

Lessons from Assess and Assist

"We are always stressed over making the right decision" Ukrainian partner.



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Partner acknowledgements: Christian Aid would like to thank the following local and national actors for their work on Assess and Assist: Kharkiv Charitable Foundation 'Blago', All Ukrainian Charitable Organization 'Convictus Ukraine' (Kyiv), Charity Foundation 'Heritage Ukraine' (Odessa), NGO 'Nasha Dopomoga' (Sloviansk), Poltava Regional Charitable Foundation 'Public Health', Charitable Foundation 'Public Health' of Kryvyi Rih, Charitable Foundation 'Spodivannia' (Zaporizhzhia), Charity Fund 'The Light of the Reformation', The Charitable Fund 'Unitus' (Mykolaiv), Odessa Charity Foundation 'Way Home', Alliance for Public Health and Hungarian Interchurch Aid. These organisations have worked tirelessly in the humanitarian response, as well as providing Christian Aid data. Quotes and data have been anonymised.

Additional acknowledgements: Olga Sheredko, Andrew Weatherhogg, Judy Pang, Michael Mosselmans, Kris Flegg and Karen McDonnell

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List of acronyms

A&A	Assess and Assist
DEC	Disasters Emergency Committee
L/NAs	Local and national actors
MPCA	Multipurpose Cash Assistance
SOPs	Standard operating procedures

Executive summary

Assess and Assist (A&A) is a flexible approach to cash assistance that allows local and national actors (L/NAs) to take full control of project design to ensure a truly locally led approach. This paper presents the lessons learned from 10 partners implementing the approach, each in their own way. These lessons have been drawn from a combined case management data set of 10,849 individual cases and focus group discussions with the partners about the process.

When given full control over the project design, L/NAs make very different decisions, as represented by different transfer values, assessments of needs and people reached. But holding the levers of design is sometimes an uncomfortable feeling for those who usually work towards targets and standards created elsewhere.

Lessons on the impact of A&A

- **A&A fills gaps, providing holistic support.** The existing assistance approaches in Ukraine do not meet all needs, and wrap-around support is therefore needed. Some people have received assistance but need it topped up, others have specific needs that require bespoke and often more costly interventions. There are also some people with basic needs challenges who are ineligible for other forms of support.
- **The A&A approach was people-centred and impactful.** Focusing on individual people rather than specific categories of needs is a challenge but leads to meaningful impact. This approach challenges some of the conventional assumptions about how to assess needs in advance and formally categorise them.

Lessons on A&A design choices

- **Flexible transfer values were used.** Some partners chose narrower and deeper designs, others chose slightly broader ones. By removing preset recipient targets and having flexible transfer values, the approach allowed for this range of possibilities.
- **People-centred work makes needs hard to categorise.** A&A provides a loose definition of need, but even this was susceptible to categorisation challenges. The interplay between a specific need and basic needs is complex, which made it difficult to capture each person's needs in defined categories.
- **Cash took on a larger role than referral.** Partners tended to focus more on the cash element of the approach than on the protection element, demonstrated by the number of referrals, which was lower than originally planned. Most partners were already working on some form of protection but many were unused to cash, so they may have focused more on the area that was new to them.

Lessons on A&A process

- **Taking responsibility for design was stressful but valuable.** Being responsible for full design of interventions is stressful to L/NAs, especially when this involves trying to identify the most vulnerable. However, having more agency means they can prioritise individual needs rather than donor requirements.
- **Some partners integrated A&A into existing initiatives, whereas others treated it as a new activity to reach different vulnerable groups.** Implementors should reflect on these two approaches when selecting partners and assessing what support they want.

- **A&A is an easy concept which is difficult to implement.** Turning the theory into practice is ethically, intellectually and emotionally difficult. The history, procedures and ethos of L/NAs dictate how it is used, and a degree of unlearning was needed for those used to implementing top-down approaches, to preset standards.

All humanitarian assistance relies on trade-offs. The drive for more standards and coordination across the humanitarian system doesn't always centre vulnerable people. To counterbalance this, it is important to enable locally led decision making, giving L/NAs full agency to assess local needs themselves. But as the title of this paper indicates, having more agency has drawbacks because there is no right answer. Most of the concepts of A&A are very simple to understand, but implementing (and living with) the decisions is much more difficult.

Introduction

After Russia's full-scale invasion of Ukraine in 2022, Christian Aid worked with partners to pilot a new cash assistance approach called Assess and Assist (A&A)¹. The premise of this approach is to conduct a rapid light-touch protection assessment of individuals, provide cash support for urgent unmet protection needs and/or facilitate appropriate internal or external referrals. An initial report was written in 2023 'Assess and Assist; learning from Ukraine' outlining the approach and rationale.

Since the initial report the approach has been rolled out with a further 10 partners.² This paper discusses lessons learned from the process and presents data from reporting to inform not just the Ukraine response but also how locally led assistance can function more broadly.

Using quantitative data (the anonymised case management databases of implementers) and qualitative data (11 focus group discussions)³, this paper answers three questions:

1. What was the impact of Assess and Assist?
2. When given design choices, what decisions did partners make?
3. What did Christian Aid learn during the rollout of the approach?

What is A&A

A&A provides flexible grant sizes and/or referrals tailored to an individual's needs. This person-centred approach enables a dignified, targeted and flexible response. L/NAs have full control over programme design, allowing them to make choices appropriate to their context. The approach is locally led: L/NAs complete ten guiding questions to shape their own approach. Crucially, no design elements are fixed in advance – L/NAs decide whom to target (within a broad vulnerability scope), why, how to assist them (including the value of any grant), and how to ensure accountability.

Cases: 10,849

Timeframe: May 2022 to Sept 2025

Locations: See Figure 2 for geographic spread

Number of implementing partners: 10

Gender split: 61% females, 39% males

Age split: 26% older adult; 39.7% adult; 5.5% young adult; 23.6% child; 4.7% under 5 years

Disability: 39%

Average payment: Upward trajectory from 5,868 UAH in May 2022 to 11,856 UAH in August 2025.

Figure 1: Summary data from the A&A database

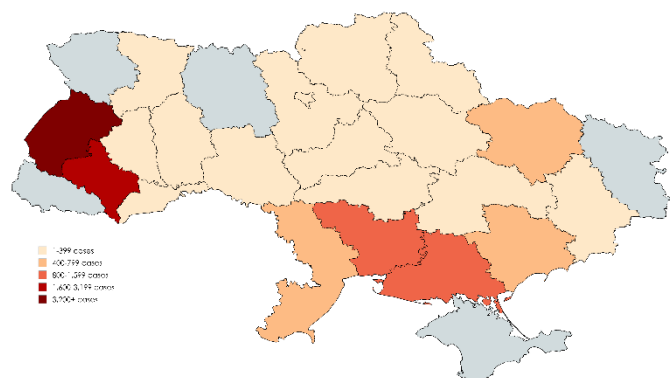


Figure 2: Geographic spread of cases

What was the impact of Assess and Assist?

A&A was designed to be a flexible cash assistance approach which L/NAs could apply to bolster their ongoing work or fill gaps they could see but had no other means of addressing. In this way it was designed as a light-touch protection approach. That said, the definition of protection was taken to be a broad one, rather than in line with sectoral logic.⁴ As the two lessons in this section show, A&A was able to meet its objective of providing flexible support in a people-centred way.

Lesson 1: Assess and Assist fills gaps, providing holistic support

Figures 1 and 2 (on page 7) show that A&A has been used for more than three years in nearly all oblasts of Ukraine with nearly 11,000 individuals. Figure 3 shows how many of these cases addressed the three gaps identified in the initial assessment.⁵ The broadly even split between these gaps does seem to justify the initial logic that wrap-around flexible support would be useful for L/NAs.

Insufficient multipurpose cash assistance (MPCA):

The first gap that A&A aimed to address was situations where the MPCA transfer value was insufficient for individuals to meet their basic needs (39%). This support was particularly critical for large households (60% of people that were identified as being part of a large household were supported with MPCA top up), pregnant and lactating women (47%), older adults (42%) and single parents (43%). By providing 'top up' assistance, A&A allowed partners to prevent protection risks that could arise from unmet basic needs.

Ineligible for MPCA: To a lesser degree (24% of cases) A&A was used to support people who were not eligible for MPCA. The most affected groups included returnees (41%), large families (38%), low-income households (33%) and older adults (32%). In any large-scale system there will be exceptions and people who fall through the cracks. A&A helps local actors fill these gaps by using a flexible, people-centred approach, allowing L/NAs to respond to individuals' needs, rather than predefined criteria. As one key informant said:

'It was one of the best projects because we were really able to assist people to address their needs and I'm talking about reaching people who cannot get assistance elsewhere. I mean lonely people, people who have no one to support them, people who according to the requirements of the state, they do not meet the requirements to get some benefits, but they cannot afford even food products, even clothes, like very basic things, mothers with children with some difficulties. You know, it was a very, very important project because every payment is based on a story, a human story.'

Specific protection needs rather than basic needs: The third gap A&A aimed to address was the challenge of complex, multisectoral (and 'specific') needs. These gaps stem from the sector-based structure of the international humanitarian system. L/NAs frequently struggle to meet a person's full range of needs because their funding is often limited to specific sectors, such as WASH or shelter. As a result, an individual's WASH needs might be covered, while their health needs remain unmet.

Was there a gap left by MPCA?

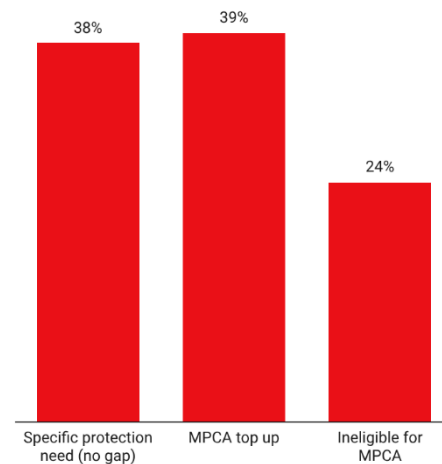


Figure 3: What gap was A&A used to fill?

Both the focus group discussions and the dataset indicate that A&A enabled partners to address a wide range of needs. In 91% of cases, the cash element allowed recipients to meaningfully participate in some other form of assistance.⁶ Partners used A&A to meet needs that they or other L/NAs could not cover under existing projects, allowing them to offer a more holistic response. For example, one partner used A&A to fill gaps in its programme supporting bedridden individuals living alone. While the project provided services through trained staff, it lacked resources for essential items such as wheelchairs or pressure-relief mattresses. A&A funding enabled the organisation to cover these critical needs.

Lesson 2: The approach was people-centred and impactful

Follow-up calls with recipients of assistance show that in the majority of cases (78%), individuals were able to 'completely' or 'mostly' achieve their intended change.⁷ This is important as the intended change is the change that the individual receiving assistance wanted to see, not a predefined outcome created by a donor or L/NA. This suggests that A&A was able to meet specific individual needs. All partners agreed that this was an advantage of A&A, with one key informant going further to say:

'Out of all types of assistance we've provided, this A&A model was one of the most effective. It takes into account the most important needs of a person. Food, WASH, evacuation, shelter – they are focused on a narrow specific goal. Here this approach is broad, comprehensive and addresses the needs of a person.'

The use of cash assistance as part of the A&A approach inherently places individuals at the centre of the response, allowing them to determine how best to allocate support as their circumstances evolve. Notably, 29% of recipients reported changes in their priority needs during the project period, showing A&A is people-centred as it adapts with individuals' changing circumstances.

To what extent were you able to achieve the intended change/result

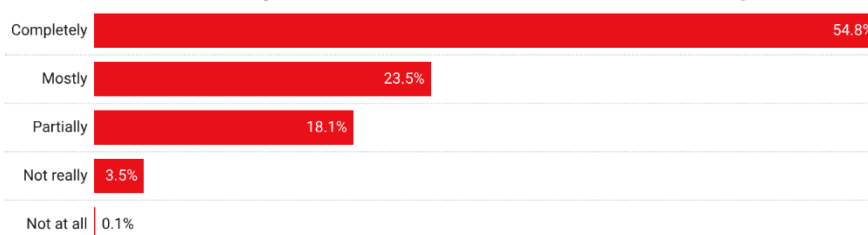


Figure 4: Self-reported success in achieving intended outcomes

What design choices did partner make?

Rather than just looking at the impact of the A&A approach, this paper also examines the different ways in which the broad framework of A&A was applied. The process involved working with partners to create their own standard operating procedures (SOPs), which were built out of 10 guiding questions (see Annex 1). Partners had control of intake mechanisms, criteria, transfer value, safeguards, transfer mechanisms and documentation, essentially all of the design components. This section looks at how transfer values were used flexibly, how the flexibility made categorising needs a challenge, and how the interplay between cash and protection evolved with this flexibility.

Lesson 3: Flexible transfer values were used broadly

Partners were encouraged to create their own procedures and criteria on how to set transfer values in relation to cases. Within this framework, they could then decide individual transfer values based on the specific needs of each person. Figure 5 shows that there was a wide range of transfer values. While the maximum allocation was 120,500UHA this was a statistical outlier and the highest whisker⁸ was 13,500UHA. The lowest grant was 400UHA, but again this was an outlier with the lowest whisker at 1,500UHA (incidentally lower than the MPCA value).⁹

Distribution of transfer value (UAH)

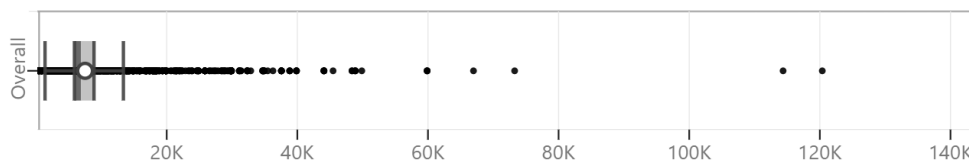


Figure 5: Distribution of transfer values across all 10 partners

A breakdown of this distribution by the partners shows that there was a range of choices (see Figure 6 below), but it is also interesting to note that the mean for most partners¹⁰ was noticeably higher than the median (with a good number of outliers at the top end). This indicates that partners used the flexibility to provide deeper support in exceptional circumstances while also having different levels of support more generally.¹¹

One trade-off in allowing flexible transfer values is that it is not possible to predict the total number of cases. When given the choice of how to allocate the budget, some partners gave more intense support to fewer people (e.g. partner 7), whereas others gave less value to more people (e.g. partner 2).

Average value transferred compared with number of cases

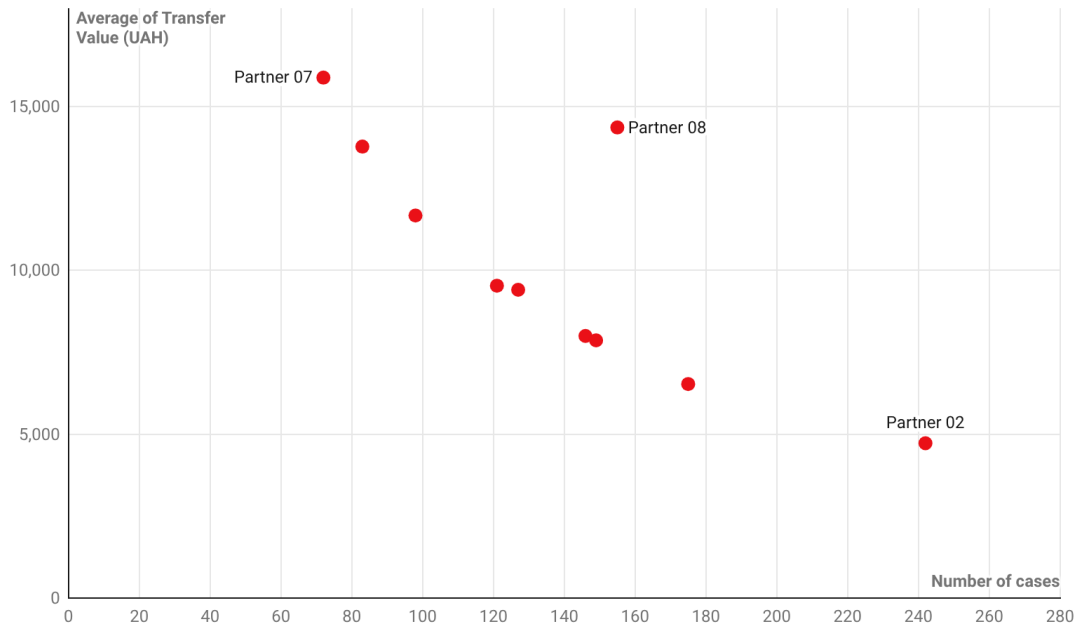


Figure 6: Average transfer value against number of cases

Figure 7 shows that the amount of money given correlates with individuals achieving their intended result – those who received more funds were more able to meet their required changes. However, there were some outliers who received a lot of support but were less able to achieve their intended change, possibly because they had such severe needs.¹² (See Annex 2 for more detail.)

To what extent were you able to achieve the intended change/result compared with average transfer value received (UAH)

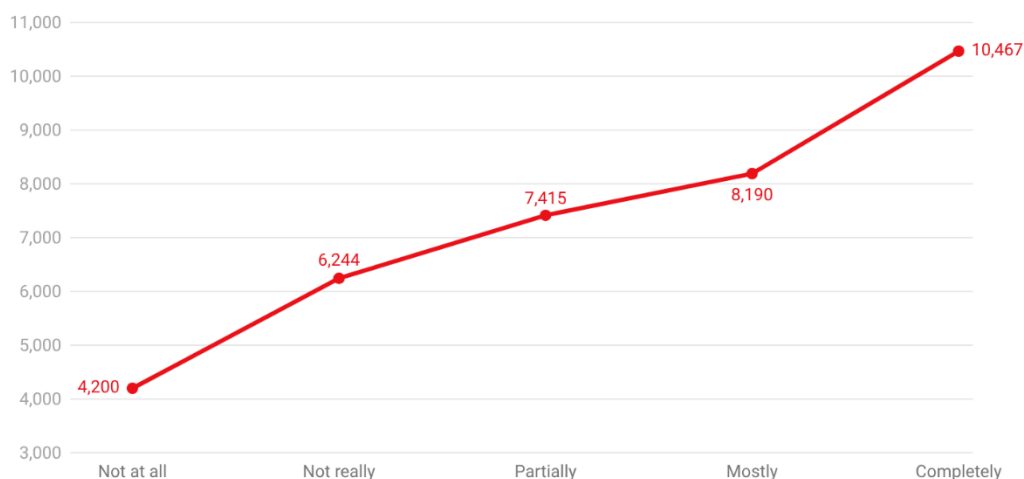


Figure 7: Self-reported impact and transfer value

What Figure 7 does not show is the view of the broader community when the partners chose to give deeper support to a narrower target population. However, given that partners were able to make the decisions themselves, the process rests on local accountability not external standards. As we will see the stress of this is an indicator of how seriously it was taken by the partners.

Christian Aid didn't give partners any targets for the number of recipients, but they had proposed approximate ones to the Disasters Emergency Committee (DEC). The idea was that partners would make an informed choice and these would balance out or be explained at reporting stage.

This full control of design and what it meant will be explored more in the next section, but this absence of targets was new to many. 'The biggest step (to enabling control of design), you know, was no indicators.'¹³ To begin with, partners wanted reassurance and asked, 'are you sure there are no indicators?' But you can't fix one critical design component and still allow L/NAs full control of the rest, so it was important to keep this flexible.

Lesson 4: People-centred work makes needs hard to categorise

Partners were encouraged to use their own definitions of needs but to group the needs into three broad categories provided by Christian Aid (see Annex 1 for the blank SOPs).

Partners often found this categorisation process challenging because needs (even as broad as 'basic' and 'specific') are interdependent. For example, the largest proportion of cases fell under 'basic needs', often referencing food. Yet, when reviewing the accompanying notes, many of these individuals were facing significant health issues. They had chosen to allocate their limited resources to health expenses, which in turn prompted them to request support for basic needs. Conversely, the second largest category – 'health (medicine)' – often involved individuals who had prioritised spending on food and therefore lacked the means to purchase essential medicines. These patterns demonstrate that sectoral categories can capture people's prioritisation rather than their full spectrum of needs.

Cash assistance acknowledges this interconnectedness and enables people to address their priorities directly, without requiring them to navigate rigid classifications or undertake administrative contortions to receive the support they need. However, even when people are given cash without restrictions on how they use it, the amount of cash available affected what people communicated about their needs.

Delivery mechanisms

We have focused on transfer values here but there were other points of note in design choice. For example, one aspect of A&A that was not tailored to individuals' needs was the cash transfer mechanism. Partners selected their preferred transfer methods in advance (banks or Western Union) and outlined these in their SOPs. Focus group discussions did not explore the reasons for this and further inquiry would be needed to determine a definitive explanation; however, it is likely linked to organisational considerations such as ease of processing and financial reporting, although accommodations were made via proxies and other processes for those who had trouble with the mechanisms.

Assistance category	Cases
Basic needs	2,928
Health (medicine)	2,749
Dignity (accessibility)	1,252
Access to basic services	1,136
Risk mitigation	922
Health (cost of services)	603
Accommodation/Rent	209
PWD (Children)	151
Mediation services	127
PWD (Adult)	89
Injuries from impact of war	56
Health (emergency care)	50
Health (GBV)	47
Mental Health and Psychosocial Support (MHPSS)	31
Referral costs	26
Physical therapy	23
Evacuation costs	7
Legal costs	5
Funeral-related expenses	4
Education/Training	3
Total	10,849

Figure 8: Consolidated data from all 10 partners on needs responded to

As one key informant stated 'When we gave people vouchers, the amount of the voucher was quite small. So they only presented their needs that could fit in this amount... (With A&A) they thought about their needs which were more significant like if they needed to repair roofing or if their house or apartment was damaged.'¹⁴

A&A has been used for vastly different things, by different partners and in different locations: shelter repairs, small electrical items for winterisation, basic needs support (e.g. food and other supplies like prescriptions), access to services like legal referrals and medical care, in some cases educational and vocational opportunities, and other priorities such as funeral expenses for those with little to no income or assets. While initially it was housed as a Cash for Protection approach it has always been transparently stated that the holistic approach meant crossing 'sector-specific' boundaries in the aid of people-centred work.

Another challenge was the ongoing nature of the categorisation process. Partners were encouraged to create their own criteria for selecting recipients, under a very loose overarching framework. But being responsive to individuals meant having to make changes to the categories of needs throughout the process. Christian Aid tried to help by having discussions about broad categories like 'basic needs', but this was an evolving conversation,¹⁵ rather than an agreed structure beforehand. The trade-off of initial clarity versus evolving flexibility was deemed appropriate to allow more choice for partners. For Christian Aid, it meant more emphasis on interpreting what partners had done rather than 'teaching' them international categories and vocabulary.

Lesson 5: Cash took on a larger role than referral

A&A was designed to complement the existing forms of assistance, but the role of cash and referrals changed slightly from the initial plan. The data shows that 91% of recipients felt that receiving cash increased meaningful participation in other forms of assistance, yet only 21% of case notes included a referral.¹⁶ Linking recipients of cash with other assistance is an integral part of the A&A process, ensuring that needs identified during protection assessments, where appropriate, can be met by other services or organisations. This enables L/NAs to indirectly provide support, meeting needs that may have otherwise gone unmet. As one key informant stated:

Donor flexibility

A&A was only possible due to the flexibility afforded by DEC. But other donors have also shaped how person-centred A&A would ultimately be. One partner secured funding from additional donors to continue their A&A work after their Christian Aid funds had finished. Both donors imposed age-based eligibility criteria, which narrowed coverage and reduced the person-centred nature of the assistance. However, the partner was able to draw on other funding sources to support individuals who fell outside the specified age brackets, helping to maintain wide coverage.

Did the cash remove barriers to receiving more complete assistance through other projects?

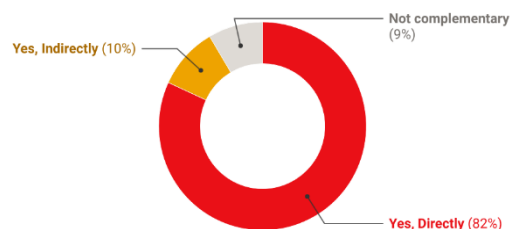


Figure 9: Cash to enable access and complementarity

As one key informant stated:

'We have partners with whom we signed this memoranda, and they said that they do not have such a broad framework of assistance. So they were surprised that we were able to cover certain things that they were not able to cover within their projects.'

Of the referrals recorded, the majority were for multiple areas of support. Of the cases that received a referral, 31% received information, 25% received a psychosocial support referral, 12% received a legal assistance referral, 6% received a health-related referral and 5% received a food-related referral (5%).

The referral mechanism enabled partners to go beyond cash assistance and respond to a wider range of protection needs by connecting individuals to specialised services that complemented financial support. However, with only a fifth of cases using referrals it seems that there was more interest in, uptake of and time spent on the cash element than the other aspects. Most partners already had protection experience, so one possible explanation is that they focused more on the cash aspect because it was the newest element for them.

Trade-offs

Other restrictions arose from choices partners made in their SOPs. One partner, for example, decided they would only meet one need per person, with the individual selecting their highest priority. While this remained person-centred – because people could choose their most pressing need – the decision to prioritise broader coverage inevitably reduced the comprehensiveness of support provided. This was an intentional trade-off, as the partner had control over programme design and a fixed overall budget for A&A. The remaining nine partners made similar trade-offs as a natural consequence of the process. These trade-offs always exist, but often the technocratic nature of the aid system takes away the agency for individual L/NAs to make them.

What was learned through the process of rolling out Assess and Assist?

So far we have seen some of the results of A&A, as well as how partners used the flexibility given to them in different ways. Christian Aid also wanted to draw some lessons from how these results were achieved, and for that we looked at how the process went. There were two clear trends: first, the process was stressful as well as empowering; second, some partners treated the approach as a new activity and some integrated it into ongoing work. A final question we asked was whether it was an intuitive process; this has been harder to answer than anticipated.

Lesson 6: Taking responsibility for design was stressful but valuable

In terms of design, A&A gives L/NAs quite a lot of choice. They can choose how much money to give, to how many people, and indeed who those people might be, and why to give to them. Much of the feedback partners gave was about the benefits and drawbacks of this level of control.

A key informant from Ternopil emphasised the importance of local contextualisation:

'We support different people in Ternopil. When we define how we are going to work, we try to see how we can cover the needs, because in Odesa and in Ternopil, Lviv, people are different. And when we define the category of people we are going to work with, the needs we are going to cover, we look at the community where we are working. Because if someone would define it from the top, it could overlook some peculiarities and the context that we see.'

Another key informant emphasised the ability to think in a people-centred rather than sector-centred way:

'Other people had the same reaction, they couldn't believe that they were allowed to do, not just whatever we want, but cover the things that people need covered. You know many grants, many donors, they have very specific framework, very specific limitations that you should observe.'

However, the stress of having this level of control was one of the most prominent themes in the feedback Christian Aid received. Because A&A has such a broad understanding of needs, it offers options rather than answers, which can be daunting. Indeed, the mental burden on the staff associated with the project was very commonly reported:

'We are always stressed over making the right decision. Because we want to make the right decision. Did you make the right decision of saying yes or of saying no. It's always difficult.'

Another key informant stated a similar feeling:

'The most difficult thing in implementing this (A&A) is the psychological aspect for those in the project team... because the conditions of working within the project, they allow going very deep into the problems of all those people and they (the staff) live through those problems and sense into those problems, into those psychological aspects.'

Community Resilience Model

Christian Aid worked with the Community Resilience Model in Ukraine. This approach is designed to offer L/NAs psychological support when implementing their work, in recognition of the toll it takes on them. The approach is being rolled out further and more learning about its impact will be forthcoming.

A different key informant compared the stress more straightforwardly with other types of work they had done:

'When we distribute food kits we opened a truck and just distributed food package to each person and that's it... But in our cases, when we work with assess and assist, I see how difficult it is to work with people because each case involves a great deal of empathy and they (the staff) feel each person and each case.'

Overall, A&A seemed to be stressful because it forced a deeper look into specific vulnerabilities, and because of the level of control partners had in the design. When L/NAs have full control over who to assist and why, the burden weighs heavily, but Christian Aid believe there is a sufficient pool of L/NAs who want this agency over design. It is therefore important that the international aid system facilitates this.

Lesson 7: Some partners integrated A&A into existing initiatives, whereas others started new activities

Although in principle the A&A approach was intended as wrap-around support, not all partners had clear visions of how this would work. Some integrated A&A into their current work. But for others it felt like a 'new' or 'different' activity. One key informant explained that:

'Before there was a practical activity, it was quite difficult to write a procedure. Without a vision of my working day, it was very difficult for me. I didn't see the vision. It had to be explained, like with a child that "this is a stick, and this is a stone." We talked about an electronic database, but I couldn't see it and couldn't imagine what it should look like. But now, when there is already practice, if you re-read (the SOPs), everything is clear now.'

The SOPs were intended to codify and document partners' ideas to provide accountability both to themselves and recipients. However, in some cases completing the SOPs became a design process in its own right. Christian Aid usually aims to provide funding over long timescales so that partners are able to drive the process, however some of the partners started A&A towards the end of Christian Aid's response. As they treated A&A as a separate activity rather than integrating it into their existing activities, some partners found it time consuming and stressful.

'It was hard and long. We had been doing this for two months and were stressed that we have a project that is for six months, and we have not yet started.'

Just because an approach is flexible doesn't mean it can be scaled out (replicated) with a simple introduction. With A&A it is possible to integrate cash into ongoing work or set it up as an additional activity, but it is useful for implementers to keep an overview of these different design choices and understand the logic behind each decision. It is something to reflect on when selecting partners and rolling out A&A. If the SOP is more than codification of a clear vision it is a sign that more accompaniment may be needed. One Christian Aid staff member said, 'at points it felt like some partners were trying to guess what we wanted them to do'. A&A does not happen in a vacuum; some L/NAs are more open to it than others, and some are more exposed to conventional approaches than others. Selecting L/NAs who already have a clear vision is important, but so is ongoing accompaniment.

Lesson 8: A&A is an easy concept which is difficult to implement

A&A was introduced to partners through workshops (delivered by international staff). Although these workshops offered a useful foundation, they were not sufficient for partners to fully understand the approach or feel confident applying it. This lack of sustained support contributed to risk-aversion, including reluctance among some partners to set payment thresholds above the MPCA transfer value – a limitation that reduced flexibility and risked undermining the core objectives of A&A. In response, Christian Aid brought in a Ukrainian consultant with direct A&A experience to provide continued, tailored accompaniment beyond what Christian Aid staff could offer. This investment proved essential: partners' confidence increased rapidly and some partners were willing to raise payment thresholds in line with actual needs.¹⁷

Legal and bureaucratic environment

A key consideration is the legal environment. Christian Aid works with partners and offers technical advice with regards to programming. When it comes to navigating different nuances of local legislation Christian Aid supports with principles and hopes to share risks, but partners often bring the experience of local legislation and operating environments, which influences different aspects of project designs.

As such it was not enough to just hand over the guiding questions (the design options) to partners. Moving from being recipients of approaches to designing the rules themselves was an uncomfortable process at times. One key informant reflected:

'It would be helpful, to have more specific information on what can be covered, because we have this very broad framework for assistance, but we were scared if we understand this approach correctly. We came back to these instructions (SOPs) several times to make sure we do everything correctly. Maybe we missed something, you know, because we were given so many different possibilities and we couldn't actually believe that it can be like that, that it is really true.'

Despite A&A's stripped back process, the flexibility with which it was adopted varied across partners. How they each approached it depended on their organisational history, procedures and ethos, as well as the ethos of specific staff associated with the project. There was a degree of unlearning for some partners, as well as confusion, especially for those implementing other more top-down grants. Organisations – or individual staff members – with limited prior humanitarian experience adopted A&A more quickly. Without entrenched conventional humanitarian approaches to unlearn, they could engage with the model more immediately. As one key informant reflected, those with less exposure to the conventional system may 'just take money, distribute the money, that's all. Maybe they would not worry so much.'

A&A to some extent relies on a degree of simplicity and intuition. But just because something is conceptually simple doesn't mean it is easy in practice. As one key informant stated, 'The implementation was much harder than making SOPs. The theory is one side, the practise is absolutely another' (in regard to deciding who to help).

So is A&A intuitive? In terms of having a process built around 10 guiding questions such as 'who do you want to target and what criteria will you use to select them', it is. However, when there is power to choose a transfer value and no shortage of vulnerable people, turning these simple concepts into practice is ethically, intellectually and emotionally difficult. Also, when implementing a flexible approach alongside other more rigid ones there is sometimes a need for more confidence building and accompaniment.

Summary of learning

Having worked with partners to develop their unique version of A&A, by co-designing SOPs and supporting L/NAs to implement them, it's clear that A&A did enable partners to take meaningful control of programme design. However, the process was challenging and uneven across partners. Some partners embraced the autonomy and valued the flexibility to tailor support to their communities or deepen support to those they were already supporting. Others found the responsibility difficult due to limited prior experience, heavy workloads and uncertainty about making decisions that would usually be decided by technical experts outside of their control. The pressure of being responsible for design choices was a constant across partners though. Despite this discomfort, partners reported that influencing the design allowed them to deliver more context-appropriate, needs-driven assistance than standard top-down humanitarian programming typically permits.

Lessons about impact

- The existing assistance approaches in Ukraine do not meet all needs, and wrap-around support is therefore needed. Some people have received assistance but need it topped up, others have specific needs that require bespoke and often more costly interventions. There are also some people with basic needs challenges who are ineligible for other forms of support.
- Focusing on individual people rather than specific categories of needs is a challenge but leads to meaningful impact. This approach challenges some of the conventional assumptions about how to assess needs in advance and formally categorise them.

Lessons on design choices

- Some partners chose narrower and deeper designs, others chose slightly broader ones. By removing preset recipient targets and having flexible transfer values, the approach allowed for this range of possibilities.
- A&A provides a loose definition of need, but even this was susceptible to categorisation challenges. The interplay between a specific need and basic needs is complex, which made it difficult to capture each person's needs in defined categories.
- Partners tended to focus more on the cash element of the approach than on the protection element, demonstrated by the number of referrals, which was lower than originally planned. Most partners were already working on some form of protection but many were unused to cash, so they may have focused more on the area that was new to them.

Lessons on process

- Being responsible for full design of interventions is stressful to L/NAs, especially when this involves trying to identify the most vulnerable. However having more agency means they can prioritise individual needs rather than donor requirements.
- Some partners used the approach to build on existing initiatives, whereas others treated it as a new activity to reach different vulnerable groups. Implementors should reflect on these two approaches when selecting partners and assessing what support they need.
- Assess and assist is simple in theory but hard in practice. Turning the theory into practice is ethically, intellectually and emotionally difficult. The history, procedures and ethos of partners dictate how it is used, and a degree of unlearning was needed for those used to top-down approaches.

Recommendations

Christian Aid should continue to learn about this approach and try to refine the ways of working, as many questions remain unanswered. They should:

- Further refine and investigate the characteristics of L/NAs who are likely to embrace the approach.
- Ensure strong accompaniment is planned from the beginning, especially for L/NAs who usually implement more conventional approaches.
- Continue to learn from the process of categorising needs throughout implementation and explore how this analysis can inform the wider response.
- Look more closely at the coordination elements as this hyper-contextual approach will likely be confusing to humanitarian actors who are more wedded to harmonised approaches.

All humanitarian assistance relies on trade-offs. The drive for more standards and coordination across the humanitarian system doesn't always centre vulnerable people. To counterbalance this, it is important to enable locally led decision making, giving L/NAs full agency to assess local needs themselves. But as the title of this paper indicates, having more agency is hard because there is no right answer. Most of the concepts of A&A are very simple to understand, but implementing (and living with) the decisions is much more difficult.

Endnotes

¹ Previously this was referred to as Cash for Protection, but that was because it was wrap around support not harmonised like MPCA. This paper focuses more on the holistic cash design so doesn't place it in a Cash for Protection box, which comes with its own limitations and technicalities.

² The 10 partner organisations were: Kharkiv Charitable Foundation 'Blago', All Ukrainian Charitable Organization 'Convictus Ukraine' (Kyiv), Charity Foundation 'Heritage Ukraine' (Odessa), NGO 'Nasha Dopomoga' (Sloviansk), Poltava Regional Charitable Foundation 'Public Health', Charitable Foundation 'Public Health' of Kryvyi Rih, Charitable Foundation 'Spodivannia' (Zaporizhzhia), Charity Fund 'The Light of the Reformation', The Charitable Fund 'Unitus' (Mykolaiv) and Odessa Charity Foundation 'Way Home'.

³ One focus group discussion with each of the 10 partners, as well as one with the Alliance for Public Health, which is an umbrella organisation for many of the L/NAs. There were 39 participants in total, ranging between two and five from each organisation.

⁴ As was discussed at length in the original paper.

⁵ These were: 1) people who had a specific need not currently addressed, 2) people who had received support but it was insufficient to meet their needs, and 3) people who were not eligible for

broad-based assistance, such as MPCA, but still showed signs of vulnerability.

⁶ More below and in Figure 9

⁷ This was a subtle difference from the harmonised MPCA indicator. It was broader because it was not limited to 'basic needs' but rather an 'intended change' the vulnerable person and team aimed to make.

⁸ Whiskers on a box plot represent variability outside the upper and lower quartiles indicating the spread of the data's lower and upper 25%.

⁹ Some partners were initially hesitant so were actually offering lower than MPCA rates for higher compliance requirements. Christian Aid discussed this process with them. This issue is discussed further in Lesson 8.

¹⁰ See Annex 2 for partner-specific box and whisker plots

¹¹ In Figure 6, one partner was removed as they had 9,000 cases, which was a lot more than the other partners who were in piloting stage, so this offset the graph significantly. In addition, partner 8 had a different budget to the others hence its position.

¹² Annex 2 has a per partner breakdown where some differences can be observed. For example, partner 6 has an inverse correlation, with self-reported achievement decreasing in relation to higher transfer values.

¹³ 'Indicators' here refers specifically to targets for number of people to reach.

¹⁴ Some might see this as opportunism but as will be shown Lesson 6 the level of conversation and verification used in the process and the desire to allocate resources in the 'right' way shows how teams were allocating the funds with strong controls.

¹⁵ Hence why Figure 8 is not a clean and simple representation, it shows a *post hoc* aggregation of decentralised decisions and descriptions, often of similar things.

¹⁶ As noted in the previous paper 'referral' is a looser description than in formal protection language. Here the meaning is akin to signposting and it is not used in a medical sense.

¹⁷ Another example was the willingness to do cash at all: 'We would like to say thank you to Christian Aid and to Olha because we had other projects with financial assistance, but we were scared. So we didn't go into it. We would go for certificates or something. But at this stage, Yosef (APH) Olha and Christian Aid, they supported us in a way that we believed we could introduce this approach well.' The Way to Home, Odesa.

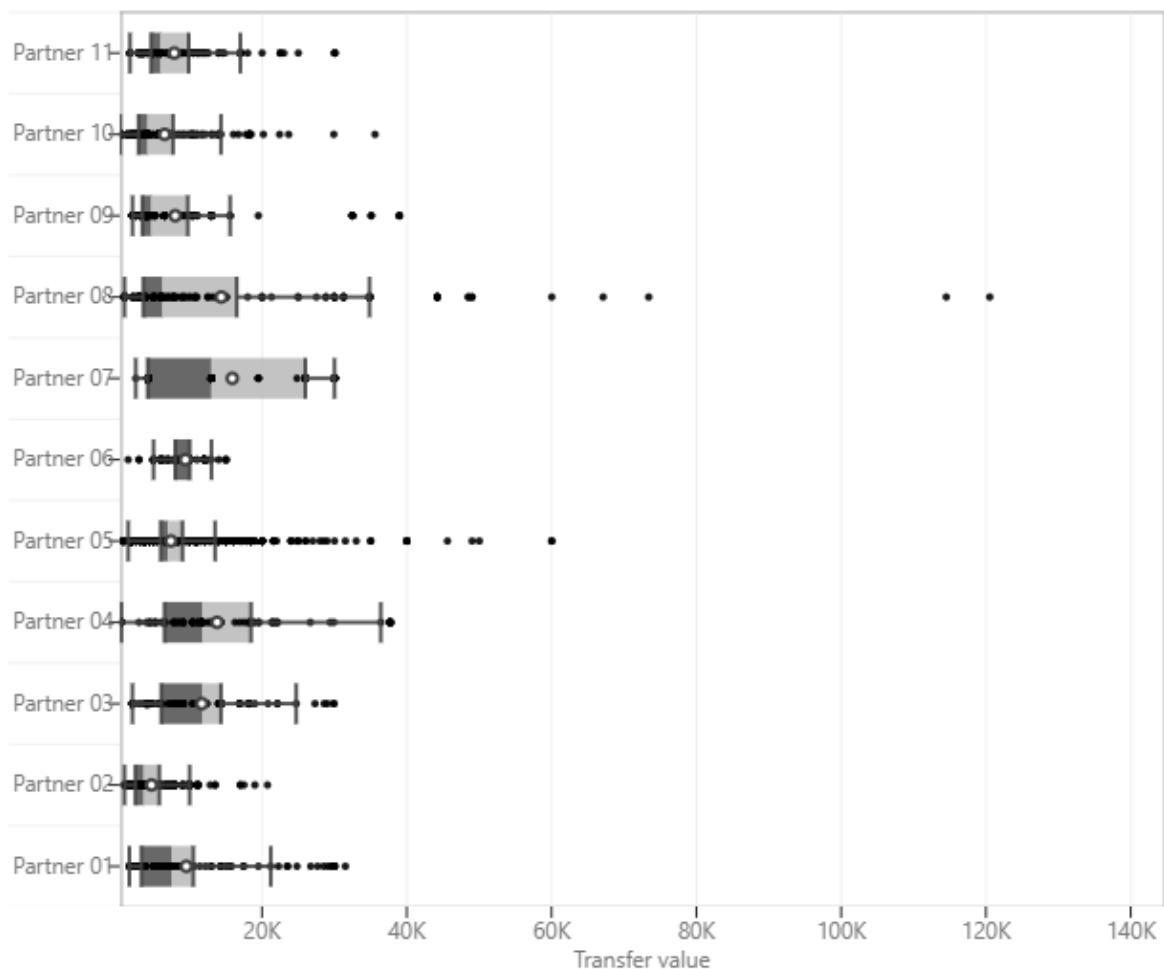
Annex 1: A&A guiding questions

- 1. What are your targeting criteria?** Outline below who you will target and for what type of conditions. Refer to the Cash for Protection recommendations document if you need assistance.
- 2. What is the intake mechanism?** Outline how you will find the recipients, protection monitoring, referral intakes. Will cash be provided alongside normal protection services?
- 3. What non-cash services do you offer?** Will you offer other services, psycho-social support, referral, child protection, legal assistance, response to gender based violence etc.?
- 4. What will you provide cash for?** Cash for protection must be for an identifiable protection need. Outline some guiding principles here or you can refer to the Cash for Protection recommendations document.
- 5. What are the bounds of your cash provision?** Document the following: If you are willing to make multiple payments or just one size of payment, and justification for that. Do you have a set of different values, or are you completely flexible to the case? What is the upper limit? (see below for authorisation as well). Conditions of payment (will you pay service providers on someone's behalf, can this be to a higher limit than the cash payment?)
- 6. What is the transfer mechanism you will use?** Banks, financial service providers. NOTE: if using a third party ensure a) clear data protection policies are in place, b) never send case notes or sensitive data to third parties (see risk mitigation and compliance sections below). Case notes and sensitive data should not be shared outside key members of the programme team, including with finance, and certainly not with third parties.
- 7. Authorisation of payment.** Who can request the payment (normally a case worker on behalf of the recipient) and are there different processes for different sizes of payment)? Who can authorise the payment (normally the team leader, but other options are possible depending on the bounds of your cash approach)? Who pays the payment (finance, the cash team, the caseworker)? NOTE: if the caseworker handles everything consider how you will prevent abuse of power as you don't have the usual segregation of duties.
- 8. Compliance paperwork.** Outline the documentation process you will follow. Consider data protection for sensitive data. Exact information on cases should not be shared outside the programme team. For example, it could be a case note, payment request (with ID linking to case note), then the usual payment paperwork for whatever distribution mechanism you have, finally the topline case note data can be entered into a tracking sheet with key monitoring information (see monitoring section below).
- 9. Risk mitigation.** At a minimum you need to produce a risk mitigation for the following categories – Safeguarding, Fraud, Inclusivity, Conflict Sensitivity, Data Protection and data flow – but you might want to consider some additional ones as well.
- 10. Monitoring framework.** List the indicators and who will be responsible for tracking them (consider linking this to the design of your case note and other paperwork). The Cash for Protection guidelines have a link to some standard indicators. Christian Aid don't mandate a PDM, you may wish to use one, but ensure you have specific feedback from each case.

Annex 2: Average transfer value per partner, and satisfaction related to transfer value by partner

Below are the partner breakdowns of the unique transfer values. The means range from 4,700UHA to 15,000UHA. Likewise, the medians have a similar variation. The role of statistical outliers is also clear with all partners having multiple examples (apart from Partner 4, which just has one). The key here is to show the difference in how partners were using the flexibility they were given. The range in standard deviation of transfer values shows that flexibility was taken up by partners and there was not a complete replica of the approach from one to the next.

Average Transfer Value in UAH by Year and Month

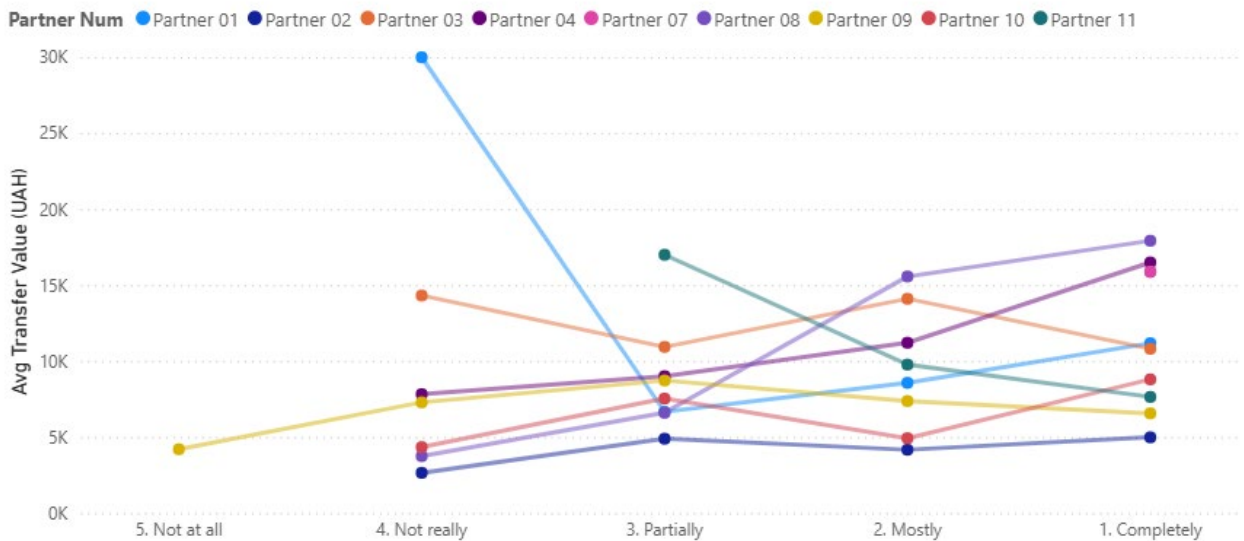


Below we can see the satisfaction rate cross referenced with average transfer value size, split by partner. While the overall trend in the paper is clear the heterogeneity of partners is interesting to observe. For example, partner 11 has an inverse correlation – the higher the transfer value the less satisfaction. Partner 7 only has 'completely' recorded and has a comparatively high transfer value. Partners 4 and 8 show the most strong positive correlation. Most of the other partners have a flatter curve but broadly correlate with increased value and increased satisfaction.

We should be careful reading too much into this analysis. The broad aim is to show there is often a link between these things. However, the sample sizes can overplay trends. For

example, partner 1 has a high value linked to 'not satisfied', but this is due to a specific case, which gets outweighed attention due to that partner not getting more examples of 'not satisfied'. The key to this analysis is to show the rough trend and trade-off between reported satisfaction of those worked with in depth, but it is also not known how this was perceived by the wider community or those not selected.

To what extent were you able to achieve the intended change/result compared with transfer value received



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