

Roadmap for **CVA** preparedness (CVAP)



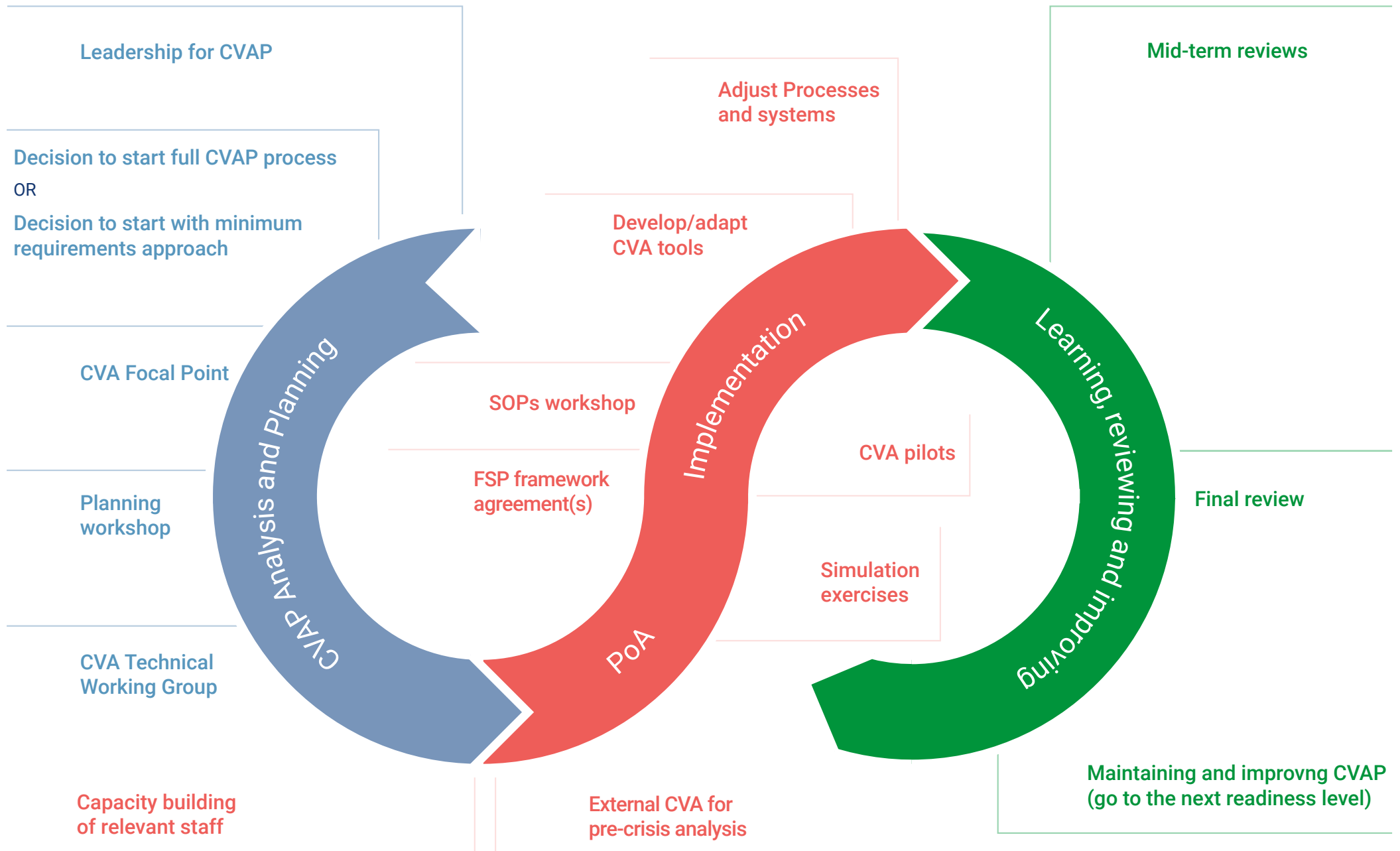
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KEY STEPS IN THE CVAP JOURNEY



Purpose of roadmap

The roadmap illustrates a typical National Society (NS) journey through the CVA Preparedness (CVAP) process. The main CVAP guidance document is organized according to the 5 CVAP Areas. However, how a NS chooses to operationalise CVAP typically follows a more iterative pattern, rather than a linear progress through the 5 areas. While there are some standard commonalities and key milestones that will take place, the exact sequencing of the CVAP activities will be context specific. CVAP can take many forms, depending on the capacity, needs and ambitions of the National Society.

The roadmap highlights key activities and deliverables and serves as a guide through some of the CVAP tools which accompany the guidance, outlining a proposed sequencing across the journey.





KEY STEPS IN THE CVAP JOURNEY

The following outlines
the key CVAP steps

CVAP ANALYSIS AND PLANNING



Leadership commitment for CVA as a modality/decision to invest in CVAP

Before the CVAP process can commence, leadership will need to agree on the use of CVA as a response modality, as well as recognise the importance of CVA preparedness for the National Society. For most NS, this will likely take place in discussions with IFRC or partner NS. It may take the form of a one-off meeting, or for some NS, gaining leadership agreement may be a process over time, depending on leadership acceptance level, priorities and experience in CVA.

NS with no or very limited previous CVA experience and/or no secured resources to engage in the full cash preparedness process are recommended to start their CVAP journey by focusing on the elements included in the [Minimum requirements for CVA readiness for small-scale response](#). After putting the minimum requirements in place and gaining some experience through small-scale pilots, the NS can progress to doing the full CVA preparedness process. Completing the minimum requirements for CVA readiness only leads to basic operational readiness for small scale response with external support, whereas the full CVAP process is aiming for a higher level of operational readiness where CVA is mainstreamed throughout the organization, enabling the NS to deliver CVA without external support.





Appointment of the CVA Focal Point

To lead the CVAP process an NS CVA Focal Point (CVA FP) must be appointed. This role provides technical support to the development, mainstreaming, implementation, and monitoring of the CVAP plan and specifically the Plan of Action (PoA). The CVA Focal Point is ideally a person with at least basic knowledge of CVA, with sufficient time allocated for the task, and who will need to work closely with stakeholder departments and closely guide leadership.

Ideally the CVA FP will be a full-time dedicated position. However, for many NS the person may likely form part of an existing role (e.g DM Coordinator, Deputy Head of Programmes), at least initially as the CVA FP needs to be in place to support the planning process and CVA capacity self-assessment. At the latest, the position should be appointed following the PoA. The role is outlined in the TOR for [CVA Focal Point template](#).



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Planning workshop

Once leadership has committed to initiate the CVAP process, the NS vision and level of ambition for CVA and CVAP must be defined. This can be done through an [Induction and Visioning workshop](#) which may include an introduction to CVAP and will provide the opportunity to discuss and agree an NS CVA ambition for the CVAP. The Induction and visioning workshop is key for agreeing on the Movement CVA operational readiness levels for the NS at the start of CVAP and agreeing what level of improvement the NS can achieve through CVAP. Prior to the workshop, the NS should bring data on its Movement CVA operational levels from the latest annual Movement Counting Cash exercise undertaken. This activity will be updated again at both mid-term and at the end of CVAP. For NS not participating in Counting Cash, data should be gathered independently. See [Guidance on how to collect the Movement Counting Cash or Operational Indicators](#).

The outcomes of the workshop should be documented in a [CVA Vision statement](#) to ensure a strategic vision underpins the detailed CVA planning and allowing the NS to carve out a collective commitment together for what they want to achieve, how they will achieve it, and why. The workshop session dedicated to CVA visioning provides valuable space for discussion and encourages the NS to set a level of CVA ambition that is linked to both the NS strategy and priorities and the broader Movement vision for CVA.

Leadership participation at this early stage of CVAP is critical to ensure ownership of the process to come, so the workshop should be arranged with attendance of either the Secretary General and/or Under Secretary General. Workshop facilitation support from either a partner NS, the Cash Preparedness Delegate or other IFRC representative, will be key at this early stage in CVAP.

CVAP ANALYSIS AND PLANNING

CVA Organisational Preparedness Capacity and Movement CVA Operational Readiness Levels

The ultimate goal of CVAP to be able and likely to implement scalable, better quality and timely CVA. To demonstrate both, NS will need to measure both their CVA organisational preparedness as well as their CVA operational readiness at key stages in their CVAP journey. These are captured through CVA organisational capacity and Movement CVA operational readiness levels.

NS CVA organisational preparedness is measured around the five key CVAP areas. CVA organisational levels are captured using the CVA capacity self-assessment tool.

Movement CVA operational readiness measures the ability and likelihood to deliver timely and accountable CVA (readiness). NS CVA operational readiness levels are captured through five Movement CVA operational indicators

Once the NS CVA self-capacity assessment has been completed and Movement CVA operational readiness indicators measured, baseline NS organisational capacity and operational readiness levels can be determined (scored as either 1, 2, 3 or 3+). This will take place in the Induction and Visioning and Planning workshops. The idea is that as NS invest in their CVA organisational capacity across systems, structures, processes and resources, this will likely equate into more scalable, timely and accountable CVA and a higher level of CVA operational readiness. Ultimately, the operational readiness level is taken as the global measurement for a National Societies' CVAP level.

Planning workshop: conduct CVA capacity self-assessment

Following the defining of the NS vision and level of ambition for CVA, a planning workshop takes place. This includes conducting a [CVA Capacity Self-Assessment](#) and developing a [CVAP Plan of Action](#).

The [CVA Capacity Self-Assessment](#) is an initial entry point for the planning of the whole CVAP programme. It provides the opportunity for the NS to assess its CVA capacity and gaps in a structured way, as well as identify priority activities for CVA preparedness that will form the basis for the PoA. The assessment tool has 56 questions ('domains') that should be discussed, consensus sought, and results scored, based on evidence. Following the self-assessment, findings can be used to capture the baseline CVAP organisational capacity level, one per CVAP area and overall.

Planning workshop: design the PoA and get leadership approval

The [CVAP Plan of Action \(PoA\)](#) is developed at the outset of the CVAP journey, following the development of the CVA vision and directly after the CVA capacity self-assessment. The PoA should be realistic, achievable and aligned to the gaps identified in the CVA capacity self-assessment as well as the blockages, opportunities and priorities highlighted in the visioning workshop. The CVA vision will also inform the overall

goal for the PoA. After the workshop the draft PoA should be presented to leadership for approval and the detailed workplan and budget should be finalized. The PoA is a core planning tool that is necessary to ensure the CVAP objectives are achieved and directly aligns with the National Society's capacity. The PoA will be a live, operational document that informs all subsequent CVAP activities, and should be revisited and revised at mid-term.

The results of both the induction and visioning and planning workshops, including the NS CVA operational and organisational levels, should be captured in an [Internal CVA baseline for organisational preparedness capacity](#). This document will contain a summary of key information on NS CVA capacity and progress that is updated at both mid-term and at the end of CVAP.



Establishment of the CVA Technical Working Group

To support the CVA Focal Point in the implementation of the CVAP PoA a CVA Technical Working Group (CVA TWG) should be established to support the process. The CVA TWG consists of members from key departments involved in different aspects of CVA (Programmes, Logistics, Finance, PMER, CEA, PGI, etc.), and should meet regularly to follow up on plans and achievements. The role of the CVA TWG is outlined in the TOR for [CVA Technical Working Group \(CVA TWG\) template](#).

POA IMPLEMENTATION

The activities in this section don't need to happen in any particular order



Capacity building of relevant staff

To be able to support the CVAP process it is important to ensure that the CVA FP and the members of the CVA TWG attend basic trainings in CVA (e.g. RCRCM CVA level 2) and market trainings (e.g. RAM) as early into the CVAP process as possible. The remainder of departments, branches and volunteers can receive relevant trainings in a more staggered way across the CVAP process. Having participated in trainings first will ensure that core staff have been exposed to the necessary conceptual thinking within CVA and markets to conduct the baseline, particularly around response analysis. This will help ensure the technical components of the analysis are achievable. It will also provide an immediate opportunity to put the CVA training received into practice.

To help the NS map training requirements, the [Tool to map staff CVA competencies and gaps](#) can be used together with CVA capacity building plans.



Conduct an external CVA baseline for pre-crisis analysis

The [External CVA baseline for pre-crisis analysis](#) looks at the enabling context for CVA, in advance of a response. The output of the external CVA baseline for pre-crisis analysis will provide the foundation for the NS position and preliminary decision-making on the use of CVA, that can inform initial design. The external CVA baseline for pre-crisis baseline will be updated and revised as necessary once a crisis occurs. Six areas are analysed for the external CVA baseline, and assessing these in advance during CVAP will be key for a timely and quality response. These include markets, government and social protection, beneficiary preferences, FSPs and risk analysis.

The external CVA baseline is also a pre-requisite for FSP selection and procurement, as it includes a full FSP mapping that is used in establishing the FSP Scope of Work (SoW) as well as contract requirements for the FSP procurement process. Therefore, the CVA external baseline is a key milestone that should ideally take place soon after the PoA.





FSP framework agreement(s)

The establishment of a pre-defined FSP framework agreement is a requirement in order to respond rapidly with CVA during a response. Following the availability of FSP mapping information gathered in the pre-crisis CVA baseline analysis, the [FSP selection and contracting](#) process can start. Ideally this should be as early as possible during CVAP as the procurement process can take 2-3 months, from the development of a Scope of Work (SoW), through tendering, validation/negotiation and then contracting. While the procurement process is led by the NS, it is recommended to coordinate closely with IFRC and ICRC CVA, logistics and operational staff at either country or regional level to ensure that the procurement of FSPs is compliant with the procurement rules of the two organizations. FSP framework/s should ideally be in place before the CVA simulation and pilot projects take place if FSPs are to be tested during these exercises.



SOPs workshop

To implement CVA efficiently and effectively, [CVA SOPs](#) and a [CVA Roles and Responsibility \(RACI\)](#) matrix need to be in place. These can be developed in an [SOPs workshop](#) to be held once key staff have received their CVA trainings and understand the CVA project cycle and implementation steps. Undertaking the pre-crisis CVA baseline analysis first will also be helpful for the SOPs development, as this will inform what exact modalities and delivery mechanisms the NS needs to write SOPs for.

SOPs can improve the speed, accountability and efficiency of CVA responses by providing simple and clear guidance on CVA processes and who is responsible for what. The CVA TWG, together with the CVA FP, will lead on development of the SOPs. Similar to the PoA and CVA capacity self-assessment, SOPs should remain an ongoing live document that is periodically updated as required. Staff and volunteers, at both HQ and branch level, should be trained on their content.





Develop / adapt CVA tools

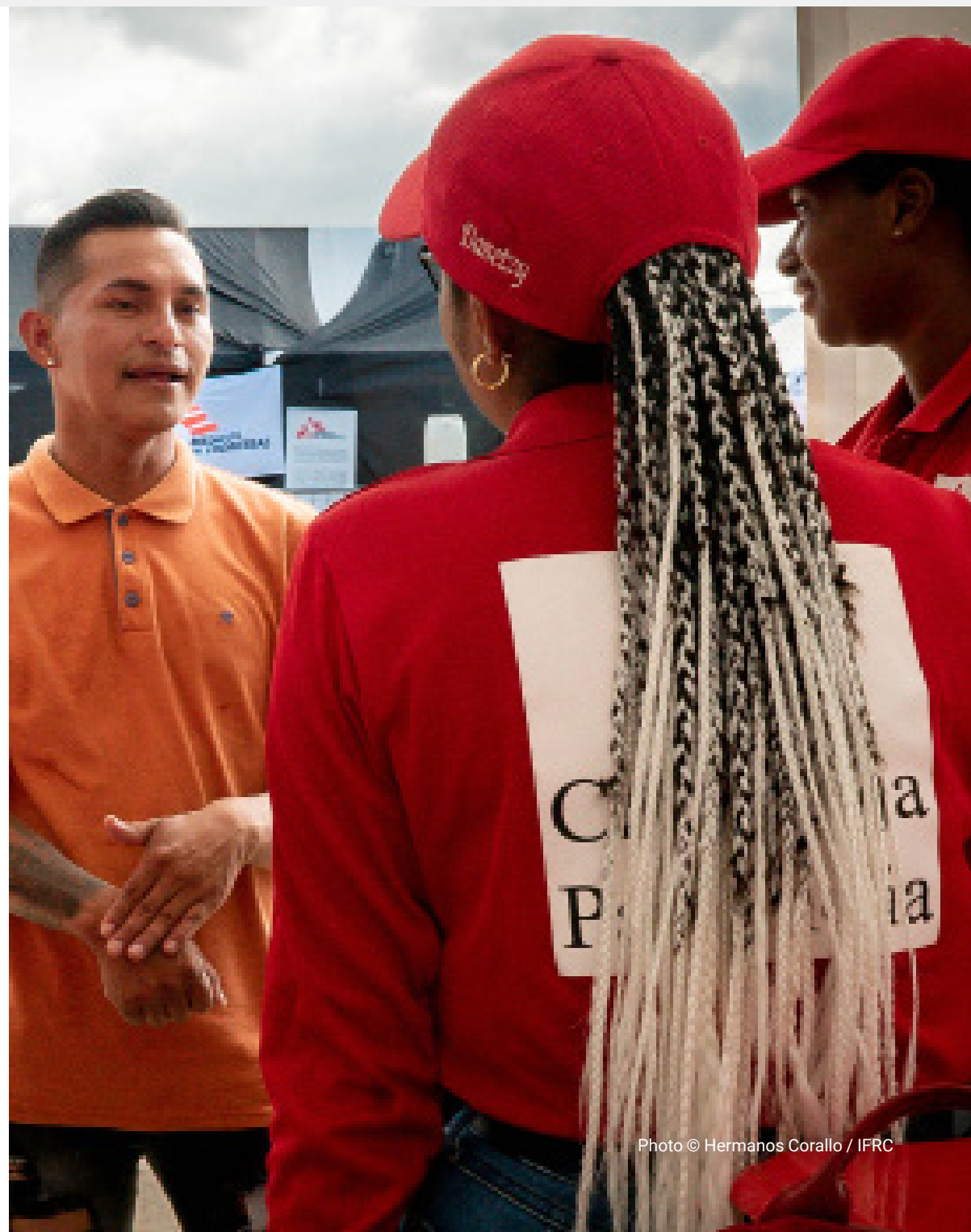
To ensure a uniform approach to CVA programming and to enable a rapid response, tools/ templates must be in place. This could be specific tools for CVA programming (e.g. for assessment of FSPs) or CVA being mainstreamed into existing tools of the NS (e.g. assessment tools and PDM tools). Scoping the tools development is started during the SOPs workshop and then following this, the CVA FP in conjunction with the CVA TWG, should arrange a workshop to develop or adapt relevant CiE tools, incl. market tools, to fit the NS context.



Adjust processes and systems

A key and ongoing activity throughout CVAP will be the incorporation of CVA into NS systems and processes, including [finance](#), logistics, [IM](#), PMER and [CEA](#) is a core part of CVA implementation that should be prioritised. An effective two-way communication mechanism and CEA process will need to be designed and set-up during CVAP, ensuring affected communities remain central to any future response. Current approaches in CEA are also necessitating the need to invest more IM/data management and use of technology, such as mobile phones, social media and apps. Therefore, allowing time to explore and learn more about CEA options in advance during preparedness is essential.

POA IMPLEMENTATION





Testing capacities, SOPs and tools and improve based on learnings: Conduct a simulation exercise

As soon as a basic level of CVA capacity has been built and the first version of the SOPs and adapted tools are in place, a [CVA simulation exercise](#) can be conducted. The CVA simulation is designed against a most-likely emergency scenario, which gives the opportunity to test the newly drafted SOPs (processes and procedures) and RACI (roles and responsibilities) during a simulated, usually desk-based, emergency response. The duration of a typical CVA simulation will run across 3 full days, with a day and a half for briefing and debriefing. Usually, the simulation exercise will be conducted before going ahead with the initial CVA pilot, so any necessary refinements to SOPs or other aspects of CVA capacity can be adapted first and lessons incorporated into the model before it is tested in the field. However, some NS may choose to go directly into doing a pilot project.

Note that for NS who are using the Minimum requirements for CVA readiness for small-scale response the simulation will be based around the [CVA RACI matrix](#), instead of SOPs.



Testing capacities, SOPs and tools and improve based on learnings: Conduct CVA pilots

Conducting a CVA pilot project is a key part of the CVAP process that allows the NS to gain implementation experience with CVA in a testing and learning-based capacity. Implementing pilot projects can provide valuable feedback on the effectiveness of the CVAP work to date, including CVA capacities, systems and processes (i.e. SOPs), through real time implementation and learning. The initial pilot also provides a chance to test whether the intended approach to CVA, including use of a specific modality and delivery mechanism and/or technology provider, can be delivered within a reasonable timeframe and within budget.

NS should continue to conduct CVA pilots throughout the whole CVAP process, increasing in size, speed and complexity each time, and rolling out across relevant branches as appropriate. After each pilot or any response using CVA, a [Lessons learned review](#) should take place to capture key learnings and identify needs for improvements, for instance to SOPs, tools or capacity building requirements.



LEARNING, REVIEWING AND IMPROVING

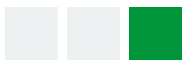


Conduct mid-term reviews / regular reviews of the CVAP progress

Area 5 of CVAP (Test, Learn and Improve) is dedicated to learning. CVA simulation and pilots will test the operational level of CVAP, including SOPs and tools, but there is also a need to measure the progress of the CVAP process itself, including the overall organizational CVA preparedness. This can be done through a [Mid-term review](#). The mid-term review both captures learning to date, but also informs decision making for the remainder of CVAP. Key components of the MTR are to capture updates to the CVA capacity self-assessment and CVA organisational levels, as well as CVA operational levels and to revisit and revise the PoA, in addition to the CVA vision statement, if required.

The suggested MTR methodology is designed based on a fully participatory workshop style and where available, partner NS or IFRC can be invited to support. The revised PoA will need to be presented to leadership for approval at the end of the workshop. Therefore, it can be helpful to plan the MTR well in advance and ensure all relevant stakeholders and participants, including leadership, are available. The [Internal CVA baseline for organizational preparedness](#) capacity completed at the end of the Planning workshop should be referred to at mid-term and updated accordingly.

Cash or Operational Indicators >





Final review

The last milestone is the [Final review workshop](#), which entails a reflective deep dive on the NS experience over the full CVAP journey, including successes, challenges and lessons learned. Similar to the mid-term review, the final review should be conducted through a fully participatory workshop and can be facilitated by the partner NS or IFRC, if required. The final review is also a core activity that must be prioritised and planned for in advance.

At this point, the CVA capacity self-assessment should be repeated one last time and combined with an updated set of CVA operational readiness levels, to provide a final NS CVA readiness level that has been achieved by the end of CVAP.



Maintaining CVAP

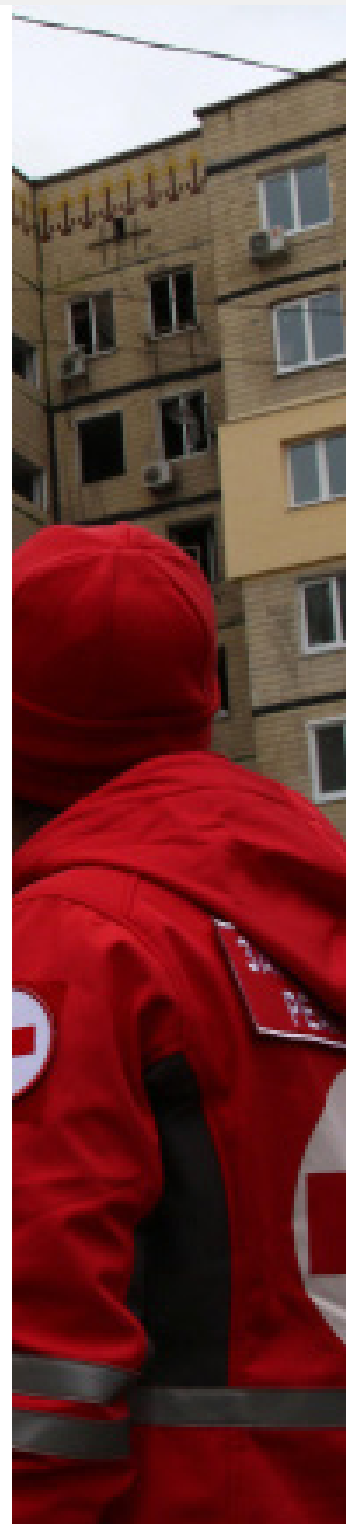
The CVAP journey does not stop after the final review. Maintaining and sustaining the CVAP investment within the NS will be an ongoing commitment, like it is for any other areas of NS organizational capacity. There will be a need for regular trainings due to staff turnover and to refresh knowledge. Changes in context may require the identification and contracting of new FSPs, etc. The CVA FP and the CVA TWG should therefore continue to be in place and monitor the need for adaptation and new investments.





Coordination and partnerships

Coordination and partnerships are a key component of CVAP necessary to ensure a coherent CVA response and that should be prioritised alongside other CVAP activities throughout. Internally, this will include both establishing and attending the NS CVA TWG and participating in the regional Community of Practice (COP) and externally with the country level Cash Working Group (CWG), as well as coordination with government and private sector actors. There may also be opportunities to participate in collaborative cash approaches with other agencies including UN, such as through common platforms, which are increasingly being used for social protection CVA. An overview of CVA coordination is provided in the [Guidance on CVA coordination during the preparedness phase](#).



Resources needed (HR and financial)

A dedicated NS CVA Focal Point (100%) supported by a CVA TWG will be crucial for the CVAP process to move forward and to be effective. Depending on experience level, and due to the large scope of the role, the NS CVA Focal Point may also need to be closely supported by Programmes or Operations. External facilitation and support from experienced Movement partners may be required, especially at the early stages of the CVAP process and until the NS has gained sufficient experience and expertise to carry on without support. Technical support will vary based on the need, but one option could include having a long-term delegate present in-country who could provide technical guidance for the entire CVAP period. The role would take up just a proportion (e.g. 30%) of the person's role and the position could have other roles in country (e.g. DM Delegate) at the same time or alternatively focussing only on CVAP but supporting 3 NS simultaneously. At a minimum, partner support should involve periodical monitoring visits and technical support to CVAP activities as required, such as for the CVA self-capacity assessment or conducting the mid-term review.

The budget for the full CVAP process will vary according to level of ambition of the NS and the price level in the specific context but should as a minimum include funding for the key steps defined in this roadmap, as well as the cost of a full time CVA FP and any external human resources needed to support the process. Estimated cost for activities per year will be 50,000 CHF and 80,000 CHF, excluding human resource costs and pilots.

Timeframe

The CVAP process normally takes 3-4 years, depending on the ambitions of the National Society and the efforts dedicated to the process. To reach a basic level of operational readiness for small-scale response with external support (as defined by the Minimum requirements for CVA readiness for in small-scale response) normally takes around 6 months.