

Assess and Assist; learning from Ukraine

A Cash for Protection approach
for people-centred
humanitarian response

June 2023



Author:

Matthew Tebbutt

Cover: Serhil utilised the assistance to help gain legal access to a property as well as funds to restor it, after being displaced with his family.

Acknowledgements:

Thanks to Simone Di Vicenz, Iryna Dobrohorska, Kris Flegg, Lizz Harrison, Karen McDonnell, Judy Pang, and Olga Sheredko.

Contents

List of acronyms	3
Glossary of terms	4
Executive summary	5
Introduction	7
The origins of Assess and Assist in Ukraine	7
What is Assess and Assist?	8
Opportunities for complementarity between sectors	10
Topping up basic needs via the protection sector	10
The role of referral and sectoral complementarity	12
A gateway to cash programming for local and national actors	15
Conclusions and recommendations	16
Endnotes	18

List of acronyms

A&A	Assess and Assist
APH	Alliance for Public Health
C4P	Cash for Protection
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
HIA	Hungarian Interchurch Aid
IDP	Internally displaced person
L/NA	Local and national actors
MPCA	Multipurpose Cash Assistance
PSS	Psychosocial Support
UHA	Ukrainian Hryvnia (currency)

Glossary of terms

Assess & Assist	A form of Cash for Protection, Assess and Assist follows a 'listen and link' approach by rapidly assessing the needs of people seeking additional assistance – by caseworkers trained in Psychological First Aid – and then providing cash to meet priority needs unmet by MPCA, and/or referring people onto services which can provide further support.
Case worker	In this paper, this term refers to staff trained in Psychological First Aid that spend time talking to, and referring on, people requesting additional assistance. And handle “referrals” (see referrals). The term ‘caseworker’ distinguishes between these staff and other project staff who <i>implement</i> CVA and/or MPCA activities. To note, the term is also used in protection programming more formally to refer to those with more formal qualifications.
Cash for Protection (C4P)	Understood to be CVA which is targeted at a specific protection risk. This paper will argue for a broad interpretation of ‘protection’ which includes wellbeing and dignity.
Multipurpose cash assistance (MPCA)	“Multipurpose Cash Assistance (MPC or MPCA) comprises transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household’s basic and/or recovery needs that can be monetized and purchased. Cash transfers are “multipurpose” if explicitly designed to address multiple needs, with the transfer value calculated accordingly. The extent to which a cash transfer enables basic needs to be met depends on the sufficiency of the transfer value and should be considered when terms are applied to specific interventions. MPC transfer values are often indexed to expenditure gaps based on a Minimum Expenditure Basket (MEB), or another monetized calculation of the amount required to cover basic needs.” ¹
Protection needs assessment	<p>A detailed qualitative needs assessment of a persons overall emotional and substantive needs. This assessment is what caseworkers use to make their initial assessment of what additional assistance is required. It is not structured around formal protection sector areas of responsibility but based on dignity, wellbeing and ‘specific urgent needs’.</p> <p>As will be discussed A&A in many ways straddles the current divide between protection mainstreaming and programming. The use of counselling and referral, and basic needs top ups and cash for protection specific aspects (e.g. GBV) highlight this.</p>
Referral	A major component of Assess and Assist (A&A) is listening to people requesting additional assistance while providing psychosocial support (PSS) to enable linking – ‘referral’ – to relevant services which can provide more support; ‘listen and link’. In some cases the ‘listen and link’ process may be a formal referral process from agency to agency, and in others it might be signposting those seeking assistance to other relevant services (sometimes this is called ‘counselling’ within the protection sector). ²

Executive summary

After Russia's full-scale invasion of Ukraine in 2022, Christian Aid worked with partner organisations on an approach to Cash for Protection (C4P) called Assess and Assist (A&A). The premise of this approach is to conduct a rapid light-touch assessment of the protection needs of individuals seeking additional assistance, provide cash support for urgent unmet protection needs, and/or facilitate appropriate referrals to other agencies or authorities that can provide additional support. The effectiveness of the A&A approach, as well as its people-centred nature and ease of adoption by local and national actors (L/NA) and international agencies alike, is outlined in this paper. Also highlighted in this paper are the on-going challenges of cash coordination and L/NA engagement within the current humanitarian architecture.

The origins of Assess and Assist

During Christian Aid's initial assessment and scoping in Ukraine three challenges with the harmonised approach to Multipurpose Cash Assistance (MPCA) became apparent. The transfer value was too low for many IDPs, the targeting criteria while blanket were too focused on IDPs, and service provision in rural areas had a lot of gaps. As such a flexible approach to Cash for Protection was developed to allow teams to cater to these needs, both alongside MPCA interventions or as standalone responses.

What is Assess and Assist?

A&A is a form of C4P which follows a 'listen and link' approach by rapidly assessing the priority protection needs of people seeking additional assistance – by caseworkers trained in Psychosocial First Aid – and providing cash to meet identified needs unmet by MPCA and/or referring people onto services which can provide further support. Key characteristics of the approach were:

- Flexible grant sizes. Most were between \$200-\$300, but some were larger into the thousands of dollars.
- Responsiveness to needs. A&A was used to top up basic needs, provide basic needs support to those not qualifying for MPCA, as well as a whole host of other identified needs, health costs, access to services, access to shelter, and many more.
- Intuitiveness and adaptability: While Christian Aid proactively developed the methodology with some partners, others proposed a largely similar approach on their own. Also over time the use of A&A became more bespoke to protection and less MPCA gap filling, because as the situation evolved so did the approach.

Opportunities of complementarity between sectors

The development of A&A highlights some tensions that remain with the cash coordination within the humanitarian architecture. However, the application of the approach does provide opportunities for navigating these on a short-term basis. Three areas are explored in this regard:

- Topping up basic needs via the protection sector. It is harder to separate specific protection risks, from basic needs, in practice than it is in theory. A&A was used to top up MPCA recipients' funds when this was deemed necessary. Although each case was bespoke to the need and not via a harmonised top up. In addition, basic needs assistance was offered to people judged to be in need but excluded from the MPCA targeting criteria. Although, it is noted that this process reduced over time, the flexibility and trust afforded to teams by A&A allowed them to adapt, as the response matured. More MPCA top ups were conducted earlier on, but later the work became more traditionally protection focused.
- The role of referral and sectoral complementarity: Cash was used to cover issues raised in several sectors, such as health, shelter, and even early recovery. A&A takes the protection sectors emphasis on dignity and well-being to directly assist people with cash. Rather than see this as uncoordinated though, the referral nature of A&A, and its 'listen and link' origins helped it build coordination over time as the response also did.
- A gateway to cash programming for local and national actors: Several L/NA's were hesitant of "cash" because they saw it as synonymous with MPCA. A&A's flexibility was appealing to them and helped some switch from in-kind distributions. One actor even started their own process of A&A intuitively.

Recommendations

The most important recommendation of this paper is to advocate for continued humanitarian sector reform especially driven by the needs of CVA and localisation. The challenges with cash coordination are well documented, and despite the creation of the new Cash Coordination model, structural tensions persist and L/NAs remain largely excluded. The wider use of area-based approaches, the survivor and community led response (sclr) approach³, and the Flagship Initiative⁴ should all be pursued. Recommendations more specific to Assess and Assist include:

- The CWG should look at how it can encourage 'why not cash?' responses by local and national actors (L/NA), even if this means reducing some coordination elements. Having more L/NAs engaged in CVA, as opposed to in-kind distributions, should take an equal priority to linking MPCA with Social Protection systems.
- As Assess and Assist can complement other locally-led approaches - such as sclr - and global sector commitments - such as localisation - because of its people-centred and intuitive nature, it should be promoted by INGOs keen to link the concepts of cash and localisation.
- As Assess and Assist approaches can be used to complement MPCA projects or as stand-alone cash programming, and because of its flexible and people-centred nature, it can be a useful gateway to cash programming for L/NAs and should be promoted as such.
- C4P and MPCA are not as easy to disentangle in practice as they are in theory, especially in the early days of humanitarian responses, or in rural and remote areas with fewer service providers. The Protection Sector should expand its interpretation of its mandate of dignity and well-being to highlight the value of utilising cash programming to complement gaps in meeting the basic needs of vulnerable people. A&A meets these needs and ensures a people-centred approach.

Introduction

After Russia's full-scale invasion of Ukraine in 2022, Christian Aid worked with partner organisations on an approach to Cash for Protection (C4P) called Assess and Assist (A&A). The premise of this approach is to conduct a rapid light-touch assessment of the protection needs of individuals seeking additional assistance, provide cash support for urgent unmet protection needs, and/or facilitate appropriate referrals to other agencies or authorities that can provide additional support. The effectiveness of the A&A approach, as well as its people-centred nature and ease of adoption by local and national actors (L/NA) and international agencies alike, is outlined in this paper. Also highlighted in this paper are the on-going challenges of cash coordination and L/NA engagement within the current humanitarian architecture.

Following a summary of the A&A approach, three key areas are explored:

- 1) how Multipurpose Cash Assistance (MPCA) and Cash for Protection (C4P) cannot be as distinct in practice as they are in theory;
- 2) the conflict between being people-centred and sector-focused; and
- 3) how the humanitarian architecture can create barriers to entry for L/NAs.

To date, reporting on Assess and Assist activities has felt like placing a square peg in a round hole. This paper makes the case for changing the shape of the hole - by accepting a broader interpretation of protection - rather than trying to convince ourselves the peg is round.

The origins of Assess and Assist in Ukraine

Following Russia's full-scale invasion of Ukraine, and the subsequent international humanitarian response scale-up, the Cash Working Group (CWG) in Ukraine clarified the harmonised transfer value for MPCA^a, based on an income gap analysis.⁵ The targeting criteria^b - were set based primarily around blanket coverage of internally displaced persons (IDPs)⁶, or those living very close to active conflict zones.⁷

^a A harmonised transfer value is the agreed amount of money recipients will receive, to meet their basic needs.

^b the criteria outlining who was entitled to cash assistance.

“Some people just want to talk about what has happened to them. They need the money, but they also want to have emotional support”

Khryстина Kryshstal, an HIA call centre worker.

As part of an initial assessment and scoping exercise conducted by Christian Aid's team, three challenges with this structure of cash assistance became apparent:

- 1) **The transfer value was too low.** IDPs had lost assets as well as access to an income, so an income gap calculation was no longer relevant to them.⁸ In addition, the amount had not taken into account the different needs of persons with disability.⁹
- 2) **The targeting criteria focused only on IDPs.** This failed to recognise the impact of hosting IDPs, and/or loss of support networks and income, for vulnerable people in host communities.¹⁰
- 3) **Cash assistance implemented by international agencies had significant coverage gaps in rural and remote areas.**

Recognising these three gaps, the Assess and Assist (A&A) methodology -as a form of Cash for Protection - to complement MPCA approaches was developed. Interestingly, as outlined later, some L/NAs spontaneously created similar approaches themselves.

What is Assess and Assist?

A form of Cash for Protection (C4P), Assess and Assist (A&A) follows a 'listen and link' approach by rapidly assessing the priority protection needs of people seeking additional assistance – by caseworkers trained in Psychosocial First Aid – and providing cash to meet identified needs unmet by MPCA and/or referring people onto services which can provide further support.

There are two intake mechanisms for A&A. The first is that the caseworkers accompany people in the physical registration process for MPCA (or other activities). During the registration, they identify individuals who may need additional or tailored support, including additional cash. The caseworkers conduct a protection needs assessment and arrange for a cash transfer, as well as start a referral process, if required.

The second intake mechanism for A&A is via feedback mechanisms (e.g. through Christian Aid partner call centres, face-to-face interactions with partner staff, and through Complaint Feedback and Response Mechanism (CFRM) Telegram channels of Christian Aid and partners). In response, staff answer queries from displaced or vulnerable people about services linked to the humanitarian response. Should a call centre staff member, or those receiving feedback in person, identify

potential protection risks, they pass the case to an A&A caseworker to conduct a protection risk assessment.

Examples of Christian Aid's partner Hungarian Interchurch Aid's (HIA) use of A&A include:

- Dmytro^c and his wife did not qualify for MPCA, despite being vulnerable. However, with the help of A&A, cash and legal advice were provided which enabled them to repair a derelict rented house, where they have now built a new life. [\(9 minute video here\)](#)
- Iryna's 11-year-old son had a stroke after seeing his father killed. Despite refusing a formal psychological referral, Iryna received psychological first aid from one of HIA's caseworker and regular follow ups from the A&A team, as well as cash to help her son access and attend a rehabilitation centre.
- Kateryna was suffering abuse from her husband. HIA's A&A team referred her to local psychosocial support which she accepted and provided cash which allowed her to move into another house in her village; taking her away from her abusive husband. Follow up with Kateryna is ongoing.¹¹

In the first 12 months of the A&A approach, nearly \$1m cash was disbursed to support unmet protection needs. This was covered by funds allocated by the Disasters Emergency Committee (DEC) to Christian Aid, working in partnership with HIA. With an average grant size of \$200- 300, covering a wide range of needs from buying hearing aids and stoves, to transport costs and prescription charges for urgent medical needs, 4,891 cases were handled.

One of the key lessons from using this approach was that the extended process of discussion with people in need of additional support was therapeutic in and of itself. According to Khrystina Kryshtal, one of the HIA call centre workers, *"Some people just want to talk about what has happened to them. They need the money, but they also want to have emotional support"*. All of the HIA caseworkers are trained in psychological first aid, and some members of the team have higher level psychological qualifications. However, they will refer cases to trained psychologists, as well as other external services as needed.¹²

A&A can be used to complement MPCA programming and add a level of programme quality. It allows humanitarian response teams to provide additional support to those requiring it or provide support to vulnerable people missed by the harmonised

^c Names have been changed to protect the identity of the recipients.

targeting criteria. The A&A approach also allows flexibility. Other Christian Aid partners, Blythswood and Alliance for Public Health (APH), use the approach to provide support to people who were not identified for assistance but requested it directly, rather than turning people away or only referring them on to other agencies and services. This enables these organisations to be seen as relevant and effective in the eyes of those needing support in the locations they work.

For more information on the Standard Operating Procedures or details of the A&A approach please contact Matthew Tebbutt (mtebbutt@christian-aid.org) at Christian Aid.

Opportunities for complementarity between sectors

The issue of how to coordinate different CVA modalities across a sector based humanitarian system has been a long standing challenge. Despite much progress in recent years, the structural challenge of having a CVA modalities in a sector based humanitarian system persist. The A&A approach both reemphasises these challenges but also provides some practical solutions to address them, especially on a temporary basis. Three areas related to this will be explored in the remainder of this paper:

- 1) The impact of topping up basic needs via the protection sector;
- 2) How a people-centred approach leads to inevitable sector overlap and discussions of quality standards; and
- 3) How A&A can be a gateway to cash programming for L/NAs.

Topping up basic needs via the protection sector

In theory, there is a very clear distinction between multipurpose cash assistance (MPCA) - which aims to support people's basic needs, targeting people based on socio-economic vulnerability - and Cash for Protection (C4P) - which targets specific protection risks for people.¹³ Yet, in practice things are a little more blurred. Firstly, people with different vulnerabilities have different basic needs requirements. For example, persons with disabilities may have additional or different basic needs than able-bodied people, which might have associated costs. This might include adaptive devices, higher healthcare and transportation costs, communication technologies and other support necessary for meeting basic needs. In the absence of a humanitarian sector-

wide harmonised sectoral top-up, the flexibility afforded by Assess and Assist (A&A) allows for these basic needs to be met with a tailored approach.¹⁴ In the first year of Christian Aid partner HIA's humanitarian response in Ukraine, the top three categories of assistance through A&A were:

- MPCA top-up due to additional needs (56%),
- Meeting basic needs of vulnerable people not eligible for MPCA (22%), and
- Other unmet needs such as hospital costs, referral costs, improving living conditions, and transport costs (22%).¹⁵

As such, A&A was both a C4P approach, and a protection mainstreaming/integration element to MPCA programming. The approach enabled referrals to be made and offered psychosocial support (PSS), while also providing top-ups for those already eligible for MPCA to meet unmet basic needs, and providing cash assistance to vulnerable people that did not meet harmonised target criteria for MPCA.

While humanitarian responses aim to evolve to meet changing needs and contexts, learning from using A&A highlighted that the phase of the response made a difference. As mentioned earlier, many agree that the harmonised transfer value in Ukraine was not sufficient for people who had lost assets and income. The A&A approach's inherent flexibility allowed an evolution over time.

"In the first phase of the response we [caseworkers] were registering 10-15 people each per distribution, but now it is more like 2-3, as we are really narrowing in on specific vulnerabilities more", said Viktoria Derevianko who works as a caseworker for HIA.¹⁶

There are several reasons for this evolution. Communities in Ukraine became more rooted, and IDPs started rebuilding their lives and gaining employment, thus either no longer needing MPCA, or the income gap analysis calculation is now appropriate for them. Christian Aid partners' A&A teams have likewise established clearer areas of operations, with more extensive referral maps to offer people a greater range of services and support. The result of these processes is that the need for MPCA gap-filling has reduced since the early months of the response. However, many vulnerable people still have a whole host of specific needs which are more closely tied to protection programming than cash programming. One strength of the A&A approach is that it is inherently adaptive and can therefore be used to meet shifts in context and needs. For example, if there was another wave of internal displacement in Ukraine, A&A

"In the first phase of the response we [caseworkers] were registering 10-15 people each per distribution, but now it is more like 2-3, as we are really narrowing in on specific vulnerabilities more"

Viktoria Derevianko, HIA caseworker

could be used to fill gap in basic needs assistance, if the outcome was the increased well-being and dignity, of the recipient.

Therefore, the concept of A&A is a small-scale form of shock-responsive social protection. It can increase the quality - one-to-one contact, PSS, referrals- of an often-impersonal service.¹⁷ Likewise, it can help MPCA expand vertically (giving certain people more money) and horizontally (including vulnerable people who don't meet the current criteria) to meet needs in a people-centred way. The A&A approach shifts power to teams at the frontline of the humanitarian response to make decisions based on up to date needs, and link with other appropriate local services, which may be less visible to international actors establishing presence in area.

Overall, the line between specific protection risks and basic needs might not be as distinct as the cluster system requires. Also, this relationship is ever changing based on context. A&A can provide the flexibility in the short term and the rigor in the long term to help both MPCA and Protection actors meet the needs of people.

The role of referral and sectoral complementarity

The previous section outlined how A&A complements MPCA and that distinctions between C4P and MPCA are not as marked in practice as they are in theory. This section outlines how A&A complements other humanitarian sectors as well. Some tensions exist here where A&A might be seen as overlapping or duplicating the work of other sectors, but this is based more on A&A being an holistic cross-sector people-centred approach attempting to fit into a sectoral international humanitarian structure. The cash component of A&A aims to assist vulnerable people to meet specific urgent unmet needs during a referral process. However, some of these needs might arguably fit under another sector of work. Two main examples jump out based on a year of programming: shelter and health.

Shelter In some cases, IDPs were referred for legal support to help them obtain land or homes; some homes were in dire need of repair. A number of larger A&A grants (between \$1,000-\$2,000) were given to IDPs to allow them to undertake home repair work themselves. This is in line with the Ukraine C4P guidance note.¹⁸ Two potential challenges arise from this: reporting and quality control. The Shelter Cluster guidance note on 'medium and light repairs'¹⁹ indicates that these should be

reported under the Shelter Cluster 5Ws.^d However, it would be extremely time-consuming for NGOs to report the details of their activities like this and the impact, in multiple different forms gathered by multiple different clusters with different reporting schedules. This is particularly relevant given 'light and medium' shelter repairs constituted only a small percentage of A&A cases.

The time-consuming burden of reporting and coordinating within the Cluster approach^e disproportionately burdens local and national actors (L/NA) in Ukraine who commonly have fewer staff than larger international agencies, including those with no previous experience of international humanitarian response architecture. In addition, seeking a referral from within the Shelter Cluster mechanism would inevitably delay the provision of support for vulnerable people directly requesting assistance, and somewhat undermine the relevance of the L/NA identifying these needs through A&A.

A&A is a people-centred approach meeting vulnerable people's needs with cash (and referral) solutions without restrictions of sector. Clearly, a degree of trust is needed by agencies allocating funds for A&A that it will be used appropriately, supporting those with the most urgent unmet needs. While Christian Aid's experience has shown that A&A caseworkers might not have expert knowledge on all clusters and sectors in the international humanitarian response architecture, they can work with recipients to find appropriate services and make decisions on what should and should not be funded by the A&A approach. Trust in local knowledge and solutions, and an acceptance of shifting decision-making power to L/NA partners is key.

Health According to HIA's Assess and Assist database, one of the more pressing needs cited by IDPs throughout the first 12 months of the response in Ukraine was health. The requests for assistance fell into three broad categories:

1. Additional support for people receiving medical treatment (e.g. access to services, transport costs, or covering basic needs)
2. Payment of prescriptions
3. Payment of fees for health services.

There are several well-known risks with this type of work, which make 'cash for health' a technical specialty.²⁰ However, to ensure

^d 5W = a cluster coordination process to gather information on Who's doing What, Where, When and for Whom.

^e For more information on the Cluster approach, see here:

<https://www.humanitarianresponse.info/en/coordination/clusters/what-cluster-approach>

a fast and responsive approach a more lenient approach was taken for A&A in this regard; especially for those undergoing medical treatment and for prescriptions. As people are assessed through A&A on an individual basis, documentation is examined for each case before assistance is provided. One benefit of L/NA partners leading A&A is that they have contextual knowledge of the Ukrainian health system, especially costs, processes and functionality of day-to-day services like regular prescriptions. As a result, the risk of causing harm through this approach was minimised to a level very similar to the provision of a MPCA grant.

The shelter and health sectors have been discussed here but A&A also complements other sectors of humanitarian response. For example, some A&A grants allowed people to attend trainings or courses which enabled them to gain employment and move out of a challenging living situation. The line between referring cases so they may be supported by greater technical expertise, and utilising cash to provide a rapid solution to an unmet urgent need, is often a judgement call made by A&A caseworkers on a case-by-case basis. This judgement was determined, by what other services and organisations were active in the area; caseworkers coordinated regularly with multiple NGOs and service providers.

Once again, the phase of the response is key, a lot of contextual technical guidance only started being published six months or so into the response, and some clusters restrict guidance tools for formal members only. In lieu of this, A&A fills the gaps where teams see them arising, but as the response matures and guidance increases A&A can once again return to a more niche protection approach. In this way A&A is a flexible tool for humanitarian actors familiar with the humanitarian architecture and relying on the Cluster approach and tools, but also intuitive for L/NAs – including those new to humanitarian programming - to follow. The A&A approach can adapt as the humanitarian response evolves.

While cash coordination has come a long way in recent years most of the progress has focused on a harmonised MPCA approach. Using a multi-sector tool – such as A&A - within and between sectors, still presents challenges. Many of these challenges are more to do with reporting and less to do with response-level coordination. A&A focuses on referral and thus inherently coordinates with other actors. The ever-increasing referral map/database could also be a useful sector-wide tool.

“We bought batteries for my son's hearing device and also there was enough to buy food.”

A single mother who received A&A from HIA²⁴

A gateway to cash programming for local and national actors

The harmonised MPCA process coordinated by the Cash Working Group (CWG) in Ukraine has made efforts to be inclusive of local and national actors (L/NA). Yet, as with similar processes in other countries, L/NAs remain chronically underrepresented in both the CWG forum and delivery of MPCA.²¹ Those L/NAs who do deliver MPCA are ostensibly service contractors, feeling they have little say in the process. *“We do all the work, but you don’t see our logo on the dashboard”* said one L/NA staff member Christian Aid spoke to.²² While the debate around localisation of cash programming, and how to make MPCA more inclusive of L/NAs, is a worthwhile one, it is not the only question we should be asking. We should also ask: **how much of the humanitarian response, not traditionally recorded by the international humanitarian system, utilises cash as a response modality?**

This view of cash as wider than MPCA is outlined in the CWG’s Terms of Reference, “Advocate to create an enabling environment for cash including advocacy with partners for Cash and Voucher Assistance (CVA) across the response, and the promotion of national actors’ inclusion as part of CVA programming; policy and advocacy with donors; and access to people in need of CVA”.²³ However, this component is often drowned out by pressures to harmonise and coordinate MPCA.

Some partners Christian Aid spoke to were initially reticent about CVA modalities, seeing it as synonymous with de-duplication and digital registration, and concerned about the fact that many of their current cash recipients didn’t meet the harmonised targeting criteria. As such, they planned to continue with in-kind assistance. Christian Aid has used several strategies to promote, re-enforce, or support the use of CVA approaches with partners as follows:

Pathway to full MPCA: Christian Aid and Blythswood partner in Odesa, Heritage Ukraine, liked the idea of cash and adopted the harmonised transfer value and three-month distribution timeframe, but without de-duplicating or reporting beyond their local networks (how they have operated for years in some cases). The aim will be that in the future, as their confidence grows, they will integrate further into the wider aid architecture, if they see that as useful to them.

A&A as a gateway to cash: The use of A&A was also another gateway to cash programming for some partners. Christian Aid and Blythswood partner in Uzhgorod, House of Mercy, used cash mainly with an A&A approach. They preferred using their local knowledge and contacts to assist newly arrived IDPs and

“We do all the work, but you don’t see our logo on the dashboard”

L/NA staff member Christian Aid spoke to

vulnerable host community members in a flexible way. Christian Aid partner Alliance for Public Health (APH), also created a flexible fund similar to A&A using a budget underspend. They have a range of criteria and flexible transfer values to assist people who request their services that need help with more 'basic needs' or other unique needs that cannot be provided by the doctors or professionals they employ.

Voucher assistance: APH and Christian Aid and Blythswood partner in Ternopil, Light of Reformation, both utilised vouchers alongside other forms of assistance, because they saw the ease and benefits of providing vouchers which could be used flexibly in comparison to in-kind items.

In many respects MPCA has become synonymous with CVA. While Cash Working Groups are pushing the frontiers of cash coordination and response. The question has often been, how can we get more L/NAs involved in the formal aid system (e.g. MPCA programming)? This is only one part of the puzzle though.

A&A can help address another question: **how can we ensure more L/NAs use CVA modalities as opposed to in-kind?** Earlier in the paper, it was suggested that CVA can be used as horizontal and vertical expansions of MPCA. Put in another way, CVA can be utilised effectively to ensure vulnerable people's emotional and physical well-being; 'listen and link'. In many respects this focus aligns with principles of humanitarian response.

Conclusions and recommendations

Conclusions: Due to its flexibility and tailored approach, Assess and Assist (A&A) does not fit neatly into the current siloed / thematic ways of working of the international humanitarian architecture. Not least because it straddles both aspects of protection mainstreaming and programming, and uses a multi-sectoral modality; CVA. However, its case-by-case approach makes it a people-centred response, which complements MPCA. Equally, in some cases, A&A might also work as a stand-alone programme to meet unmet needs. It is an inherently flexible and intuitive approach.

The A&A approach can be used by international NGOs and L/NAs alike. One of Christian Aid's partners in the Ukraine response developed their own model of A&A, highlighting the flexibility and adaptability of the approach. A&A will not reach scale in the way MPCA can, but nor is that its purpose. A&A provides tailored assistance to vulnerable people whose additional or different needs were not met by the blanket MPCA approach

characterised by a harmonised transfer value and targeting criteria. Using A&A in tandem with MPCA and survivor and community led response (sclr) approaches^f can increase programme quality for humanitarian responses, and ensure priority needs – regardless of sector – are met.

Recommendations: The most important recommendation of this paper is to advocate for continued humanitarian sector reform especially driven by the needs of CVA and localisation. The challenges with cash coordination are well documented, and despite the creation of the new Cash Coordination model, structural tensions persist and L/NAs remain largely excluded. The wider use of area-based approaches, the survivor and community led response (sclr) approach²⁴, and the Flagship Initiative²⁵ should all be pursued.

Recommendations more specific to Assess and Assist include:

- The CWG should look at how it can encourage ‘why not cash?’ responses by local and national actors (L/NA), even if this means reducing some coordination elements. Having more L/NAs engaged in CVA, as opposed to in-kind distributions, should take an equal priority to linking MPCA with Social Protection systems.
- As Assess and Assist can complement other locally-led approaches - such as sclr - and global sector commitments - such as localisation - because of its people-centred and intuitive nature, it should be promoted by INGOs keen to link the concepts of cash and localisation.
- As Assess and Assist approaches can be used to complement MPCA projects or as stand-alone cash programming, and because of its flexible and people-centred nature, it can be a useful gateway to cash programming for L/NAs and should be promoted as such.
- C4P and MPCA are not as easy to disentangle in practice as they are in theory, especially in the early days of humanitarian responses, or in rural and remote areas with fewer service providers. The Protection Sector should expand its interpretation of its mandate of dignity and well-being to highlight the value of utilising cash programming to complement gaps in meeting the basic needs of vulnerable people. A&A meets these needs and ensures a people-centred approach.

^f Find out more about sclr here: [Letting go of control: Empowering locally led action in Ukraine - Christian Aid](#)

Endnotes

¹ The CaLP Network (2023) *Glossary of terminology for Cash and Voucher Assistance*

[Glossary of Terminology for Cash and Voucher Assistance - The CALP Network](#)

² Ukraine Protection Cluster (2022) *Minimum Standards for Individual Protection Referrals in Ukraine: Humanitarian response* [Protection Cluster: Minimum Standards for Individual Protection Referrals in Ukraine | HumanitarianResponse](#)

³ Christian Aid (2022) *Letting go of control: Empowering locally led action in Ukraine - Christian Aid* [Letting go of control: Empowering locally led action in Ukraine - Christian Aid](#)

⁴ The New Humanitarian (2022) *What's the 'Flagship Initiative', and how might it transform emergency aid?* [The New Humanitarian | What's the 'Flagship Initiative', and how might it transform emergency aid?](#)

²⁴ Hungarian Interchurch Aid (2022) *Technical Briefing note on Assess and Assist* (available upon request to HIA)

⁵ Ukraine Cash Working Group (2022) *Multipurpose Cash Guidance on Transfer Value, Regular and Rapid Response - February 2022* [Ukraine Cash Working Group - Multipurpose Cash Guidance on Transfer Value, Regular and Rapid Response - February 2022 - Ukraine | ReliefWeb](#)

⁶ It should be noted that in the first few months of the response there was a narrower definition of IDP, only those from occupied areas, while this was resolved by August (see link below), in the first phase Christian Aid teams met people who were classed as IDPs by the humanitarian definition, but they had not been registered for MPCA.

⁷ Ukraine Cash working Group (2022) *Key Agreement on Targeting as of 22 August 2022* [Ukraine: Key Agreements on Targeting \(Task](#)

[Team 1\) as of 22 August 2022 - Ukraine | ReliefWeb](#)

⁸ Christian Aid and partner assessments attest to this but it is also reflected in Ground Truth Solutions report. Ground Truth Solutions (2022) *Perceptions of aid in Ukraine- qualitative findings round 1* [Perceptions of aid in Ukraine - quantitative findings round 1 — Ground Truth Solutions](#)

⁹ Humanity and inclusion (2022) *Cash and beyond - Analysis of extra costs associated with disabilities and disability-specific social protection in Ukraine, in the aftermath of the Russian invasion*: CaLP Library [Cash and beyond - Analysis of extra costs associated with disabilities and disability-specific social protection in Ukraine, in the aftermath of the Russian invasion - The CALP Network](#)

¹⁰ *Ibid*

¹¹ Hungarian Interchurch Aid (2022) *Technical Briefing note on Assess and Assist* (available upon request to HIA)

¹² *Ibid*

¹³ Global Protection Cluster (2022) *Cash for Protection definitions Ukraine* <https://www.globalprotectioncluster.org/publications/1143/training-materials/tip-sheet-fact-sheet/c4p-definitions-ukraine>

¹⁴ The CaLP Network (2022) *Technical brief: Key Principles and Recommendations for Inclusive Cash and Voucher Assistance in Ukraine*: The CaLP Network [Technical brief: Key Principles and Recommendations for Inclusive Cash and Voucher Assistance in Ukraine. - The CALP Network](#)

¹⁵ Hungarian Interchurch Aid (2022) *Technical Briefing note on Assess and Assist* (available upon request to HIA)

¹⁶ *Ibid*

¹⁷ The CaLP Network (2022) *Registration, Targeting and Deduplication: Emergency*

Response inside Ukraine Thematic paper [Registration, Targeting and Deduplication: Emergency Response inside Ukraine Thematic paper - The CALP Network](#)

¹⁸ Global Protection Cluster (2022) *Cash for Protection definitions Ukraine* <https://www.globalprotectioncluster.org/publications/1143/training-materials/tip-sheet-fact-sheet/c4p-definitions-ukraine>

¹⁹ Ukraine Shelter Cluster (2022) *Light and Medium Repair SOP, 06 September 2022*: humanitarian.response [SNFI Cluster: Light and Medium Repair SOP, 06 September 2022 | Shelter Cluster](#)

²⁰ Health Cluster (2018) *Working paper for considering cash transfer programming for health in humanitarian contexts* [Working paper for considering cash transfer programming for health in humanitarian contexts \(who.int\)](#)

²¹ The CaLP Network (2022) *Role of civil society organisations in Ukraine - The CALP Network* [Role of civil society organisations in Ukraine - The CALP Network](#)

²² An NGO Project Manager talking about implementing MPCA, in a conversation had during a technical visit.

²³ Ukraine Cash working Group (2022) *Terms of Reference* [ukraine_cwg_tors_-_october_2022_final_version.pdf](#)

²⁴ Christian Aid (2022) *Letting go of control: Empowering locally led action in Ukraine - Christian Aid* [Letting go of control: Empowering locally led action in Ukraine - Christian Aid](#)

²⁵ The New Humanitarian (2022) *What's the 'Flagship Initiative', and how might it transform emergency aid?* [The New Humanitarian | What's the 'Flagship Initiative', and how might it transform emergency aid?](#)

²⁴ Hungarian Interchurch Aid (2022) *Technical Briefing note on Assess and Assist* (available upon request to HIA)