very close to a real emergency, testing participants’ ability to work under time pressure and to apply their acquired CVA planning and implementation skills and to test the newly drafted SOPs.

Planning time should be allowed in advance of the simulation for the facilitators to prepare and design exercises and documents, including the scenario itself. Additionally, relevant staff and volunteers participating will need to be selected and invited, across HQ and branches, where appropriate. A debriefing/lessons learned exercise will be conducted straight after the simulation. Furthermore, a full report should be written up, detailing what was achieved during the process, key lessons learned and any adaptations required for NS processes and systems, including an action plan for any improvements to the SOPs or RACI.

The processes and tools for the simulation will be based mainly on qualitative information and methodologies that encourage the active participation of staff, volunteers, and key stakeholders.

Overall, the scope of the simulation is based on 6 main CVA steps, with some taking place in advance of the 3 days scenario:

* Preparation (in advance of the simulation)
* Assessment and Planning (in advance and during simulation)
* Response analysis (during simulation)
* Set-Up and Implementation (during simulation)
* Post Distribution Monitoring (during simulation)
* Reporting and Learning

Participants will be issued pre-prepared tasks and challenges (“injects”) during the simulation, based around the NS SOPs and roles and responsibilities of HQ and branch staff (RACI), and will include the following tasks:

* Develop beneficiary selection criteria, based on needs analysis (drawn from scenario documents)
* Decide transfer amount and frequency, based on situation and needs analysis and other scenario resources
* Activate FSP agreement which will already be in place before the simulation
* Develop a Purchase Order/Scope of Work for the selected service provider/FSP
* Conduct beneficiary selection per agreed targeting criteria
* Establish CEA, including key messages, and feedback mechanisms
* Design first instalment encashment plans
* Develop a post distribution monitoring plan (PDM)
* Ensure continued communication within NS (Branch to HQ, HQ to branch, branch to branch)
* Ensure regular reporting and situation updates per established communication procedure
* Ensure effective coordination within NS and with external partners.

It is important to maintain a balance between teams achieving the task (the output) and experiencing the process. Some tasks (e.g. Inject #2 – Modality and Transfer Amount) should have a greater focus on the process, rather than the output.

It is also important to orient participants back to the SOPs and adapted CVA tools at all times, as one of the key purposes of the simulation is to build participants’ confidence in using the SOPs and tools.

# Who should participate?

The exercise should aim to involve all NS departments at HQ, relevant branches and their respective staff and volunteers (under the guidance of branch directors). By including as many branches as possible, the simulation can help expose them to real time CVA planning and implementation, that they may not have necessarily gained previously.

Particular attention should be paid to key staff at HQ level who have previously CVA training (either at local or international level) and/or who have had specific tasks of leading and coordinating CVA at HQ level, as the simulation will provide an opportunity to put these skills into practice.

Senior leadership is also actively encouraged to participate in the simulation, but at a minimum, they will be requested to attend some tasks where their presence is required.

When should a simulation take place?

As soon as the NS has developed and rolled out draft SOPs, a simulation exercise can be planned for. The following pre-conditions should be in place before running the exercise:

* CVA SOPs developed
* CVA trained staff and volunteers (critical mass of HR is helpful for this task)
* Finance and administration systems and procedures in place
* Logistics systems and processes in place
* Post-distribution monitoring system in place
* FSP agreement(s) in place
* Pre-crisis CVA baseline analysis conducted

Role of facilitators

The simulation model proposed needs a facilitation team, consisting of a lead facilitator, co-facilitator and up to 3-4 observers, as required. The simulation can be done by the NS themselves or with support of a partner NS or IFRC.

The simulation can be facilitated remotely or in person, or a combination, based on the NS context. One example could be an HQ operation room where the entire team of participants sit and the facilitators drop in and out to issue tasks and observe, with everything conducted entirely face to face. In another model, the participants team could be split between HQ and regions, with the regions sent tasks and communicated with via Teams or email, and HQ serving as the operations hub where facilitators are also based.

Facilitation team members will be asked to take on specific roles for the scenario briefing at the start of the simulation. (Day 0) Some of them will need to keep their roles (e.g. Head of Delegation and NS Secretary General) throughout the simulation. The rest of the facilitators will revert to a generalist technical support role. Exact roles will need to be defined by the NS based on the scenario developed and how far they want to go into the activity, as well as availability of staff, in particular if external facilitation support is being used.

Example simulation schedule

DAY 0

On the day before the simulation starts, the scenario and other key documents will be shared and participants briefed plus facilitators do a final run through together.

**Afternoon**

**13.00 – 15.00 Participants briefing**

**In Brief** – The facilitator’s team will brief participants on the aim, objectives and rules of the simulation, including specific instructions on communication (e.g. internal emails, communications with external stakeholders) and overall simulation timings. General information on the scenario and emergency situation 7 days after the onset of the ‘disaster’ (when the simulation starts from) will also be provided.

**Outcomes:** Participants are clear on expectations, format of the simulation and duration (3 days) purpose and objective of the exercise, resources needed and communication rules (internal and external). Scenario is presented.

**Process:**

* PowerPoint presentation on the simulation processes and scenario (1 hour)
* Opportunities for questions, clarifications, ensuring senior management participation (1 hour)

**Mode of communication:** Skype/Zoom/Teams (regions) and face to face (HQ)

**Handouts:** Simulation ToR, communication rules (internal and external), facilitators’ roles, contact numbers. Also to distribute and read in advance of Day 1: NS situation report, OCHA situation report, scenario documents, NS SOPs and tools, FSP agreement etc

**15.00 – 17.00 Facilitators meeting**

**In Brief** – Facilitation team final meeting pre-simulation to run down the scenario, injects, roles and tasks, plus observers’ responsibilities. Focus on guiding questions observation schedule (i.e. who is where, when)

**Outcomes:** Facilitators are clear on their roles and tasks, exercise timeline, expected outcomes, possible challenges and solutions.

**Process:**

* Meeting between facilitators - final run down on the simulation
* Opportunities for questions, clarifications and identification of any remaining actions needed by facilitation team

**Mode of communication:** Face to face

**Handouts:** Simulation timetable/schedule, all supporting documents for simulation, observer forms

DAY 1

**Morning**

**9.00 – 9.30 Facilitators meeting**

**9.30 – 10.00 Inject #1 Setting the scene (Information only)**

**Thematic area: Planning; Assessment**

**In Brief** – This activity sets the response context. Facilitator team will share information with the participants on the situation, including situation reports (e.g. NS, IFRC, OCHA, relevant Ministry reports) and NS response plan of action (with indicated financial support approved). The participants will assign roles and responsibilities between them.

**Outcomes:**

* Each Branch identifies a TL/focal point.
* EOC established and participants take roles and responsibilities, as per the SOPs or RACI
* Situation analysis shared; distribution of tasks allocated; internal communication protocols agreed (between regions and HQ)

**Mode of communication:** Email

**Handouts:**  NS situation report, OCHA situation report, NS DREF EPoA, Inject #1

**10.00- 12.00 Inject #2 - Modality and transfer amount**

**Thematic area: Response Analysis**

**In Brief** – Based on the information provided, participants are tasked with analysing and deciding on the most appropriate CVA modality and calculating the transfer amount and frequency.

**Outcomes:** Recommendation for CVA modality and recommended transfer value, per team

**Process:**

* Issue Inject #2 to participants
* Participants review the task and documents and prepare their analysis and recommendations to senior management by 12.00
* Skype/Zoom/Teams with all regions + HQ participants expected at 12.00

**Handouts:**  Relevant Ministry request to support vulnerable groups, relevant CWG CVA analysis and transfer value calculation (e.g. MEB), Inject #2 – Define modality selection and transfer value

**12.00 – 13.00 Decision making platform**

**Thematic area: Response Analysis/Internal coordination and communication**

**In Brief** – Participants will present and justify the results of their analysis and recommendations to HQ senior management and agree on one unified approach. If senior management aren’t already in the facilitation team, they should attend this session (e.g Sec Gen).

**Outcomes:** Collective decision on CVA modality and transfer amount.

**Process:**

* Skype call with participation of TLs/focal points from each branch and HQ team, plus senior management to discuss suggestions from each branch and HWQ
* Decide together one unified modality and transfer amount

**Mode of communication:** Skype/Zoom/Teams (regions) and face to face (HQ)

**Handouts:**  Presentation/information from branches + HQ participants

**Afternoon**

N.B. Injects #3 and #4 are designed to be run in parallel (with a 15 minutes staggered start for the facilitation team to be able to launch the first inject). Having tasks run in parallel is intended to simulate a real emergency situation and means there will be more than one team’s communication lines running at any one given time. The tasks will start in Day 1 and continue into the following day.

**14.00 – 16.00 Inject #3 – Beneficiary Selection, Verification and CEA**

**Thematic area: Set-Up and Implementation/Beneficiary Selection and CEA**

**In Brief** – Participants are provided with preliminary beneficiary lists received from the relevant Ministry and tasked with agreeing selection criteria, conducting final beneficiary selection against proposed criteria and developing associated CEA message. This will start on Day 1 and continue into Day 2.

**Outcomes:** Participants are expected to have started beneficiary selection process.

**Process:**

* Issue Inject #3 to participants
* Participants review the task. Inject to include the following:
	+ Agree selection criteria
	+ Conduct beneficiary selection against agreed criteria
	+ Verify information (correct name, ID number etc) for funds transfer
	+ Develop CEA message to preliminary inform beneficiaries about expected CVA support
* Participants are expected to have finalised beneficiary lists by 15.00 next day

**Mode of communication:** Email

**Handouts:** Government preliminary beneficiary lists per region, Inject #3 – Beneficiary Selection, Verification and CEA

**14.15 – 16.00 Inject #4 – Activating FSP agreement/developing Purchase Order (relevant HQ participants only)**

**Thematic area: Set-Up and Implementation/FSPs; Internal and external coordination**

**In Brief** – Task to activate the NS FSP agreement, which should already be in place before the simulation by developing a Purchase Order (PO)/Scope of Work and defining the specific services needed (geographical area, # HH, amount, timeline, etc). This will start on Day 1 and continue again on Day 2.

**Outcomes:** Participants are expected to have started developing the Purchase Order/Scope of Work

**Process:**

* Inject tasks to include:
	+ Using approved FSP agreement and CVA project key data (geographical area, # HH, amount, timeline, etc), define specific services needed between the parties
	+ Inform signatories in senior management, Heads of Finance and Logistics inform will need to to finalise/sign PO by 13.00 the following day

**Mode of communication:** Email and face to face

**Handouts:** FSP agreement, FSP contact details, Inject #4 – Activating FSP agreement/developing Purchase Order

**16.00 – 16.30 Learning review/debrief on Day 1**

**Thematic area: Reporting and Learning**

Ask participants to provide their inputs to what went well during the day and what needs to be improved.

Ask observers to provide their comments.

**16.30– 17.00 Facilitators meeting**

**Thematic Area: Reporting and Learning**

**In Brief** – To discuss observations and feedback on process to date and agree any adjustments needed for Day 2

**Outcomes:** Agreed plan for Day 2 and consolidated feedback from Day 1 for report.

**Process:**

* Meeting between facilitators – debrief of day 1
* Finalise plan for following day

**Mode of communication:** Face to face

**Handouts:** Debrief forms

DAY 2

**Morning/all day**

**9.00 – 9.30 Facilitators meeting**

**9.30 – 12.00 Inject #3 (cont’d) and progress update - Affected households/individuals' selection**

**Thematic area: Planning and Implementation/Affected households/individuals Selection**

**In Brief** – Session starts with a status update on progress of the beneficiary selection inject -email branches and HQ to get progress update. Participants to continue with finalising beneficiary list and key messages. Coffee break to be taken as needed.

**Outcomes:** Finalised verified beneficiary list showing selected beneficiaries; CEA message on expected CVA assistance for beneficiaries

**Process:**

* Request a short status update on beneficiary selection and identify any support needs in branches
* If needed, offer to provide support through mobilising additional resources (volunteers or staff) to the simulation
* Remind that finalised beneficiary lists should be submitted by 13.00 today

**Mode of communication:** Email (branches) and face to face (HQ)

**Handouts:** Inject #3 – Beneficiary Selection, Verification and CEA

**9.30 – 12.00 Inject #4 (cont’d) and progress update – FSP Purchase Order/Scope of Work (relevant HQ participants only)**

**Thematic area: Set-Up and Implementation/FSPs**

**In Brief** – Session starts with a status update of the development of the Purchase Order Participants to continue with FSP agreement and ensure signatures are obtained from senior management for the final version. Coffee break to be taken as needed.

**Outcomes:** FSP agreement is activated with a finalized and fully signed Purchase Order by end of session, ready for a simulation 1st payment processing with the FSP in next session

**Process:**

* Request a short status update on Purchase Order development
* If the process is slow, offer to provide support or guidance
* Remind that finalised signed Purchase Order/Scope of Work should be submitted by 13.00 today

**Mode of communication:** Face to face

**Handouts:** Inject #4 – Activating FSP agreement/developing Purchase Order

**Afternoon**

**13.00 – 15.00 Inject #5 – Encashment plan and 1st payment to FSP per finalised beneficiary lists**

**Thematic Area: Planning and Implementation/Encashment plan, payment to FSP**

**In Brief** – As part of the scenario, a dummy 1st instalment payment will be made from the NS to the FSP against an encashment and Purchase Order/Scope of Work. This is an opportunity to run through the financial sign-off process between the relevant parties. Ensure relevant signatories are available to take place in this activity (or facilitators to take different roles).

**Outcomes:** Transfer of funds for 1st instalment, against agreed beneficiary list/encashment plan and FSP agreement.

**Process:**

* Issue Inject #5
* Inject task to include (as per SOPs):
	+ Design encashment plan
	+ Raise request for payments (per branch + HQ)
	+ Sign-off process
	+ Dummy amount of funds is transferred between NS and FSP
	+ FSP confirms receipt

**Mode of communication:** Email (branches and face to face (HQ)

**Handouts:** NS SOPs (financial sign-off process, Inject #5 – Payment to FSP per finalised beneficiary lists

**15.00 – 16.30 Inject #6 Encashment and Post-Distribution Monitoring**

**Thematic Area: Post Distribution Monitoring**

**In Brief** – Participants are requested to plan a skeleton encashment monitoring and PDM plan for beneficiaries who received 1st instalment. This should include a decision on what needs to be monitored during the encashment process, how it will be done and how the sample will be selected for PDM. Additionally, an NS PDM template should be set up in Kobo and questionnaire tested on two colleagues acting as beneficiaries.

**Outcomes:** Encashment monitoring and PDM plan developed, including testing of Kobo questionnaire for 1st CVA instalment

**Process:**

* Issue Inject#6
* Inject steps to include:
	+ Decision on what to monitor during encashment process and how will be done
	+ Decide on sampling process for PDM
	+ Set up questionnaire on Kobo and test

**Mode of communication:** Email

**Handouts:** Inject #6 Encashment and Post-Distribution Monitoring

**16.30 – 17.00 Learning review/debrief on Day 2**

**Thematic area: Reporting and Learning**

Ask participants to provide their inputs to what went well during the day and what needs to be improved.

Ask observers to provide their comments.

**17.00 – 17.30 Facilitators meeting**

**Thematic Area: Reporting and Learning**

**In Brief** – To discuss observations and feedback on process to date and agree any adjustments needed for Day 3

**Outcomes:** Agreed plan for Day 3 and consolidated feedback from Day 2 for report.

**Process:**

* Meeting between facilitators – debrief of day 2
* Finalise plan for following day

**Mode of communication:** Face to face

**Handouts:** Debrief forms

DAY 3

**Morning**

**9.00 – 9.30 Facilitators meeting**

**9.30 – 12.00 Inject #7 – Affected households management**

**Thematic area: Implementation/CEA**

**In Brief** – Participants are tasked with developing CVA FAQs and a CVA CEA plan. Throughout the session, participants are also expected to manage various households cases (complaints and questions) and provide follow-up responses. Inject will include a list of different complaints that they have to deal with. As the simulation will likely not involve real households, facilitation team to take on households roles as required.

**Outcomes:** CVA FAQs and CEA CVA plan developed**.** Timed responses delivered to beneficiaries on a range of complaints, as per the CVA FAQs.

**Process:**

* Issue Inject #7 in stages - 1st inject to develop CVA FAQs, 2nd and subsequent injects to include beneficiary issues to resolve

**Mode of communication:** Face to face

**Handouts:** Inject #7 – Affected households management

**12.00 – 13.00 Inject #8 – Request for progress report**

**Thematic area:**  **Reporting and Learning**

**In Brief** – Request participants to prepare status update based on what took place and was achieved in Inject #5, Inject #6 and Inject #7, and to participate in Zoom/Skype/Teams meeting at 14.00 with senior management.

**Outcomes:** Status update/mini presentations developed.

**Process:**

* Issue Inject #8
* Teams to prepare status updates

**Outcomes:**

* Participants are expected to prepare reports/presentations on progress with distributions, encashment, problematic beneficiary cases, and latest status of activities, including challenges experienced.

**Mode of communication:** Email

**Handouts:** Inject #8 – Request for progress report

**Afternoon**

**14.00 – 15.00 Review of progress reports to senior management**

**Thematic area: Reporting and Learning**

**In Brief** – Skype/Zoom call with TLs/focal points of each branch and HQ team with senior management to review information provided in the progress reports. It is important to ensure senior management are available for this session and ideally their time should be booked in advance as this is a key session requiring their participation. Alternatively, facilitators can take on roles.

**Outcomes:** Senior management are briefed on activity progress and solutions identified and adaptations for any following CVA distributions.

**Process:**

* Presentation/information provided from branches and HQ
* Review of progress and next steps/adaptations proposed

**Mode of communication:** Skype/Zoom/Teams

**Handouts:** Inject #8 – Progress report templates

**15.00 End of simulation**

**In Brief** – Final email is sent out to participants to indicate end of simulation exercises and invite all participants to a final debrief session

**Process:**

* Email to participants

**Mode of communication:** Email

**Coffee Break**

**15.30 – 17.30 Simulation debrief**

**Thematic Area: Reporting and Learning**

**In Brief** – Debriefing with all participants. Gather reflections and observations on the simulation exercise. This should be structured across the key thematic areas of the simulation (e.g. Response Analysis, Internal Coordination, CEA etc)

**Outcomes:** Feedback on simulation/self-evaluation of participants on their performance, learning points, next steps and plans for improvement.

**Mode of communication:** Skype/Zoom/Teams (branches) and face to face (HQ)

**Handouts:** Simulation evaluation checklist