



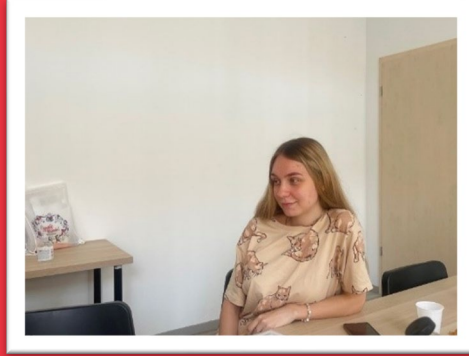
LESSONS LEARNED WORKSHOP REPORT

Cash and Voucher Assistance (CVA) and Community Engagement & Accountability (CEA) Programmes, in Response to Ukraine and Impacted Countries Crisis

The Hungarian Red Cross

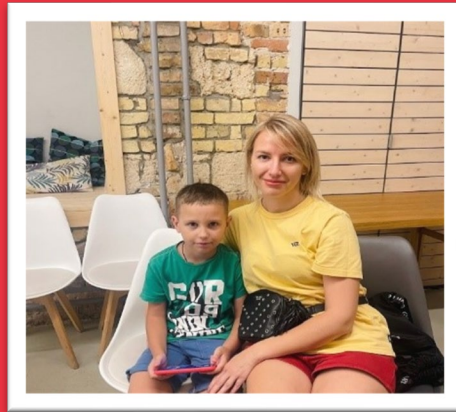
November 2023

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“I was able to buy medicine and save money for the birth of my baby.”

Masha and her husband are from Ukraine, and they are expecting their first child. Photo American RC.



“I was able to buy food, and clothing for the children, including sneakers.”

Maryna, a Ukrainian mother of two children. Photo American RC.

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OVERVIEW OF THE CASH AND VOUCHER ASSISTANCE (CVA) IN HUNGARY

The International Federation of Red Cross and Red Crescent Societies (IFRC) implemented a cash response strategy to support Ukrainian living in Hungary. This initiative aimed to assist those displaced by the international armed conflict in Ukraine. By leveraging cash and voucher assistance (CVA), IFRC provided aid to affected individuals to meet their basic needs. IFRC together with the Hungarian RC carried out humanitarian advocacy efforts to mainstream cash and voucher assistance in its response for people impacted by the crisis in Ukraine and living in Hungary. The advocacy was held by IFRC and HRC leadership, as well as the technical level. These efforts paved the way for a nationwide humanitarian cash assistance to meet the basic needs of people affected by the crisis and living in Hungary.

A Pilot: As a continuation of the preparations for the CVA program, the Hungarian Red Cross and the IFRC conducted a pilot program, involving up to 250 people in three counties in Hungary to collect evidence on core elements of the CVA program, such as the correct eligibility criteria for assisted families, as well as the amount and frequency of payments per family.

Advocacy: The analysis found that displaced people from Ukraine had spent most of the money on food, medical, and hygiene items. Smaller payments were linked to education, utilities, telephone, or other personal expenses. No participant mentioned that they had used their funds to pay for rent or debt. The results were presented to representatives of the Ministry of Foreign Affairs and Trade, Ministry of Innovation, and Aliens Policing in Hungary. Following high-level advocacy carried out by IFRC leadership, after the successful pilot CVA application in Hungary, the Hungarian Government approved the CVA program and Hungarian Red Cross was the main actor to implement a CVA program in the country. It was agreed that IFRC leads the implementation of the CVA in close collaboration with HRC.

Coordination: IFRC, supported the Hungarian Red Cross and worked together with other external partners to initiate a cash sub-working group under the established Basic Needs Working group, to share information and discuss CVA planning amongst multiple actors in country. Hungarian Red Cross contributed to needs and market assessments to identify the most critical needs of displaced people from Ukraine and persons of concern, as well as obtaining information on financial service providers coverage and available funding support by the government authorities.

Scale-up: In November 2022, a nationwide CVA program was launched via Self-registration App V. 1.0¹, that targeted 3,000 people with multi-purpose cash to meet their basic needs, led by IFRC in close coordination with HRC. Additional staff was recruited, systems were updated- for example, the RedRose registration application, and set up a Hungarian Red Cross helpline for people applying for cash assistance. In December 2022, the target for CVA was increased to 6,000 individuals, allowing for financial assistance in the winter season 2022-2023. An additional 250 people from the most vulnerable Hungarians were selected by the Hungarian Red Cross county branch in close collaboration with the municipality, and they were provided with multi-purpose cash too. By the end of February 2023, Red Cross had supported **6,364 people** with CVA. During the scale-up of the response the CVA was mainstreamed for accountability.

Adaptation: In April 2023, and through evidence provided through the PDMs the eligibility criteria was reviewed and adapted to minimize the exclusion error- 335 people were included due to their vulnerability. Thanks to feedback received from the affected communities many CVA features were enhanced. The total number of people provided cash reached **6,699 people**.

¹ The IFRC developed V. 1.0 of a self-registration application and rolled it up in several countries neighboring to Ukraine in coordination with host National Societies.



Innovation and Quality: The launch of the Access RC App (V. 2.0)² in Hungary was in June 2023, where 2,910 applications were made. 1,328 Households were able to collect their cash assistance, 87% of assisted households had women focal points. By August 2023, the total number of people assisted with cash reached **10,893 people**.

Transition and Sectorial CVA: By August 2023, IFRC and HRC started to work together to gradually transition the lead role from IFRC to HRC CVA coordinator and provide capacity building through learning by doing exercises. The IFRC CVA and CEA delegates handed over their responsibilities to the CVA coordinator and the CEA focal point within the HRC in Sept. 2023 and Dec. 2023. The main aim of this transition is to move the **ownership** of all potential CVA future activities to the HRC, provide technical support, and to continue to build the National Society capacity within their own vision and strategy. Meanwhile, both organizations decided to initiate a Cash for Protection project aiming to meet the basic needs of over 3000 individuals with specific vulnerabilities and to promote protection outcomes. The IFRC kept the management of the CVA project while the HRC enhanced their ability to support on site and remotely through the helpdesk too.

As an integral aspect of IFRC's ongoing learning strategy, IFRC together with the Hungarian Red Cross initiated a lessons-learned workshop involving operational and technical teams. The workshop's objective was a thorough examination of experiences in cash and CEA implementations, pinpointing successes, challenges and mitigations, and the future of CVA programming in Hungary. This endeavour prioritized extracting practical insights to elevate forthcoming operations transitioned to HRC and strengthen collaboration between both HRC and IFRC.

METHODOLOGY AND GUIDING QUESTIONS

The lesson learned workshop³ occurred at the IFRC Regional Office for Europe in November 2023, and involved both operational and technical teams from IFRC and HRC⁴. Moreover, a thorough literature review was undertaken, resulting in concise presentations⁵ outlining Cash and CEA approaches, successes, and evolving strategies. Following this, two separate teams from operational and technical team in IFRC and HRC engaged into technical discussions and inputs regarding the overall CVA implementation journey in Hungary since the Emergency Appeal response. These discussion sessions delved deeper into the encountered challenges, proposed solutions, and recommended actions for future programming. The methodology involved different approaches to improve future initiatives by incorporating practical experiences and feedback.

- Power Point presentations from Hungarian Red Cross.
- Focus Group Discussion with beneficiaries.
- Working groups with participants of the workshop.

The main questions during the lessons learned Workshop were as follows:

1. Can you briefly explain what your role during the cash implementations was?
2. What worked well/ What were the successes, achievements?
 - a. CVA targeting, program details and structure.
 - b. CEA, communication with people, answering their questions.
 - c. Capacity building to NS, could you reach enough technical information,

² The IFRC regional CVA team developed a new innovative version of the self-registration app V. 2.0 "Access RC". Hungary was the second country to use the new version of this application after Lithuania.

³ [HRC and IFRC LLW Term of Reference \(ToR\) and agenda.](#)

⁴ [List of participants.](#)

⁵ [LLW presentation, November 2023.](#)

- d. Engagement with NS/Branches,
- e. Roles and responsibilities for both HRC and IFRC/ **coordination**
3. What were the challenges? How have we overcome these challenges?
 - a. CVA targeting, program details and structure.
 - b. CEA, communication with people, answering their questions.
 - c. Capacity building to NS, could you reach enough technical information,
 - d. Engagement with NS/Branches,
 - e. Roles and responsibilities for both HRC and IFRC
4. What needs to be improved and how? What are your recommendations?
5. Recommended Actions for future.

ACHIEVEMENTS AND SUCCESSES



CASH AND VOUCHER ASSISTANCE (CVA)

- IFRC took the lead role on CVA implementation in Hungary, while HRC's buy-in and continuous engagement from HRC team was critical for the success. (Mainly during the transition period)
- Program targets reached within the planned period by disseminating information and closely following up the registrations through Access RC app.
- Coordination with HRC HQ and branch was ensured through CVA coordinator and CEA sensitization activities. HRC staff (including HQ staff) were sensitized on CVA and CEA concepts, approaches, activities, and implementation, both through online sessions and in-person field visits, aligned with project timelines.
- Continuous collaboration between IFRC and HRC teams during program design, implementation, adaptations and context tailored approaches.
- The adoption of self-registration applications for beneficiary enrollment began with Self-registration app. version 1.0 and later transitioned to Access RC V. 2.0. This shift facilitated increased automation, and higher quality in delivery. The supportive role of the regional CVA team was critical to the success of CVA implementation.
- Development of concept notes and project plans tailored to different donors' requirements, such as American RC, Australian RC and Irish RC. All concept notes were closely collaborated with HRC and approved by HRC leadership.
- Weekly CVA coordination updates held involving regional CVA teams and the HRC team, ensuring ongoing communication and alignment ensuring alignment with HRC priorities.
- Total outreach to 13,946 individuals with multi-purpose cash support⁶, including the sectorial cash for protection (C4P)⁷.

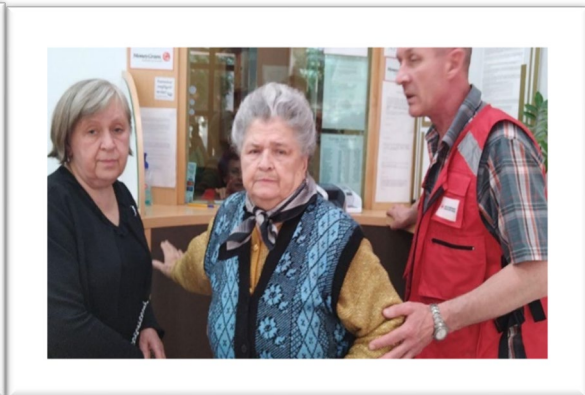
⁶ [Mapping Multi-purpose cash support through the Am RC funding.](#)

⁷ [Mapping Cash for Protection support through the Australian RC funding.](#)

- The recruitment of the CVA coordinator, Helpdesk operators and team leaders was one of the main pillars for success. Providing capacity building support for HRC teams (CVA, CEA, helpdesk focal points) through learning by doing approach.
- Conducting 5 Post-Distribution Monitoring (PDM) \with mixed methodology including quantitative and qualitative data collection. And through qualitative data collection 10 FGDs with 92 individuals in attendance overall.



CVA sensitization session in Debrecen County.



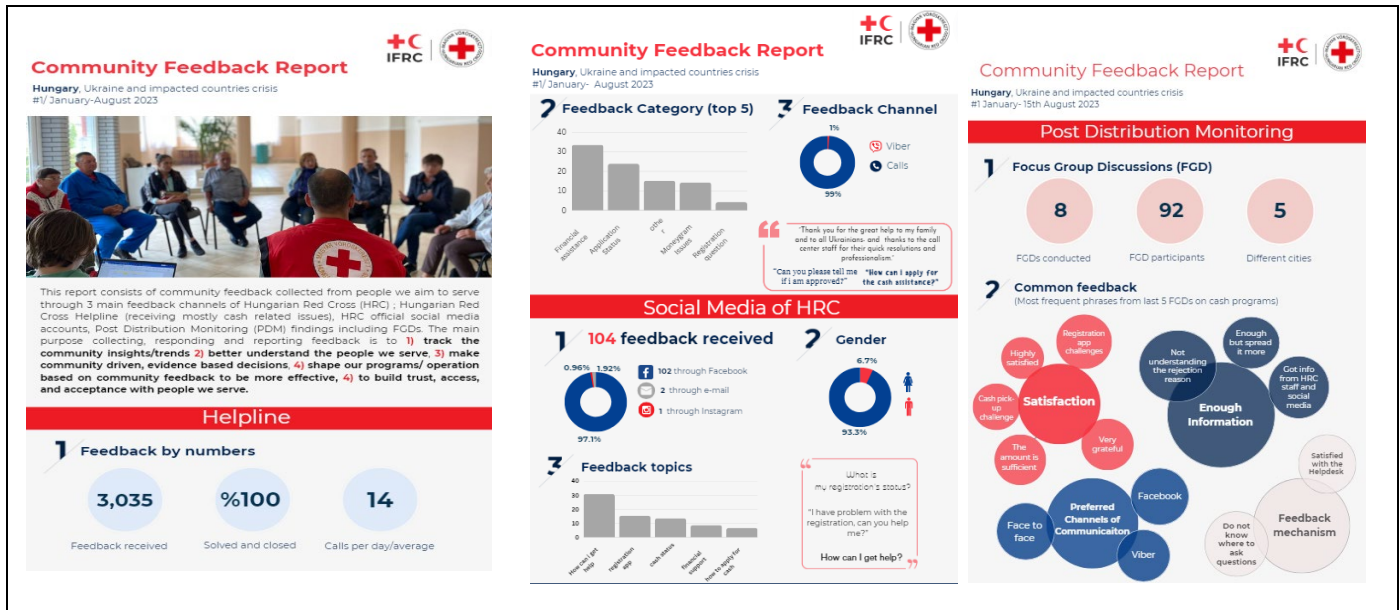
Roman Slobogyan – HRC assisting elderly woman to access her money from local MoneyGram office.



COMMUNITY ENGAGEMENT AND ACCOUNTABILITY (CEA) IN CVA

- **Community Participation:** Engaged Ukraine crisis-affected communities in Focus Group Discussions to gather their input on the financial program's criteria, shaping current and future programming based on their ideas and suggestions. Ensuring flexibility to make necessary changes to what worked well and what did not work well, especially with the targeting criteria.
- **Communication Channels:** Utilized various information dissemination channels as leaflets, websites, text messages, and notifications to disseminate information about the financial program in Hungary. Shared details about the cash program with other organizations and community social media groups, offering a website link for more information.
- **Feedback Mechanisms:** Successful initiative and management of nationwide HRC Helpdesk to ensure two-way communication with communities and being accountable creating a platform to answers CVA related questions. Three operators fluent in Hungarian, Ukrainian, and Russian, received 3383 feedback submissions as of November 14, 2023, and offered Viber as an additional communication platform.

- **Face-to-Face Engagement:** Offered face-to-face feedback reception at HRC branches, providing guidance through FAQs, websites, and brochures to facilitate the process.



CHALLENGES FACED DURING INTERVENTION'S IMPLEMENTATION

- 1- Challenge:** Digital illiteracy, availability of smartphones or other necessary tools such as internet access: Especially for elderly and people with low digital literacy faced challenges registering.

Mitigation:
IFRC and HRC teams collaborated and coordinated closely to minimize potential exclusions. HRC held outreach activities for such cases and provided in-person support helping them to access. The helpdesk team worked continuously to address any access issue for these cases and prioritized their referrals to operations team at HRC HQ and branches of the NS. The regional CVA delegate and CVAIM delegate provided consultation and direct support for specific cases.
- 2- Challenge:** Creating Beneficiaries Lists and Documentation manually: In pilot project for Hungarian manual registration was used (not automation) for the affected people which caused issues with cash transfer systematising from inadequate documentation and errors in name translations.

Mitigation:
It is not possible to deliver cash at scale with manual working sheets. Further, it is open to human errors and fraud related issues. Therefore, IFRC decided to continue with automation and self-registration approaches to maintain accountability and transparency.
- 3- Challenge:** Limited HRC HR capacities, conflicting priorities, and staff being overloaded.

Mitigation: Encouraging an increased level of HRC ownership for CVA implementation according to the needs beyond the Emergency appeal and addressing potential demand from HRC Disaster Management, Migration, Healthcare and Social Care departments, if any. Job descriptions, dedication and commitment factors are critical to set goals as defined by the NS leadership and senior management.
- 4- Challenge:** Reputational risk during the implementation of CVA:



Mitigation: Ensuring accountability and implementing PGI and CEA while implementing CVA are crucial. So is automation of CVA systems. These approaches should be embraced fully.

5- Challenge: Contracting global Financial Service Providers (FSP) paved the way to deliver cash at scale and timely to the refugees in Hungary. However, the context in Hungary is not limited to the Ukraine crisis. In addition, people like the elderly, people with less digital illiteracy, and people lacking technological means to access could face challenges.

Mitigation: HRC is advised to contract local FSPs to be better able to address the different needs with different people in Hungary. Simply, the local FSP could have a better solution tailored for a local context compared to a global FSP.

6- Challenge: Delayed reporting and piloting on national scale.

Mitigation: The IFRC took into consideration better reporting in general and piloting on a limited scope. However, the tools available within the NS do not allow for CVA response at scale or real-time reporting. The NS could consider the options for sustained solutions.

RECOMMENDED ACTIONS FOR FUTURE PROGRAMING

The IFRC will continue to prioritize support to National Societies in their cash preparedness approaches to ensure strengthened accountability and scale⁸. In line with the HRC's vision and commitment to future CVA programming, IFRC will continue to provide technical support in specific areas of programming to ensure the needs of at-risk people can be met via CVA. The goal is to help the National Society to enhance the effectiveness so trust, accountability, and ability to carry out programs for at-risk communities in enhanced.

- This Lessons Learned report serves as **evidence** to help decision makers to take informed decisions in future CVA programming.
- It is advised that the CVA coordinator takes the initiative for a **consultative** approach to assess the needs and the feasibility of mainstreaming CVA with other departments for the sake of an informed decision making in HRC.
- It is advised that the CVA coordinator takes the lead on initiating **strategic** CVA paper or a **position** paper following the decision of the HRC leadership.
- It is recommended to accelerate the HRC internal process for the procurement of a **local FSP** for HRC with technical support from the IFRC regional office. This could enable the NS to have the funds transferred through their own structure. ⁹
- The HRC **ownership** for NS determined CVA actions is needed at all layers, including assessments, fundraising, design, implementation, coordination, and monitoring. IFRC is phasing out of the lead role and transitioning to a fully technical support role. ¹⁰
- CVA implementation should always be done in full **internal coordination** with the HRC CEA, IM, PGI, Finance and relevant department focal points.

⁸ [Transformation 1: Supporting and developing National Societies as strong and effective local actors. Strategy 2030.](#)

⁹ At some cases the Donors put a condition that IFRC takes full responsibility of CVA to the people through the existing systems. In this case, a mutual agreement between HRC and IFRC was in place to implement the project.

¹⁰ In some cases, the Donors put a condition that IFRC takes full responsibility of CVA to the people through the existing systems. In this case, a mutual agreement between HRC and IFRC should be reached to implement the project.

- The **HRC helpdesk** was crucial for the success of the CVA implementation. It is recommended that this capacity is leveraged to serve the NS beyond CVA. (The helpdesk was already used for UNICEF contract through one of the branches and it is planned to be utilized by EU4HEALTH too). However, the institutionalization and the centralization of the helpdesk could be an added value for future quality response beyond CVA only.
- HRC to maintain its lead role **coordinating** the CVA in Hungary at all levels and times. The coordination within the Refugee Coordination Forum and the Hungarian government is a great example for that.
- **CVA Preparedness:** focus on operational enhancements and capacity building within HRC, including mainstreaming CVA within the NS, exploring methods beyond cash for more inclusive support, emphasizing HRC's preparedness and leadership, and strengthening the technical expertise of HRC with IFRC's support while reducing IFRC's involvement in operations.



HRC CVA Coordinator and IFRC CEA Delegate presenting in LLW - IFRC Europe regional office, Budapest, Hungary. (Nov. 2023)