BritishRedCross

Community-Centred Cash: A Review of BRC's Current Practice

A review on the extent to which CEA approaches have been mainstreamed in BRC-supported CVA programmes.
October 2023 - March 2024

Figure 1: Community Focus Group Discussion: IARP project, Kenya Red Cross Society.

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List of Acronyms

BRC	British Red Cross
CEA	Community Engagement and Accountability
CFM	Community Feedback Mechanism / Complaints and Feedback Mechanism
CVA	Cash and Voucher Assistance Programming
HNS	Host National Society (Red Cross Red Crescent Implementing Societies)
IFRC	International Federation of Red Cross Red Crescent Societies
KI	Key informant
KII	Key informant interview
NS	National Society (Red Cross Red Crescent Societies)
PGI	Protection, Gender, and Inclusion
PIMS	Project and Information Management System
RCRC	Red Cross Red Crescent Movement
S&I	Safe and Inclusive Framework
ToR	Terms of Reference

Acknowledgements

We would like to thank everyone who supported us to write this review. We would particularly like to thank those that participated in the interviews. Your insights and time have greatly enriched its quality and relevance. We'd also like to thank those who facilitated the interview process, as well as the Community Engagement and Accountability team, the Planning, Monitoring, Evaluation and Learning team, and the Cash Hub for their guidance and support.

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Executive summary

The British Red Cross (BRC) outlined Community Engagement and Accountability (CEA) and Cash and Voucher Based Assistance (CVA) as key focal areas in their 2019-2024 international strategy. The selection of both CEA and CVA as focus areas was based on a recognition that communities and individuals prefer to be active decision-makers rather than passive recipients of in-kind aid. The strategy outlines commitments in CVA and CEA. It pledges to support National Societies (NS) in establishing systems for delivering cash as a routine part of humanitarian response, linked to protection measures. Additionally, the strategy emphasises excellence in CEA, aiming for BRC's work to be community-driven, informed by local needs and practices, and accountable to the communities it serves. To fulfil these commitments, BRC hosts online learning platforms for CVA and CEA, providing resources for knowledge sharing. Recent updates to CVA guidelines highlight the integration of CEA throughout the programme cycle.

This meta review, covering the period 2020-2023, aims to assess the mainstreaming of CEA in BRC-supported CVA programmes, identifying enablers and blockers. It seeks to contribute to achieving CEA commitments by offering insights into best practices and identifying gaps within existing programmes. The primary audience includes RCRC Movement staff, particularly those involved in CVA, CEA, and PGI.

The review's objectives include assessing the extent of CEA mainstreaming in BRC-supported CVA programs, identifying factors influencing mainstreaming, and highlighting good CEA practices. It aims to identify gaps in CEA within existing programmes and projects, analysing unintended consequences. The review provides an opportunity for BRC to strengthen support for NS and CVA practitioners in mainstreaming CEA, shape future approaches, and promote a learning approach for improving future CVA programs. The review involved a sample of eight emergencies, projects, and programmes, covering various geographical regions and thematic areas, which underwent a thorough analysis through a combination of desk analysis and key informant interviews.

Summary of key findings:

1. **Needs Assessment and context analysis**: The needs assessments in the sampled programmes showcased good community engagement. While some programmes relied on data from previous assessments, the majority prioritised gathering new information from the community. Efforts were made to apply a Protection, Gender and Inclusion (PGI) lens, including 'vulnerable groups' such as refugees in assessments. However, weaknesses were observed in documenting the questions asked during needs assessments, hindering the assessment of key CEA and PGI indicators.

2. **Recipient selection criteria:** Recipient selection challenges in CVA programmes were widespread, impacting community trust in the NS. In some cases, negative

outcomes, such as dissatisfaction and confusion during registration, arose from poor communication, subjectivity, and lack of transparency in selection criteria. However, there were also positive examples which highlighted successful community engagement and inclusivity efforts by NSs.

3. **Community consultation representatives/committees/groups:** Many programmes relied on community representatives, like 'community resilience committees' and local leaders, for information dissemination and gathering from the wider community, ensuring effective communication. Despite reported benefits such as overcoming capacity constraints, potential risks like selection bias and corruption were acknowledged. Instances of community dissatisfaction and lack of objectivity within committees were highlighted, prompting some programs to take measures like partnering them with other volunteers to address biases during the selection process.

4. **Community Feedback Mechanisms (CFM):** Accessible CFM were acknowledged as integral to the delivery and trust in the programmes by stakeholders during Key Informant Interviews (KII). However, concerns arose around the fact that feedback mechanisms were often selected on the basis of what was already in place for the NS, rather than current community needs or preferences. Additionally, challenges in handling sensitive feedback were identified, including low utilisation of referral pathways and issues with timeliness and anonymity. Further, interviewees reflected that there was not enough time built into the programme cycle for community feedback to lead to significant changes to programmes.

5. **Evaluation and learning:** While post-distribution monitoring (PDM) was extensively employed in programmes, the majority lacked evidence of completed evaluations, with only one of the three concluded programmes undergoing evaluation. The absence of programme evaluations was attributed to the donor not mandating evaluations for BRC-supported programmes in reporting requirements, and other programmes cited timing and capacity constraints as barriers to conducting end-of-programme evaluations. It is unclear from the evidence whether the evaluation and learning activities that did take place were participatory.

6. **Risk analysis:** Two notable findings emerged regarding risk documentation in the sampled programmes. Firstly, there was inconsistency in saving risk matrices and related documents in PIMS, leaving uncertainty about the completion of risk management exercises. Secondly, while situational, economic, and geographical risks were frequently highlighted in KII, programmatic risks related to PGI, CEA, or safeguarding were not emphasised, raising questions about the occurrence of these discussions within programmes.

7. **CEA mainstreaming within the programme cycle:** The analysis of sampled programmes indicates that the implementation stage of the program cycle exhibits the highest levels of CEA and PGI indicators. Following this, the planning and design stage, and then the needs and context analysis stage also demonstrate substantial integration. The evaluation and learning stage show the most significant gaps in CEA and PGI, influenced in part by the ongoing nature of the majority of programmes.

8. **CEA and PGI tools:** Stakeholders expressed a high level of uncertainty regarding the utilisation of CEA and PGI tools, such as the CEA in CVA checklist. There was consistent unawareness of available tools, with only one stakeholder indicating the use of checklists, alongside the IFRC toolkit, while others suggested potential improvements, including customisation for local contexts and the incorporation of case studies to demonstrate CEA and PGI implementation in diverse settings.

9. **CEA institutionalisation:** There is a general acknowledgment of the importance of institutionalisation, with efforts to mainstream CEA showing progress in recent years, particularly with BRC's supportive role and leadership buy-in. Despite improvements, stakeholders recognise the ongoing need for further institutionalisation, emphasising the importance of dedicated CEA/MEAL teams, continuous training, advocacy, and extending efforts to non-BRC supported programmes and branch levels.

10. **PGI mainstreaming**: The review identified a lack of evidence and awareness of key PGI measures and indicators in both PIMS documentation and stakeholder interviews. Stakeholders emphasised the need for increased investment, training, and mainstreaming of PGI in the programme cycle, highlighting discrepancies in awareness between headquarters and branch levels. While there were efforts to include vulnerable groups, practical challenges in accessibility were noted, indicating the need for better awareness and integration of PGI measures.

11. **Training on CEA and PGI**: The majority of the reviewed programmes showed efforts to train staff and volunteers on CEA and PGI before implementation, as evidenced in documentation and KIIs. Despite ongoing training, respondents expressed the need for additional training, including general CEA and PGI training, Training of Trainers (ToT), branch-level staff and volunteer training, and specific training linking CEA and CVA, highlighting the connection between training and institutionalisation.

12. **BRC support to HNS**: Collaboration between Host National Society (HNS) and BRC in CEA was recognised as a positive area of growth, with the BRC's focus on CEA activities serving as a catalyst for integration within the NS. Questions were raised about the extent of emphasis on CEA across all NS programmes, and stakeholders highlighted the link between the prioritisation of CEA and the availability of budget. There was a consistent demand for more training and

capacity building in CEA and PGI, particularly emphasising peer-to-peer learning as a welcomed area of development for both branch and headquarters.

Recommendations:

Based upon analysis of the data we have formulated the following recommendations. These recommendations are categorised in relation to their stage in the programme cycle which also mirrors the CEA minimum action focal areas:

Needs and context analysis

Needs assessment and context analysis:
Recommendation for BRC programme teams:

- Needs assessment Terms of References' (ToR) and tools should be more consistently documented and stored on PIMS.
- If a HNS is not producing a needs assessment or context analysis in the traditional BRC format, BRC should focus on how to document what information and knowledge the NS already has in place.

Recommendation for HNS programme teams:

- Programme teams should ensure that they have adequate knowledge on the context and needs of the communities they are serving and ensure it has been recorded and documented. This information should ideally be triangulated and if a preexisting context analysis is being used ensure it's updated before the start of a new programme. This includes analysis of CVA related factors, eg markets and financial service providers, and CEA related factors, eg community power dynamics.

Planning and design

Selection criteria:
Recommendations for HNS staff:

- Selection criteria should be communicated clearly to ensure transparency, using a range of different means and channels, as should any changes to criteria. Once finalised, recipient lists can be shared directly with communities so long as doing so would not put recipients at risk of stigmatisation, theft or violence. Critically, a mechanism should be in place for individuals to ask questions about how selection and targeting were conducted and to support individuals who feel that they were excluded to raise this. When doing participatory selection and targeting, it is recommended that you use this tool.
- Multiple stakeholders should be involved in the identification of selection criteria for cash recipients to ensure triangulation is taking place.

Community consultation representatives/committees/groups:
Recommendations for HNS staff:

- To avoid mistrust and biases, consider partnering community representative groups with external actors, such as other community volunteers.
- While community representatives / committees can provide an insight into community preferences, where possible these should always be accompanied by an additional community-level verification/validation to ensure the data is triangulated.

Risk analysis and mitigation:
Recommendation for BRC staff:

- Ensure risk matrices are systematically documented and saved on PIMS, as an important piece of programmatic documentation.

Recommendations for BRC & HNS staff:

- When completing risk matrices, programme teams should consider potential CEA, PGI and safeguarding risks and should build relevant mitigating actions into programmes.

Implementation and monitoring

Community Feedback:
Recommendations for HNS staff**:**

- Before advertising a CFM to community members, NSs should ensure that they have the capacity and processes in place to handle feedback, in particular sensitive feedback. This should include ensuring that there is an up-to-date referral pathway attached to a CFM.
- Ensure the selection of community feedback channels are based on up to date data around preferences.
- Try to ensure there is dedicated time within the programme cycle to make any necessary programme changes based on community feedback and prioritise the documentation of all feedback by the programme team, including complaints.
- Ensure there is an efficient internal referral process between NS HQ and branches in sharing feedback received and ensuring it is actioned/managed in a timely manner.

Evaluation and learning

Evaluations:
Recommendations for HNS staff:

- Ensure resources are routinely allocated for an evaluation to take place at the end of a programme, even in cases where it is not a donor requirement.
- Prioritise evaluations which enable community members opportunities to feed into the learning process, showcasing their experiences and voices for consideration on future programmes.

CEA and PGI tools and guidance:
Recommendations for BRC staff:

- CEA and PGI CVA tools should be better disseminated to HNS.
- Support should be given to NS to implement the CEA and PGI tools that are available, including supporting HNS to tailor and apply the tools to different contexts.
- BRC should work with HNS and IFRC to create a series of case studies to demonstrate how the tools can be used and evidence the benefits of using them.
- BRC should ensure that the CVA tools and guidance are aligned with the CEA minimum actions.

Recommendations for BRC & HNS staff:

- More work needs to be done to disseminate the CEA/PGI in CVA checklists and ensure programme staff know how to use them.
- Invest further in the development of case studies focusing on how CEA and PGI are being implemented into programmes which use CVA.

General CEA and PGI mainstreaming and institutionalisation learnings

CEA and PGI Institutionalisation:

Recommendations for BRC & HNS staff:

- Branches should be more actively involved in the institutionalisation process.

Recommendations for BRC staff:

- When working on institutionalisation with HNS, BRC should place more of an emphasis on connecting CEA and PGI and ensure that PGI is being given the same support in integration as CEA.

BRC capacity building support:
Recommendations for BRC staff:

- Focus on providing CEA and PGI capacity building opportunities, whether in the form of training, mentoring, shadowing opportunities or peer-to-peer support. A particular focus should be put on looking for opportunities to invest in branch level staff as well as new staff members.

Background

In 2019, both Community Engagement and Accountability (CEA) and Cash and Voucher Based Assistance (CVA) were highlighted as key areas of focus in the British Red Cross' (BRC) five year (2019-2024) International strategy. The selection of both CEA and CVA as focus areas was based on a recognition that communities and individuals prefer to be active decision-makers rather than passive recipients of in-kind aid.

In the strategy, CVA is defined as a form of assistance that will transform the humanitarian aid system, enabling people to overcome crises with dignity, exercise choice and sustain well-being. It states that CVA will be prioritised to provide a more timely, efficient, effective, flexible, and appropriate form of humanitarian assistance and that BRC will engage with the digital opportunities and challenges around cash and vouchers. The strategy makes several CVA commitments, including investing in and supporting National Societies (NS) with systems and processes to deliver cash as a routine and predictable part of national and local humanitarian response.

The strategy also makes a commitment to excellence through Community Engagement and Accountability (CEA). It outlines that the directorate's ambition is for BRC's work to be driven by the communities with which they work, based on an understanding of what is needed and what works locally. It emphasises the integral role CEA has in the delivery of quality programmes and services, internationally and in the UK. The strategy also argues that engagement is essential to ensure an understanding of needs and an appropriate design for addressing those needs, and that accountability is largely evidenced through community participation and feedback, as well as good monitoring and evaluation processes. The strategy makes three commitments to invest in and support CEA. The first is to focus on ensuring CEA is integrated across BRC-supported programmes facilitating BRC's leading role in championing CEA within the Movement. The second is to support a select number of NS over the longer-term to embed and normalise CEA, helping to empower communities to bring about structural change. And the third is to

work in collaboration with IFRC, ICRC and NS to develop and implement a best-practice Movement-wide CEA approach that is promoted, resourced, and adopted.

In line with this, BRC hosts two online learning platforms, one for CVA and one for CEA, hosting guidance, toolkits, case studies and templates to promote knowledge sharing and consistency. This includes an online CEA in CVA training and an introductory video on CEA, PGI and CVA.

To ensure that CEA is integrated across CVA programmes, CVA RCRC Movement guidelines and toolkits include guidance on how to include CEA throughout the CVA programme cycle. Recent updates were made to the following CVA guides and toolkits to further highlight the importance of CEA into CVA:

- Guidance for mainstreaming CVA: CVAP for effective response.
- Tipsheet for CEA in CVA with a focus on preparedness (CiE).
- In 2022, CEA and PGI in CVA checklists were also produced by the IFRC to provide practical actions to ensure a good level of community engagement and PGI in CVA interventions. This checklist has become the key CEA reference point for CVA practitioners.
- Guidance on S&I minimum actions which should be integrated into all BRC programmes, projects, and emergencies (this is no longer in use as of 2024).

Purpose and scope

Purpose

The purpose of this review is to assess the extent to which CEA has been mainstreamed in BRC-supported CVA programmes between the dates 2020-2023, touching on elements of PGI practices within the scope of CEA. In doing this, it seeks to identify the enablers and blockers faced by practitioners when mainstreaming CEA within responses which use CVA.

The aim of this investigations is to ensure that the first and third of the CEA commitments outlined in the International strategy are being achieved. In doing this, not only will the review assess the extent to which these commitments have been met, it will also contribute to meeting these commitments by providing learning on the best practice of integrating CEA, and elements of PGI mainstreaming, into CVA with the vision of promoting CEA and PGI mainstreaming best practice by highlighting and analysing successes and failures of its application in CVA interventions. These learnings will be used to improve the resources available to CVA practitioners when implementing CEA and will help to shape BRC's approach to CVA and CEA in the future.

The primary objectives of this review are as follows:

- To review the extent to which CEA practices have been mainstreamed in BRC-supported CVA programmes, linking to good PGI practices.
- To identify factors which are enabling or blocking mainstreaming of CEA practices.
- To identify good CEA practice within existing programmes and projects.
- To identify where there are CEA gaps within existing programmes and projects and highlight the unintended consequences of these gaps.

Scope

The primary audience for this review is RCRC Movement staff, in particular BRC staff, working on CVA, CEA and PGI.

This review could provide opportunities for BRC to build on and further explore the following key areas:

- Investigate how best to strengthen support to NS/ CVA practitioners to mainstream CEA.
- Explore how to shape future approaches to CEA/ CVA.
- Invest in promoting a learning approach to improve future BRC-supported CVA programmes.

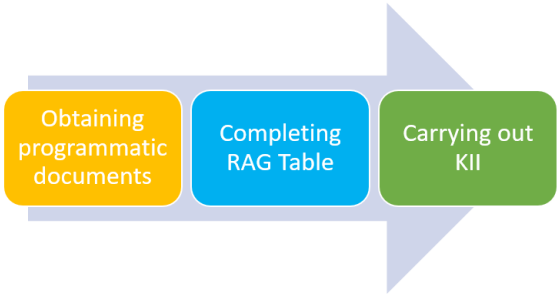
This review considers BRC-supported CVA emergencies, projects, and programmes between the dates 2020-2023. Of the 61 BRC-supported CVA emergency response operations, programmes and projects that have taken place between this period, for feasibility reasons we have selected a sample of eight (below) from a criterion mapping exercise. It was decided that eight was a good sample size as it was a small enough number for us to carry out a thorough analysis within a limited time frame, yet still large enough to cover a regional spread of programmes. To help ensure this sample is representative of BRC's CVA work, these eight cover BRC-supported CVA emergencies, programmes and projects from a range of geographical areas, budgets, and thematic areas. The geographical regions include Asia, East & Southern Africa and Middle East and North Africa (MENA). The selected emergencies, projects and programmes cover thematic areas such as Disaster Management, flooding, landslides, earthquakes, and hunger crises. The review includes a desk analysis of programme documentation which was supplemented with key informant interviews. The majority of these were carried out remotely.

Project	Implementing NS	Strategic focus area	Country
Zimbabwe Community Resilience (*Mwenezi)	Zimbabwe Red Cross Society	Hunger crises and the prevention of famines	Zimbabwe, East & Southern Africa
Bangladesh Barishal Livelihoods and DRR	Bangladesh Red Crescent Society	Hunger crises and the prevention of famines	Bangladesh, Asia
Innovative Approaches In	Kenya Red Cross	Disaster Management	Kenya, East &

Response Preparedness	Society		Southern Africa
Early Livelihood Recovery and Resilience in Nepal	Nepal Red Cross Society	Disaster Management	Nepal, Asia
BRC support to SARC 2022-2023	Syrian Arab Red Crescent	Disaster Management	Syria, MENA
Lebanon Cash Assistance PPL 2021-2022	Lebanese Red Cross	Cash & Voucher Assistance (CVA)	Lebanon, MENA
Integrated Resilience Programme	Sierra Leone Red Cross Society	Disaster Management	Sierra Leone, West and Central Africa
Nigeria Disaster Management	Nigerian Red Cross Society	Disaster Management	Nigeria, West and Central Africa

Methodology

The methodology of the review consisted of three phases:



The review included a desk analysis of programme documentation within the British Red Cross' Project and Information Management System (PIMS). PIMS is a web-based suite of project management tools optimised for tracking and approving different project activities. This analysis was supplemented with 20 KII with key stakeholders from the sampled programmes. Eleven of these were with BRC staff, and nine with HNS staff. These stakeholders included a mix of BRC and NS staff in a variety of roles, such as programme coordinators, CEA focal points, and CVA officers. The majority of the interviews were carried out remotely, with only one country office visit taking place in Kenya. Interview questions were used to triangulate learnings from the desk analysis, as well as to obtain additional information that was unavailable in the documentation. Where possible, new information obtained at the interview phase was triangulated with programme documentation.

This review draws on the following primary and secondary research methods:

1. Desk review of programmatic documents including design documents, budgets, PDMs, evaluation reports, mid-term reviews
2. Key informant interviews (KII)

Phases

Phase one: Obtaining programmatic documentation

The inception phase began with a review of existing programmatic documentation within PIMS, which aimed to extract core data related to CEA and PGI. This included key documents from both the design and implementation stages of the programmes, and if the programme had been closed then any final reports or evaluations were also reviewed.

Phase two: RAG table

Once the necessary documentation was obtained, we assessed the level of CEA & PGI practices in the selected CVA projects and programmes using a set of indicators which were based on the CEA and S&I minimum actions. To assess whether the sample has met the criteria set out in the minimum actions/ indicators, we produced a RAG table. This analysis helped to identify which areas we need to carry out further investigation into, including where there were evidence gaps and any emerging themes.

Phase three: Key Informant Interviews

The CEA and CVA Co-Leads carried out remote interviews with RCRC staff involved in the design and implementation of the sample emergencies, projects and programmes, including National Society (NS) staff, BRC's regional teams, and CVA focal points. Some in-person key informant interviews took place in Kenya in November, which were carried out by the CEA Co-Lead.

Research questions:

This review intended to investigate the extent to which CEA and PGI have been mainstreamed in BRC-supported CVA programmes between the dates of 2020-2023. To answer this question, the review focused on the following questions.

Core review questions:

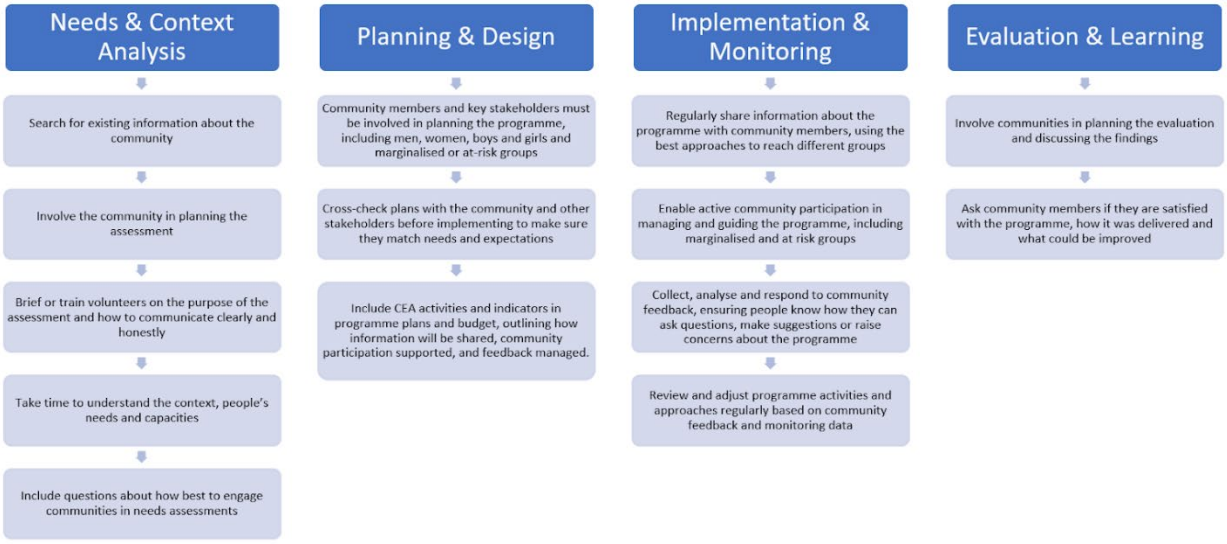
1. To what extent are the CEA minimum actions and the S&I minimum actions being implemented in BRC-supported CVA programmes?
2. To what extent are community members involved in, and their input considered/ reflected in, each stage of the programme cycle of BRC-supported CVA programmes?
3. To what extent is CEA in CVA guidance, in particular the CEA in CVA Checklist, facilitating the mainstreaming of CEA in BRC-supported CVA programmes?

Indicators:

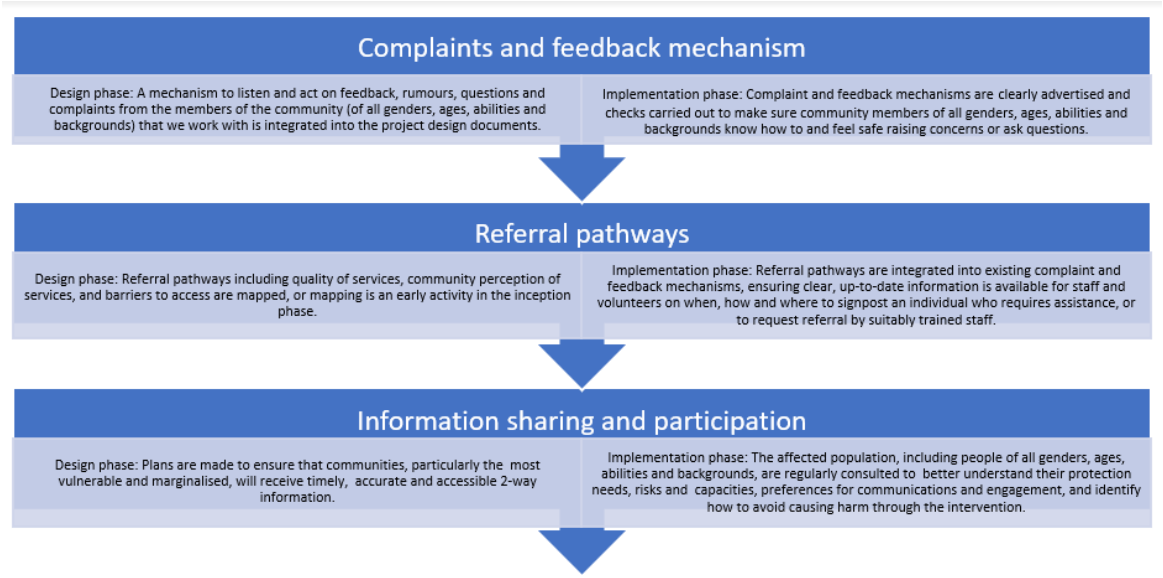
This review used the CEA minimum actions and the S&I minimum actions as indicators to assess the extent to which CEA and PGI have been mainstreamed in BRC-supported CVA programmes. These were used to assess CEA/ PGI levels within the RAG table. While the S&I minimum actions are no longer being used within the BRC, we used them as indicators as they were the accepted CEA criteria used within BRC-supported programmes between 2020-22. It is also important to note that while the S&I checklist

indicators cover aspects of PGI, they do not fully cover PGI best practice. The indicators were also used to develop and guide the interview questions used with key informants.

CEA minimum actions indicators:



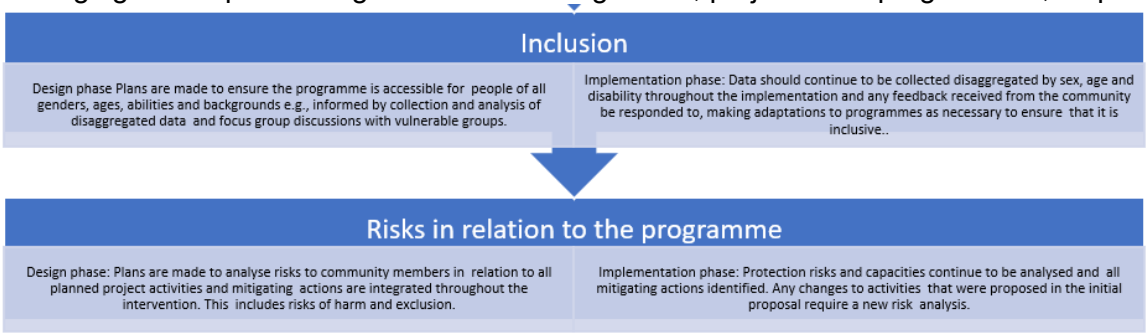
S&I minimum actions indicators:



Limitations

There are several limitations which may affect the validity and generalisability of the review.

Firstly, limitations related to the validity of the review findings arose due to the range in quality programme documentation available. There was considerable variation in the types and amounts of documents, reports and plans uploaded to PIMS within the sample. Reporting requirements for the BRC, Partner National Societies, IFRC and ICRC differ, and this is evident in the documentation available within PIMS. It is possible that due to insufficient information available to the research team, final conclusions from the review may not accurately reflect what took place within the programmes, projects and emergencies. We aimed to minimise this risk by supplementing our desk research with key informant interviews; interviewing staff and volunteers who were involved in managing and implementing the CVA in emergencies, projects and programmes, helped



to fill evidence gaps in the documentation. However, this review faced challenges in finding individuals who had worked on the programmes and projects who were available for interviews, particularly as some key stakeholders may have left the Movement or moved roles. This led to a discrepancy in the number of people interviewed for each of the sampled programmes. While we were able to interview up to seven people for one programme, for others we were only able to carry out one or two interviews and for one programme we were unable to carry out any interviews. This potentially skewed our data as it meant some of the programmes were overrepresented in our findings. It is also important to note that including the experiences and opinions of affected communities was beyond the scope of this review.

Secondly, the majority of the programmes sampled were not yet completed. While most of these programmes were in their final or penultimate year and had therefore covered most of the steps represented in the CEA minimum actions and S&I minimum actions, it is possible that further CEA and PGI activities will take place after the review period. This is particularly true of activities linked to the evaluation and learning CEA minimum action. However, while this can be seen as a limitation, it can also be seen as an opportunity. As the majority of programmes are ongoing, the review has the potential to influence improved practice in these programmes.

Finally, some guidance, such as the CEA in CVA checklist and the CEA minimum actions, are relatively new so there may not have been an adequate amount of time to assess impact of the guidance within this review. It would therefore be unreasonable to assess the level of CEA and PGI mainstreaming in CVA programmes between 2020-2023 using only the CEA minimum actions. To address this issue, we included the S&I

minimum actions in the review research questions. However, it is also important to note that after a review carried out in 2022, it was decided that BRC abandon the S&I framework and minimum actions. Further, while the S&I minimum actions cover aspects of PGI, they do not fully cover PGI best practice. There were therefore also limitations in using them to assess the level of CEA and PGI mainstreaming for programmes taking place after this change.

Findings

These findings are categorised in relation to their stage in the programme cycle which also mirrors the CEA minimum action focal areas. We have further indicated which research question they relate to.

The following findings are related to research questions one and two.

Research question one: To what extent are the CEA minimum actions and the S&I minimum actions being implemented in BRC-supported CVA programmes?

Research question two: To what extent are community members involved in, and their input considered/ reflected in, each stage of the programme cycle of BRC-supported CVA programmes?

Needs assessment and context analysis

1. **While needs assessments show a good use of CEA, context analyses often rely on outdated, general data, and fail to include key social dynamics which could significantly impact the success of the programme:**

The needs assessments completed within the programmes selected showed overall good community engagement, with the stakeholder interviews and programme reporting providing detail on this step of the programme cycle and how CEA practice was built into the needs assessment activities. Whilst a couple of the programmes did report relying on needs assessment data from previous programmes, explaining that the programmes selected were continuations of previous programmes, the majority prioritised gathering new needs assessment data from the community within the initial phase of the programmes.

While there is limited data on which specific community members were interviewed for the needs assessment, where the data is available it is clear that some efforts were made to apply a PGI lens. Three of the programmes reported including ‘vulnerable groups’ in the needs assessment. For example, one of the programmes stated that the needs assessment included women, men, people living with disabilities, elderly, youth, and people with specific/hidden vulnerabilities. Another focused on carrying out consultations with refugees and ‘other vulnerable communities’.

The levels of community involvement in the design and delivery of the needs assessment varied. While two of the sampled programmes reported no level of community involvement, one respondent explained that communities are often involved in the planning of the assessment.

Three others reported carrying out other forms of participatory assessments, including community-led Vulnerability and Capacity Assessment (VCA) and participatory action research.

During the KII, there was some evidence of CEA focused questions being included in needs assessments. These included questions on community preferences, information needs, indigenous knowledge, and on issues related to PGI and gender.

However, where there were weaknesses across the programmes was in the documenting of the questions asked to communities at the needs assessment stage. There was little evidence within PIMS of any of the specific need assessment questions, which made it difficult to assess the extent to which key PGI and S&I indicators had been considered within the assessment phase of programmes. The needs assessment questions were however available for one of the programmes. These questions included three specific to CEA, including questions on priority information needs, preferred communication channels, and community organisation and dynamics. While the specific needs assessment questions were not available, another programme had a detailed report based on the needs assessment findings. This report failed to include any CEA related findings which suggests no CEA focused questions were asked during the needs assessment, or, if they were asked, they were not taken forward in the design of the programme. Evidencing what communities are being asked within the needs assessment phase remains an important way of showcasing CEA and PGI standards, aiming to mainstream them into practice across programmes. The fact that questions are not systematically being documented is an important learning as it suggests a flaw in the design of needs assessment documentation.

Regarding context analysis used within the sample, the evidence from across the programmes was weaker. While there was evidence of at least a brief context analysis having been done in most programmes (88%), just under half (43%) were largely informed by data that had been reused from previous programmes and was not always specific to the programme objectives or target population. In other cases, the context analysis focused mainly on factors related to the delivery of CVA (e.g. access to markets, COVID restrictions, work of other organisations on CVA etc). While over half (57%) of the programmes included a context analysis with data on gender, little evidence was found on how context analysis was used to look at other community based or PGI indicators, such as power dynamics within communities or data on people with disabilities.

Planning and design

These findings are linked to research question one and two:

2. **Challenges around determining and communicating programme selection criteria is one of the biggest obstacles to doing good CEA in CVA programmes:**

The challenges of getting the recipient selection criteria and process right when providing CVA assistance was evident in the majority of programmes, as well as the detrimental impact that getting this wrong can have on the reputation and trust communities have in the NS. While a failure to meet community expectations when defining selection criteria is not unusual or necessarily a sign of bad CEA, dissatisfaction and frustration can often be exacerbated when the selection process is not well communicated. During our KII, it was clear from respondents' answers that some of the reasons for not meeting community expectations were due to external factors such as high poverty rates, time constraints,

funding shortages, and pressure from the government and local officials. However, some respondents also highlighted that issues were exacerbated due to the NS' failure to do good CEA during the process. For example, one stakeholder explained that the selection criteria had elements of subjectivity and lacked transparency. While the programme had originally planned to target a broad group, as the needs in the community were so high, the NS was forced to add another level to the criteria. It was decided by the NS not to communicate the new criteria to the community. Further, volunteers were left to make a final judgement on which community members would be included in the programme based on who they deemed 'the poorest of the poor'. This lack of transparency and subjectivity around the selection criteria and the lack of community engagement within the selection criteria creation process led to community members not understanding the programme or the criteria, as well as complaints and chaos during registration sign-ups.

However, there were also positive examples of community members being involved during the assessment and selection process. Several stakeholders recalled working closely with community members to develop the selection criteria and identify which community members matched the requirements of the criteria. This was a transparent process and recipient lists were made publicly available. For one respondent, the recipient selection was one of the most successful parts of the programme, and they stated that the level of community engagement in it was integral from the start. There is also evidence from both programme documentation and KIIs that there were deliberate efforts by NSs to ensure that selection criterias were inclusive with a particular focus on including women, people with disabilities. Other vulnerable groups included refugees and child-headed households.

3. **While there are benefits to working with community consultation representatives/committees/groups in CVA programmes, an overreliance on these groups and a lack of triangulation can lead to selection bias and mistrust within the community:**

The majority of programmes reviewed utilised community representatives such as 'community resilience committees', 'disaster management committees', or local leaders to both dispense and gather information from the wider community. Working with such groups was regularly mentioned as one of the key ways to ensure communities were kept up to date with information about the programme.

While the benefits of working with such groups were reported, including obtaining indigenous knowledge and alleviating capacity constraints, potential risks were also noted by three stakeholders. These included selection bias, misrepresentation and corruption. For example, when asked about potential barriers to doing good CEA, one interviewee recounted a programme in which giving too much power to community committees led to complaints that the wrong people were being supported by the programme and that the wrong issues were being addressed. In another case, it was noted that lack of membership turnaround within a community committee had led community members to question the objectivity of the committee. They feared that if they had personal conflicts with the committee members, they would be excluded from the programme. While in theory the representatives should have changed and given way to new members, elections had failed to take place. Some interviewees recounted steps they had taken to mitigate these biases for example partnering community representative groups with other community volunteers during the criteria selection process. The use of data triangulation to limit biases was not raised during the interviews.

4. **Risks and related mitigating actions are not consistently saved on PIMS, and risk analysis fails to adequately consider PGI and CEA:**

There were two clear findings related to the documentation of risk within the sample of programmes. The first was that risk matrices and documents outlining potential programme risks, and related mitigating actions, were not consistently saved in PIMS. Within the document analysis there were very few examples of risk matrices being saved in PIMS within programme files, therefore from an evidence standpoint it was unclear as to whether exercises in risk management had been completed.

Secondly, when questions of risk management were posed within the Key Informant Interviews, where interviewees were able to confirm that risk analysis had taken place, and the majority of the risks highlighted were predominantly situational, economic and geographical risks (eg risks related to COVID-19 or markets). Programmatic risks related to PGI, CEA or safeguarding, and their relevant mitigating actions, were not highlighted within interview answers on risk. The lack of evidence within both the PIMS documentation and interviews on potential programmatic risks related to PGI and CEA raises the question as to whether these conversations are happening within programmes.

Implementation and monitoring

These findings are linked to research question one and two:

5. **Community Feedback Mechanisms are in place and the recognition of their importance is clear however there is room for improvement, including ensuring they reflect community preferences, and that sensitive feedback is well handled:**

Evidence of established CFM was clear for all programmes, and it was an area within the Key Informant Interviews which stakeholders were keen to discuss. CFM were continually referenced as integral to the delivery and trust in the programmes, however there were several key trends related to the use of these CFM which came across within the evidence.

Firstly, across the programmes the importance of having a range of different CFM available to community members was clear, and the interviews with stakeholders highlighted an awareness of the need for CFM which were accessible to all community members (including those who were marginalised or vulnerable). However one theme which did come through from the interviews was that many of the feedback mechanisms selected were on the basis of what was already in place for the National Society, the extent to which community preference dictated which CFM were used was mixed, for example, one respondent noted that the CFM was based on data around preferences that had been conducted during a previous programme and, as preferences in the community may have now changes, was now outdated.

Secondly, within the interviews an area for development for several programmes was on the topic of dealing with sensitive feedback. From the discussions with stakeholders it appears that more work needs to be done on better establishing mechanisms and promoting referral pathways, as whilst interviewees confirmed these pathways were in place for programmes they also shared that the use of them was low, citing timeliness

and community concern around the anonymity of complaints. For example, in one case it was noted that hotline volunteers had been trained on how to deal with sensitive feedback, however within that programme there were still issues around the reporting procedure. These issues included staff being too busy to adequately deal with the feedback and the CFM being 'too centralised'. As all sensitive feedback was sent directly to headquarters, there were often delays in addressing the branch level feedback or, in some cases, the feedback was not relayed to branch level at all. There was little evidence within the PIMS documentation around sensitive feedback procedures and policies to confirm these stakeholder discussion points, as it is not standard practice to document NS procedures within PIMS.

Lastly, when looking at evidence of how community feedback had resulted in changes to the programme, there were only examples of small changes, such as the amendment of distribution items or changes to comms materials. While this could potentially indicate that no larger changes had been requested, a number of interviewees reflected that there was not enough time built into the programme cycle for significant changes as the programmes were short term with fixed closure dates.

Evaluation and Learning

These findings are linked to research question one and two:

6. **While PDMs are commonplace, evaluations are not consistently completed at the end of a programme:**

Whilst there was a wealth of evidence around the use of post-distribution monitoring (PDM) throughout the programmes, which is being built into the CVA monitoring programme cycle, the majority of programmes had not completed a final programme evaluation. As only three of the eight sampled programmes have come to an end, this finding does not necessarily mean that an evaluation will not be carried out once the programme ends. Of the six active programmes, four mentioned plans to do an evaluation in their design documentation. The other two active programmes either included a Mid Term Review (MTR) or a programme review at each phase of the programme. PDMs were also used in the majority of programmes. While these PDMs claimed to 'actively engaged' community members, it's unclear from the data how participatory they were in practice.

However, the team found evidence that only one of the three completed programmes had an evaluation taking place. One of these programmes had however completed a number of MTR and the other ran and lessons learnt workshop at the end of the programme.

During KII, respondents reflected that evaluations often did not take place due to the donor not requesting an evaluation for BRC-supported programmes as part of their reporting requirements and signalled timing and capacity restraints as preventing them from completing an end of programme evaluation.

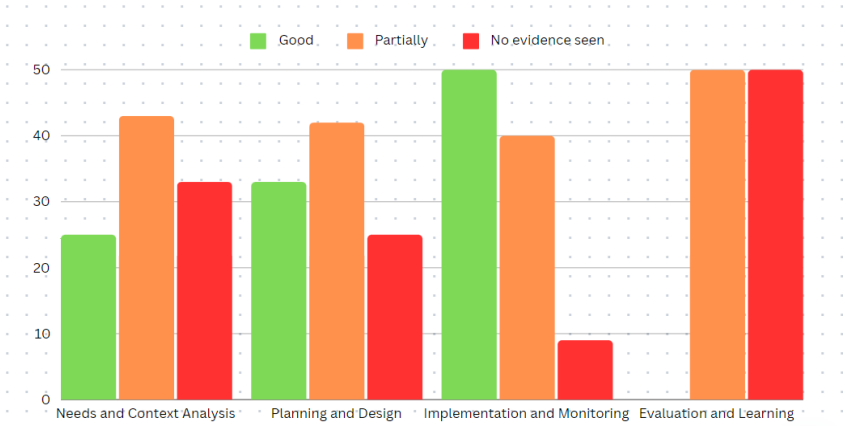
Overview of CEA and PGI in the programme cycle:

7. **The highest levels of CEA and PGI are taking place at the implementation stage of the programme cycle. Significantly less is being carried out at the evaluation stage:**

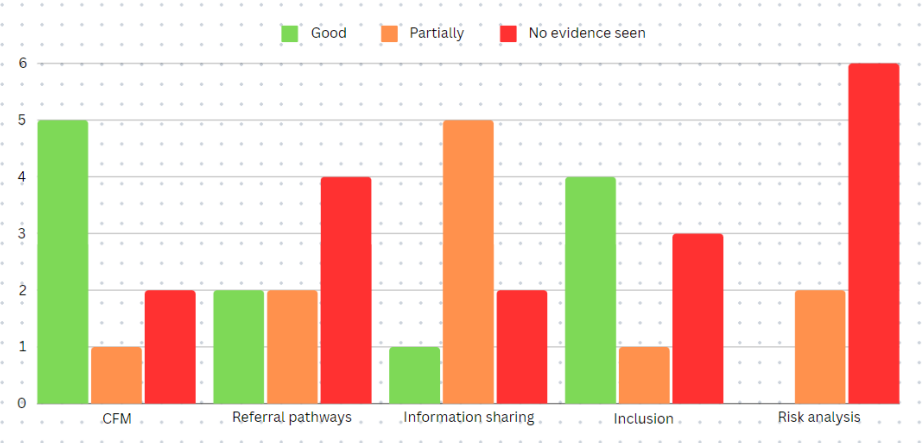
When looking at the degree to which the sampled programmes are meeting the CEA and PGI indicators in the RAG table, which captures data from both the desk analysis and KII, it can be concluded that the implementation stage of the programme cycle is integrating the highest levels of CEA and PGI. This is followed by the planning and design stage and then the needs and context analysis stage. The evaluation and learning stage of the programme cycle showed the most significant CEA and PGI gaps. However, as mentioned previously, this is likely to have been impacted by the fact that most programmes are yet to have come to a close.

We have visualised the RAG table findings in the below bar graphs. The first bar graph shows the degree to which the CEA minimum actions have been implemented throughout the programme cycle. The numbers on the vertical axis represent the percentage of programmes. The second two bar graphs demonstrate the extent to which the S&I minimum actions are being implemented during the design and implementation stage of programmes. The numbers on the vertical axis represent the number of programmes. The first of these graphs focuses on the design stage and the second on the implementation stage. Our definitions for 'good' 'partially' and 'no evidence' can be found in the RAG table. For the graphs, we have merged the 'indicator not met' and the 'no available evidence' data from the RAG table into 'no evidence seen'.

CEA minimum actions indicators:



S&I Minimum Actions Design Stage:



S&I Minimum Actions Implementation Stage:

Research question three: To what extent is CEA in CVA guidance, in particular the CEA in CVA Checklist, facilitating the mainstreaming of CEA in BRC-supported CVA programmes?

CEA/ PGI and CVA tools and guidance:

8. There is a high level of uncertainty about what CEA and PGI tools and guidance are available and whether they are being used on BRC-supported CVA programmes:

When stakeholders were asked whether CEA and PGI tools, such as the CEA in CVA checklist, were being used to inform BRC-supported CVA programmes, there was a high-level uncertainty. There was a consistent lack of awareness surrounding which resources are available and whether these resources are being used. Two stakeholders reported not having used the available resources 'much' or 'consistently' while only one said the checklists were being used, alongside the IFRC toolkit.

Nevertheless, stakeholders provided a few recommendations on how the resources can be amended and updated to fit the requirements of the NS. Some of this feedback was centred on context. One stakeholder explained that it takes time to adapt guidelines to fit the local context, while another suggested guidance documents could be more useful if they were customised for the local context. Another pointed out that while there are currently enough tools, new tools will have to be created in the future as the context and disasters facing communities evolve. It was also suggested by multiple respondents that it would be helpful to have case studies to supplement the guidelines and checklists. The purpose of these case studies would be to show how CEA and PGI are being implemented into CVA programmes in different contexts. The need to ensure staff and volunteers know about the available resources and understand them was also mentioned.

Additional findings on institutionalising and mainstreaming CEA and PGI:

9. CEA institutionalisation has come a long way in recent years due to BRC's support, greater leadership buy-in, dedicated staff members and training:

There is an overall recognition that institutionalisation is important, and that work is being done to mainstream CEA. It was noted by the majority of stakeholders, including both BRC and NS staff that CEA had become stronger in the last few years. BRC's positive role in supporting the institutionalisation process was mentioned by several NS stakeholders. Additionally, the role of leadership buy-in in determining the success of institutionalisation was noted by half of the programmes interviewed. For example, one NS interviewee said: "The biggest advantage is that we have support from senior management and that trickles down. CEA is part of our strategic pillars and we have invested so much into CEA tools." Another said that their NS doesn't always have leadership buy-in which has limited the institutionalisation of CEA. The importance of having a dedicated CEA/ MEAL team or a CEA focal was also mentioned by two stakeholders, one BRC and one NS. The necessity of having staff and volunteers well trained on CEA and PGI to achieve mainstreaming was also mentioned by respondents, as well as the importance of good advocacy work and documenting and implementing previous CEA learnings.

However, while it was recognised that CEA institutionalisation has come a long way in recent years, there is still room for improvement. One stakeholder said that while CEA and PGI come into the limelight during a project's design phase, there is little focus on them prior to this. Another noted that while BRC's approach to CEA institutionalisation has been working across BRC supported programmes, the NS needs to move away from focusing on programming alone and ensure CEA is also institutionalised in non-BRC supported programmes. The need for more institutionalisation work to be done at branch level was highlighted by another stakeholder.

10. There are evidence gaps in how PGI measures and the S&I minimum actions have been put into practice, and there is a need for better awareness and mainstreaming of PGI:

Across the PIMS documentation and the interviews with stakeholders there was a lack of evidence and awareness of key PGI measures and indicators. Programme documentation rarely mentioned PGI activities or S&I minimum actions and within the interviews stakeholders consistently referenced the need for better investment, training and mainstreaming of PGI into the programme cycle. The discrepancy between HQ and branch level awareness of PGI was highlighted, with stakeholders emphasising the need for a deeper level of mainstreaming of PGI with NS.

Where there was focus across programmes was in the importance of including women and those with disabilities into the eligibility criteria, and in some cases bringing these groups into the design stage as well. In particular, seven out of the eight programmes included plans to ensure the programme was accessible to vulnerable groups in their design documents.

In some programmes, there was an effort to include disabled community members in the project, however there were often practical issues such as accessibility to cash collection points or inaccessible communications methods such as posters and SMS. There were

also positive examples of how programme teams had sought to mitigate such barriers. For example, one cash-for-work project ensured that people with disabilities were also able to take part in the project by allowing another community member to work on their behalf.

Overall, while there were evidence gaps in how PGI measures and S&I minimum actions had been put into practice on PIMs, it was clear from stakeholder interviews that while PGI is taking place at some level, there is a need for better awareness and mainstreaming of PGI.

11. While training on CEA and PGI is already taking place, additional training support continues to be requested:

The majority of the programmes reviewed had made efforts to ensure that staff and volunteers had been trained on CEA and PGI prior to the implementation phase. This is evidenced in programme documentation and in the KIIs. However, while training is evidently taking place, respondents often requested more training be carried out. These requests included general CEA and PGI training, Training of Trainers (ToT), training for branch level staff and volunteers, as well as training that is specifically designed to link CEA and CVA.

The link between training and institutionalisation was also raised. One respondent acknowledged that while training had taken place in the past, these skills were often lost due to high levels of staff turnover. The need to train staff and volunteers to ensure CEA is being mainstreamed was also mentioned by two respondents when asked about the NS level of institutionalisation. Additionally, when asked how BRC can further help mainstream CEA and PGI in CVA programmes, two NS requested BRC provide more training on CEA.

12. The support provided by BRC is regarded as a strong catalyst for CEA integration within the NS:

Within the interviews with stakeholders the collaboration NS had with the BRC on CEA came out as a clear positive area of growth. The BRC's focus and prioritisation of CEA activities and practice within partner programmes was identified as a strong catalyst for CEA integration within the NS, with open communication on CEA identified as a successful area of partnership. There were however questions from one stakeholder on whether the emphasis on CEA happens across NS programmes, or just those to which BRC is a partner NS.

Additionally, several stakeholders emphasised that the focus on CEA was deeply linked to the funding available, when there was budget from BRC to develop programmes which prioritised CEA then it was feasible to focus on it as an area for development, however without budget the competing priorities which NS are juggling would mean less integration of it into programmes.

Lastly, there was a consistent request for more training and capacity building around CEA and PGI, particularly as an area for both branch and HQ to invest in. The option of peer–to-peer learning around good CEA and PGI practice was identified by several stakeholders as a welcomed area of development.

Conclusion

In conclusion, while there is evidence of CEA and PGI being successfully implemented into BRC-supported CVA programmes throughout the programme cycle, in particular during the implementation stage, there is still room for improvement. Key improvement areas include ensuring data on communities is up-to-date and triangulated, programmes are transparent, CFMs are well resourced and equipped to deal with sensitive complaints, learnings are consistently documented, and guidance is informing programmes. Overall, more work is needed to ensure that BRC is achieving the first and third of the CEA commitments outlined in the International strategy in CVA programmes.

Recommendations

Needs and context analysis

Needs assessment and context analysis:

Recommendation for BRC programme teams:

- Needs assessment ToR's and tools should be more consistently documented and stored on PIMS.
- If a HNS is not producing a needs assessment or context analysis in the traditional BRC format, BRC should focus on how to document what information and knowledge the NS already has in place.

Recommendation for HNS programme teams:

- Programme teams should ensure that they have adequate knowledge on the context and needs of the communities they are serving, and ensure it has been recorded and documented. This information should ideally be triangulated and if a preexisting context analysis is being used ensure it's updated before the start of a new programme. This includes analysis of CVA related factors, eg markets and financial service providers, and CEA related factors, eg community power dynamics.

Planning and design

Selection criteria:

Recommendations for HNS staff:

- Selection criteria should be communicated clearly to ensure transparency, using a range of different means and channels, as should any changes to criteria. Once finalised, recipient lists can be shared directly with communities so long as doing so would not put recipients at risk of stigmatisation, theft or violence. Critically, a mechanism should be in place for individuals to ask questions about how selection and targeting were conducted and to support individuals who feel that they were excluded to raise this. When doing participatory selection and targeting, it is recommended that you use this tool.
- Multiple stakeholders should be involved in the identification of selection criteria for cash recipients to ensure triangulation is taking place.

Community consultation representatives/committees/groups:

Recommendations for HNS staff:

- To avoid mistrust and biases, consider partnering community representative groups with external actors, such as other community volunteers.
- While community representatives / committees can provide an insight into community preferences, where possible these should always be accompanied by an additional community-level verification/validation to ensure the data is triangulated.

Risk analysis and mitigation:

Recommendation for BRC staff:

- Ensure risk matrices are systematically documented and saved on PIMS

Recommendations for BRC & HNS staff:

- When completing risk matrices, programme teams should consider potential CEA, PGI and safeguarding risks and should build in relevant mitigating actions into the programme.

Implementation and monitoring

Community Feedback Mechanisms:

Recommendations for HNS staff:

- Before advertising a CFM to community members, NSs should ensure that they have the capacity and processes in place to handle feedback, in particular sensitive feedback. This should include ensuring that there is an up-to-date referral pathway attached to a CFM.
- Ensure the selection of community feedback channels are based on up to date data around preferences.
- Try to ensure there is dedicated time within the programme cycle to make any necessary programme changes based on community feedback and prioritise the documentation of all feedback by the programme team, including complaints.
- Ensure there is an efficient internal referral process between NS HQ and branches in sharing feedback received and ensuring it is actioned/managed in a timely manner.

Evaluation and learning

Evaluations:

Recommendations for HNS staff:

- Ensure resources are routinely allocated for an evaluation to take place at the end of a programme, even in cases where it is not a donor requirement.
- Prioritise evaluations which enable community members opportunities to feed into the learning process, showcasing their experiences and voices for consideration on future programmes.

CEA and PGI tools and guidance:

Recommendations for BRC staff:

- CEA and PGI CVA tools should be better disseminated to HNS.

- Support should be given to NS to implement the CEA and PGI tools that are available, including supporting HNS to tailor and apply the tools to different contexts.
- BRC should work with HNS and IFRC to create a series of case studies to demonstrate how the tools can be used and evidence the benefits of using them.
- BRC should ensure that the CVA tools and guidance are aligned with the CEA minimum actions.

Recommendations for BRC & HNS staff:

- More work needs to be done to disseminate the CEA/PGI in CVA checklists and ensure programme staff know how to use them.
- Invest further in the development of case studies focusing on how CEA and PGI are being implemented into programmes which use CVA.
- General CEA and PGI mainstreaming and institutionalisation learnings.

CEA and PGI Institutionalisation:

Recommendations for BRC & HNS staff:

- Branches should be more actively involved in the institutionalisation process.

Recommendations for BRC staff:

- When working on institutionalisation with HNS, BRC should place more of an emphasis on connecting CEA and PGI and ensure that PGI is being given the same attention as CEA.

BRC capacity building support:

Recommendations for BRC staff:

- Focus on providing CEA and PGI capacity building opportunities, whether in the form of training, mentoring, shadowing opportunities or peer-to-peer support. Looking in particular for opportunities to invest in branch level staff as well as new staff members.

Annexes

Annex 1: List of KIIs

	Name of stakeholder	Role	National Society	Project
1	Leobah Mudungwe	CEA officer	Zimbabwe National Society	Zimbabwe Community Resilience (*Mwenezi)
2	Thembelihle Mlondiwa	NSD Coordinator	British Red Cross	Zimbabwe Community Resilience (*Mwenezi)
3	Raffaella May Turner	Regional Officer	British Red Cross	Zimbabwe Community Resilience (*Mwenezi
4	Gita Kumari Pandey	Sr. CEAL Officer	British Red Cross	Early Livelihood Recovery and Resilience in Nepal'
5	Hem Bhatta	Senior DRR Senior Livelihoods Officer	British Red Cross	Early Livelihood Recovery and Resilience in Nepal'
6	Magda Rios-	Programme Coordinator	British Red	Bangladesh Barishal

	Mendex		Cross	Livelihoods and DRR
7	Musfiquer Rahman	Sr. M&E Officer	British Red Cross	Bangladesh Barishal Livelihoods and DRR
8	Saiful Alam	Sr. Manager Partnership & Field Coordination	British Red Cross	Bangladesh Barishal Livelihoods and DRR
9	Rachel Kirvan	Cash Assistance Surge	British Red Cross	Nigeria Disaster Management
10	Blessed Mbang	Programme Coordinator	British Red Cross	Nigeria Disaster Management
11	Mofe Terah	Officer, Communications and Advocacy/CEA FP	Nigeria Red Cross Society	Nigeria Disaster Management
12	Keren Mugwe	MEAL Officer	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
13	Evelyn Munyao	CEA Coordinator	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
14	George Kiragu	Cash Voucher Assistance Information Management	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
15	Salimu Hamadi	Regional MEAL officer	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
16	Jeff Otieno	DM/ CVA Programme Officer	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
17	Diid Boru	MEAL Officer	Kenya Red Cross Society	Innovative Approaches In Response Preparedness
18	Shadrack Watho	Programme Coordinator	British Red Cross	Innovative Approaches In Response Preparedness
19	Yusufu Camara	Director of Programs and Operations	Sierra Leone Red Cross Society	Integrated Resilience Programme
20	Lucian Cobley Carr	Programme Officer Lebanon & Syria	British Red Cross	Lebanon Cash Assistance PPL 2021-2022

Annex 2: Interview questions

1. Was a needs assessment done? And, if so, how were community members?
    - Were community members involved in the planning of the assessment? For example, were they involved in deciding what questions would be used and how the assessment would be done?
    - Did you collaborate with other stakeholders, such as NGOs, on the assessment?
    - Were volunteers briefed or trained on the purpose of the assessment and on how to communicate honestly and clearly?
2. Was a context analysis done and what data was included?
    - Did the analysis map things like the power dynamics between different groups, cultural practices and beliefs and gender roles etc.?
3. How, if at all, were community members involved in the planning and design of the programme?
    - Were community members (including men, women, boys and girls and marginalised or at-risk groups) involved?
    - Were programme plans cross checked with community members and other stakeholders?
    - Were CEA activities and indicators factored in during the design phase?
4. How was it ensured that all community members were regularly kept up to date with information about the programme?
    - Were community members consulted about how they'd like to be informed?
5. Were there continued opportunities for all community members to participate in shaping the programme?
    - What activities were there to get communities to participate?
    - Were volunteers trained on the value of community participation?
    - Was time spent in the community to develop trust? How?
6. How was feedback collected, analysed and responded to? Can you provide an example of when the programme was adapted based on community feedback?
    - What kind of feedback was collected? Eg. Queries/Requests, Rumours/perceptions, Complaints/sensitive feedback, Gratitude/acknowledgement
    - What data was (assessment, registration, PDM) collected around different group needs? How did this disaggregation of data inform decisions?
    - Were community members consulted on how they'd like to give feedback?
    - How did you ensure all members of the community were able to provide complaints and feedback?
7. Were community members involved in the planning of the evaluation?
    - How were they involved in the planning?
    - Were they involved in discussing the findings?
    - Were community members asked if they are satisfied with the programme, how it was delivered and what could be improved?
8. Was risk to community members analysed and mitigated during the programme?
    - Can you provide an example of this?

9. Do you feel the project was able to meet the needs of different groups in the community?
    - Can you provide an example of this?
10. Which stage of the programme cycle was most/ least successful at incorporating CEA and PGI and why?
11. Can you give an example of a barrier to CEA/PGI from this programme? Were you able to overcome this barrier?
12. From your experience on this programme, how can CEA and PGI be better mainstreamed in CVA programmes?
13. Is the CEA/ PGI in CVA guidance being used and how can it be improved?
    - Did people use CEA/ PGI in CVA guidance, in particular the checklists, while working on this programme?
    - Do you think the guidance facilitates the mainstreaming of CEA/ PGI in CVA programmes at your NS?
14. Do you believe CEA and PGI have been successfully mainstreamed in your NS?
15. Is your NS working on institutionalising CEA and PGI?
    - What institutionalisation activities have they done/ are they working on?
16. How can BRC strengthen support to the NS/ CVA practitioners implementing CEA and PGI?

Annex 3: RAG Table

To view the RAG table, please click on the link below:

CEA in CVA review RAG table

Annex 4: Review Inception Report

A review into the mainstreaming of CEA into CVA Inception Report

Background and Context

In 2019, both Community Engagement and Accountability (CEA) and Cash and Voucher Based Assistance (CVA) were highlighted as key areas of focus in the British Red Cross' (BRC) five year (2019-2024) International strategy. These two areas were selected as focus areas based on a recognition that communities and individuals prefer to be active decision-makers rather than passive recipients of in-kind aid. The BRC also integrated the Safe and Inclusive (S&I) framework into the International Directorate, a cross-cutting theme for all International's work which includes the mainstreaming of good Protection, Gender and Inclusion (PGI) practice. This included defining a set of five S&I minimum actions which were to be met in all BRC-supported programmes. After a review carried out in 2022, it was decided that BRC abandon the S&I framework and minimum actions. Instead, BRC is focusing on aligning their 'S&I' terminology with IFRC.

In the strategy, CVA is defined as a form of assistance that will transform the humanitarian aid system, enabling people to overcome crises with dignity, exercise choice and sustain well-being. It states that CVA will be prioritised to provide a more timely, efficient, effective, flexible, and appropriate form of humanitarian assistance and that BRC will engage with the digital opportunities and challenges around cash and vouchers. The strategy makes several CVA commitments, including investing in and supporting National Societies (NS) with systems and processes to deliver cash as a routine and predictable part of national and local humanitarian response, linked to protection.

The strategy also makes a commitment to excellence through Community Engagement and Accountability (CEA). It outlines that the directorate's ambition is for BRC's work to be driven by the communities with which they work, based on an understanding of what is needed and what works locally. It states that CEA is integral to the delivery of quality programmes and services, internationally and in the UK. It also argues that engagement is essential to ensure an understanding of needs and an appropriate design for addressing those needs, and accountability is largely evidenced through good monitoring and evaluation processes. The strategy makes three commitments to invest in and support CEA. The first is to focus on ensuring CEA is integrated across BRC-supported programmes facilitating BRC's leading role in championing CEA within the Movement. The second is to support a select number of NS over the longer-term to embed and normalise CEA, helping to empower communities to bring about structural change. And the third is to work in collaboration with IFRC, ICRC and NS to develop and implement a best-practice Movement-wide CEA approach that is promoted, resourced, and adopted.

In line with this, BRC hosts two online learning platforms, one for CVA and one for CEA, hosting guidance, toolkits, case studies and templates to promote knowledge sharing and consistency. To ensure that CEA is integrated across CVA programmes, CVA RCRC Movement guidelines and toolkits include guidance on how to include CEA in the CVA programme cycle. Recent updates were made to the following CVA guides and toolkits to further highlight the importance of CEA into CVA:

1. Guidance for mainstreaming CVA: CVAP for effective response
2. Tipsheet for CEA in CVA with a focus on preparedness (CiE)

In 2022, a CEA in CVA checklist was also produced by the IFRC to provide practical actions to ensure a good level of community engagement in CVA interventions. This checklist has become the key CEA reference point for CVA practitioners.

Alongside the CVAP Guidance document and the CEA in CVA tipsheet, there is also guidance on S&I minimum actions which should be integrated into all BRC programmes, projects and emergencies.

Review purpose and scope

The purpose of this review is to assess the extent to which CEA has been mainstreamed in BRC-supported CVA programmes, touching on elements of PGI within the scope of CEA. In doing this, it seeks to identify the enablers and blockers faced by CVA practitioners when mainstreaming CEA. If the review finds that CEA has successfully been mainstreamed, it will investigate what factors have facilitated this mainstreaming to identify good practice. If the review determines that CEA has not been mainstreamed, it

will interrogate the blockers that are preventing mainstreaming from taking place and identify where National Societies/ CVA practitioners need additional support to implement CEA and PGI in their CVA programmes.

The aim of these investigations is to ensure that the first and third of the CEA commitments outlined in the International strategy are being achieved. In doing this, not only will the review assess the extent to which these commitments have been met, it will also contribute to meeting these commitments by providing learning on integrating CEA, and elements of PGI, into CVA and promoting CEA and PGI best-practice by highlighting successes and failures of its application in CVA interventions. These learnings will be used to improve the resources available to CVA practitioners when implementing CEA and will help to shape BRC's approach to CVA and CEA in the future.

The primary objectives of this review are as follows:

- To review the extent to which CEA practices have been mainstreamed in BRC-supported CVA programmes, linking to good PGI practices.
- To identify what is enabling/ blocking mainstreaming of CEA practices.
- To identify good CEA practice within existing programmes, projects, and emergencies.
- To identify gaps, weaknesses, and unintended consequences.

Utilisation

The primary audience for this review will be RCRC Movement staff, in particular BRC staff, working on CVA, CEA and PGI. This review could provide opportunities for BRC to build on and further explore the following key areas:

- Investigate how best to strengthen support to NS/ CVA practitioners implementing CEA
- Explore how to shape future approaches to CEA/ CVA
- Invest in promoting a learning approach to improve future BRC-supported CVA programmes

Sample

The review will consider BRC-supported CVA emergencies, projects and programmes between the dates 2020-2023. Of the 61 BRC-supported CVA emergencies, programmes and projects that have taken place between this period, we have selected a sample of eight (below) from a criteria mapping exercise. To help ensure this sample is representative of BRC's CVA work, these eight cover BRC-supported CVA emergencies, programmes and projects from a range of geographical areas, budgets, and thematic areas. The geographical regions include Asia, Europe, East & Southern Africa and Middle East and North Africa (MENA). The selected emergencies, project and programmes cover thematic areas such as Disaster Management, flooding, landslides, earthquakes, and hunger crises. The review will be carried out over a three-month period and will include desk analysis of programme documentation which will be supplemented with key

informant interviews and focus group discussions. The majority of these will be carried out remotely, with the potential for some in person interviews.

Number	Type	Name	Strategic focus area	Region
1	Project	Zimbabwe Community Resilience *Mwenezi and Chipingue	Hunger Crisis	East & Southern Africa
2	Programme	ELISSA	Hunger crises and the prevention of famines	East & Southern Africa
3	Project	Innovative Approaches In Response Preparedness	Disaster Management	East and Southern Africa
4	Project	Early Livelihood Recovery and Resilience in Nepal	Disaster Management	Asia
5	Project	Bangladesh Barishal Livelihoods and DRR	Hunger Crisis	Asia
6	Project	BRC support to SARC 2022-23	Disaster Management	MENA
7	Project	Lebanon Cash Assistance PPL 2021-2022	Disaster Management	MENA

Limitations

There are several potential limitations which may affect the validity of the review. Firstly, limitations related to the reliability and validity of the review findings may arise due to the range in quality programme documentation available. There is considerable variation in the types and amounts of documents, reports and plans uploaded to PIMS within the

sample. Reporting requirements related to the BRC, Partner National Societies, IFRC and ICRC differ, and this is evident in the documentation available within PIMS. It is possible that due to the range in information available to the research team, final conclusions from the review may not accurately reflect what took place within the programmes, projects and emergencies.

We aim to minimise this risk by supplementing our desk research with key informant interviews and focus group discussions. Interviewing staff and volunteers who were involved in managing and implementing the CVA emergencies, projects and programmes, will help to fill any gaps in the documentation. However, as this review is retrospective, there is a risk that key stakeholders may have left the Movement or that details have been forgotten over time. It is also important to note that including the experiences and opinions of aid recipients is beyond the scope of this review. Negating the voices of community members will further limit the reliability of this review as there is a risk that RCRC staff and volunteers will share a rose-tinted account of their CEA and PGI work.

Lastly, some guidance, such as the CEA in CVA checklist, is relatively new so there may not have been an adequate amount of time to assess impact. Further, the introduction of the CEA minimum actions is also a relatively new development. It would therefore be unreasonable to assess the level of CEA and PGI mainstreaming in CVA programmes between 2020-2023 using only the CEA minimum actions. To address this issue, we will also include the S&I minimum actions in our indicators.

Methodology

This review will draw on the following primary research methods:

1. Desk review of programmatic documents including design documents, budgets, PDMs, evaluation reports, mid-term reviews
2. Key informant interviews (KII)

Phases:

Phase one: Obtaining programmatic documentation

The inception phase will begin with a review of existing programatic documentation to extract core data. Documents will initially be gathered using PIMS. This will include key documents from both the design and implementation stage of the programme. If the programme has been closed, we will also include any final reviews or reports. As it is likely that not all relevant documents will be on PIMS, we will reach out to the programme focal points listed on PIMS to obtain any missing documentation.

Phase two: RAG table

Once we have obtained all necessary documentation, we will assess the level of CEA & S&I practices in the selected CVA emergencies, projects and programmes using a set of indicators which will be based on the CEA and S&I minimum actions. To assess whether the sample has met the criteria set out in the minimum actions/ indicators, we will produce a RAG table. From this analysis, we will evaluate which areas we need to carry

out further investigation into, including where we have gaps and any emerging themes. We will then revisit and update our research and interview questions based off of this new data.

Phase three: KII and FGDs

After updating our interview questions, the CEA and CVA Co-Leads will arrange and carry-out remote interviews with RCRC staff involved in the design and implementation of the sample emergencies, projects and programmes, including National Society (NS) staff, BRC's regional teams, CVA focal points and CVA advisors. We also plan to carry out some in-person KII and FGDs during this period. Subject to approval, these could take place in the Kenya in November. These interviews will be carried out by the CEA Co-Lead. We aim to carry out three interviews per emergency, programme and project. These will be a mix of KII and FGDs and will include a mix of NS and BRC staff (and potentially volunteers).

Phase four: Write up of review and presentation of findings

Following the data collection phases, the CEA & CVA Co-Leads will draft a review report and presentation. These will be disseminate across BRC's International Directorate and can be shared with all involved parties. The review will also be uploaded to the CEA & Cash Hubs.

Data will be triangulated through documentation available from the desk review phase, along with the focus group discussions and KIIs.

Research questions

This review intends to investigate the extent to which has CEA and PGI have been mainstreamed in BRC-supported CVA programmes between the dates of 2020-2023. To answer this question, the review will focus on the below sub-questions. Please note that these questions may be adapted and added to once the desk analysis has been carried out.

Core review questions:

1. To what extent are the CEA minimum actions and the S&I checklist being met in BRC-supported CVA programmes?
2. To what extent are community members involved in each stage of the programme cycle of BRC-supported CVA programmes and to what extent is their input considered/ reflected in these programmes?
3. To what extent is CEA in CVA guidance, in particular the CEA in CVA Checklist, facilitating the mainstreaming of CEA in BRC-supported CVA programmes?

Indicators

We will use a set of indicators to assess the extent to which CEA and PGI have been mainstreamed in BRC-supported CVA programmes. These indicators will be based off of the CEA and S&I minimum actions and will be used to assess CEA/ PGI levels in our RAG table. They will also be used to guide our interview questions. While the S&I minimum actions are no longer being used, we have decided to use the CEA and S&I minimum actions as indicators as they were the accepted CEA criteria used within BRC-supported programmes between 2020-22.

Questions based on CEA minimum actions:

1. Was a context analysis completed?
2. Was a needs assessment carried out and, if so, were the community involved in the planning of the assessment?
3. Were community members (including men, women, boys and girls and marginalised or at-risk groups) involved in the planning and design of the programme?
4. Were CEA activities and indicators included in programme plans and budgets?
5. Was information regularly shared with community members using the best approaches to reach different groups?
6. Was feedback collected, analysed and responded to? And to what extent were programmes adapted based on data gathered by CFMs?
7. Were communities included in evaluations?

Questions based on S&I minimum actions:

1. Were CFMs clearly advertised? And were checks carried out to make sure community members of all genders, ages, abilities and backgrounds know how to and feel safe raising concerns or ask questions?
2. Was a referral pathway mapped out during the inception phase?
3. Was a referral pathway included in the Community Feedback Mechanism?
4. Were community members regularly consulted to understand their protection needs, risks and capacities?
5. Was data disaggregated by sex, age and disability throughout the implementation?
6. Was risk to community members adequately analysed and were mitigating actions integrated throughout the intervention?

Questions with PGI focus:

1. To what extent do BRC-funded CVA programmes consider and adapt to the specific needs and vulnerabilities of different groups in a community?
2. What number of consultations were held with affected people throughout the project cycle (needs assessments, evaluations, etc)?
3. Is there evidence of diversity of individuals/groups consulted?

Key Questions for Key Informant Interviews and Focus Group Discussions:

1. To what extent does the level of CEA institutionalisation impact the level of CEA and PGI in BRC-supported CVA programmes?
2. Which stages of the CVA programme cycle are best/ least meeting the CEA & S&I minimum actions and why?
3. What are the barriers preventing CEA and PGI from being mainstreamed in BRC-supported CVA programmes?
4. What the key enablers in facilitating the mainstreaming of CEA and PGI in BRC-supported CVA programmes?
5. How can be better mainstream CEA and PGI in BRC-supported CVA programmes?
6. To what extent does the CEA in CVA guidance, in particular the CEA in CVA checklist, facilitate the mainstreaming of CEA and PGI in BRC-supported CVA programmes?
7. How can the CEA in CVA guidance be improved?

8. How can BRC strengthen support to NS/ CVA practitioners implementing CEA and PGI?
9. What are the unintended consequences of CEA and PGI not being mainstreamed in CVA programmes?
10. Is there evidence of PGI in programmatic decisions (initial design adaptations)?
11. To what extent is PGI mainstreaming systematic in BRC-supported CVA interventions?
12. Was community preference included in the selection of the CVA delivery mechanism?

Sampling

The sample for this research was selected through the BRC's PIMS Analyse tool. The tool pulls all programmes, projects and emergencies pages from within PIMS within a set of filters. The filters applied included all programmes and projects which included a cash component and all emergencies which where the BRC was funding cash distributions within the years 2020-2023.

Type of PIMS Page	**Number of Pages**
Programme	5
Project	37
Emergency	19
	61

The sample pages were then mapped according to the following types of information points:

- Name of page
- Start date/End date
- Status (Active or Closed)
- Type of programme/project/emergency
- Geographical Area
- Implementing Organisation
- Partner Organisations
- Total BRC Funds Contributed
- Form of CVA Component
- Amount of CVA distributed
- Number of Receipients Supported/Targetted

Pages were also mapped as to whether they included the following programmatic documentation

- Proposal/ Concept Note
- Baseline/ Endline
- Selection Criteria
- PDM/ Satisfaction Survey
- Mid-Term Review

- Final Evaluation or Report

From the initial mapping a purposive sampling method was used to select a sample of 8 programmes, project and emergencies pages.

The decision to use purposive sampling was based on the quality and range of documentation available within the PIMS pages. When mapping the information for each page it became clear that there was a large degree in variation between the type, quality and amount of documentation uploaded to each PIMS page. Some of this was due to newer programmes not having the programme documentation available yet, however others had limited information as they were IFRC lead emergency responses with only standard reporting available.

The decision therefore to use purposive sampling was taken as it enabled the research team to select a sample of programmes, projects and emergencies which covered various years, a range of regions and geographical areas, and had sufficient documentation available for the secondary research to take place.

Whilst the use of purposive sampling will affect the generalizability of the findings, the decision to select a sample to include programmes, projects and emergencies from across the regions should result in a set of conclusions that are relevant to the different BRC regional teams.

Preliminary Findings

Preliminary findings from the sample mapping exercise show that whist there are programmes, projects and emergencies across the BRC regional teams which include a CVA component to their response there are gaps in the amount of relevant CEA information being uploaded onto PIMS. The mapping exercise consistently highlighted information and documentation gaps related to selection criteria, post-distribution surveys, satisfaction surveys, mid-term reviews and final evaluations.

Whilst the next steps of this research will include searching for and requesting relevant documents which have not been uploaded to PIMS from regional teams, the lack of ready documentation on PIMS related to these areas does hint at a potential weakness in CEA evidence.

Work Plan

Review phase	Activity	Deliverables	Responsible person	Location	Timeline/ unit of days
Data collection	Review of CEA in CVA reviews carried out by other organisations	N.A	CEA and CVA Co-leads	Home based	0.5 days

Data collection	PIMs review of programme documentation	RAG table	CEA and CVA Co-leads	Home based	7 days
Data analysis	Analyse data presented in RAG table and revisit review and interview questions	Review and interview questions	CEA and CVA Co-leads	Home based	7 days
Data collection	KII with stakeholders and regional teams	n.a	CEA and CVA Co-leads	Home based (with potential for in-person visits)	5 days
Data analysis	Analyse the data gathered during all stages of review	n.a	CEA and CVA Co-leads	Home based	5 days
Reporting	Write draft review	Draft review	CEA and CVA Co-leads with input from advisors	Home based	5 days
Reporting	Complete final review	Final review	CEA and CVA Co-leads	Home based	5 days
Reporting	Review dissemination	Executive summary and presentation	CEA and CVA Co-leads with input from advisors	Home based	2 days

Logistics and Support

This review will be led by colleagues from the British Red Cross Cash Hub and CEA Hub. For the initial secondary data analysis of BRC programmes will be completed by the CVA Co-Lead and CEA Co-Lead, drawing on technical support from CVA Advisory and CEA Advisor where needed. At the data analysis stage support from BRC Regional Teams for additional programme documentation will also be needed, where there are gaps in the PIMS evidence.

The secondary stage will include key informant interviews with programme stakeholders from across the regions and country offices. The information from these interviews will help to triangulate the evidence and trends found within the secondary data analysis stage.

Travel for in-person interviews for the CEA Co-Lead may potentially be built into the Q4 timeline, however this will depend on the availability of the CEA co-lead and the relevant stakeholders within the BRC country offices. Remote interviews will also be conducted in November, by both the CVA Co-Lead and CEA Co-Lead.

Role	Name	Job title
CVA Co-lead	Cara Wilson	Cash Hub Helpdesk Manager
CEA Co-lead	Laurel Selby	CEA Learning & Content Manager
CVA Advisor	Ines Dalmau Gutsens	Cash & Markets Advisor
CEA Advisor	Mohammad MirBashiri	Senior CEA Advisor
PGI Advisor	Elicia Robertson	CEA Global Surge

Format of the Review Report

Approximately 10 pages with recommendations and findings

1. Executive Summary
2. Background and review objectives
3. Findings and analysis
4. Key learning
5. Recommendations
6. Conclusions
7. Annexes

Annex 4: Review ToR

Summary

Purpose: The review will assess the extent to which Community Engagement and Accountability (CEA) approaches have been mainstreamed in BRC-supported Cash and Voucher Assistance (CVA) programmes. In doing this, it will document CEA and CVA best practice and help to identify where National Societies/ CVA practitioners need additional support to implement CEA in their CVA programmes.

Audience: The primary audience for this review will be RCRC Movement staff, particularly BRC staff, working on CVA and CEA.

Duration and dates: September - January 2023

Background

In 2019, both Community Engagement and Accountability (CEA) and Cash and Voucher Based Assistance (CVA) were highlighted as key areas of focus in the British Red Cross' (BRC) five year (2019-2024) International strategy. These two areas were selected as focus areas based on a recognition that communities and individuals prefer to be active decision-makers rather than passive recipients of in-kind aid.

In the strategy, CVA is defined as a form of assistance that will transform the humanitarian aid system, enabling people to overcome crises with dignity, exercise choice and sustain well-being. It states that CVA will be prioritised to provide a more timely, efficient, effective, flexible, and appropriate form of humanitarian assistance and that BRC will engage with the digital opportunities and challenges around cash and vouchers. The strategy makes several CVA commitments, including investing in and supporting National Societies (NS) with systems and processes to deliver cash as a routine and predictable part of national and local humanitarian response, linked to protection.

The strategy also makes a commitment to excellence through Community Engagement and Accountability (CEA). It outlines that the directorate's ambition is for BRC's work to be driven by the communities with which they work, based on an understanding of what is needed and what works locally. It states that CEA is integral to the delivery of quality programmes and services, internationally and in the UK. It also argues that engagement is essential to ensure an understanding of needs and an appropriate design for addressing those needs, and accountability is largely evidenced through good monitoring and evaluation processes. The strategy makes three commitments to invest in and support CEA. The first is to focus on ensuring CEA is integrated across BRC-supported programmes facilitating BRC's leading role in championing CEA within the Movement. The second is to support a select number of NS over the longer-term to embed and normalise CEA, helping to empower communities to bring about structural change. And the third is to work in collaboration with IFRC, ICRC and NS to develop and implement a best-practice Movement-wide CEA approach that is promoted, resourced and adopted.

In line with this, BRC set up two online learning platforms, one for CVA and one for CEA, hosting guidance, toolkits, case studies and templates to promote knowledge sharing and consistency. To ensure that CEA is integrated across BRC-supported CVA programmes, CVA guidelines and toolkits include guidance on how to include CEA in the CVA programme cycle Recent updates were made to the following CVA guides and toolkits to further highlight the importance of CEA into CVA:

- Guidance for mainstreaming CVA: CVAP for effective response
- Tipsheet for CEA in CVA with a focus on preparedness (CiE)

In 2022, a CEA in CVA checklist was also produced by the IFRC to provide practical actions to ensure a good level of community engagement in CVA interventions. This checklist has become the key CEA reference point for CVA practitioners.

Review purpose and scope

The purpose of this review is to assess the extent to which CEA has been mainstreamed in BRC-supported CVA programmes. In particular, it will investigate whether the CEA in CVA checklist has led to practical applications of CEA in BRC-supported CVA programmes.

Beyond this, the review aims to ensure that the first and third of the CEA commitments outlined in the International strategy are being achieved. Not only will the review assess the extent to which these commitments have been met, but will also contribute to meeting these commitments by providing learning on integrating CEA in CVA and promoting CEA best-practice by highlighting successes and failures of CEA application in CVA interventions.

The review will consider BRC-supported CVA interventions between the dates 2020-2022. Of the thirty-three BRC-supported CVA emergencies, programmes and projects that have taken place between this time period, we will select a sample of eight. These interventions will be selected to ensure that they are varied and reflect a range of the CVA programmes BRC supports.

Review criteria and key questions

The key questions to be addressed in the review are listed below as guidance and are expected to be further fine-tuned in the inception report.

The overarching question of this review will be:

To what extent has CEA been mainstreamed in BRC-supported CVA programmes between the dates of 2020-2022?

To answer this question, we will focus on three sub-questions:

1) To what extent are the CEA minimum actions being met in BRC-supported CVA interventions?

2) What role has the CEA in CVA checklist played in mainstreaming CEA in BRC-supported CVA interventions?

3) To what extent is PGI mainstreaming systematic in BRC-supported CVA interventions?

Review methodology and process

This review will draw on the following primary methods:

- Desktop review of programme documents such as design documents, budgets, PDMs, evaluation reports, mid-term reviews.
- NS office visits
- Key informant interviews
- Surveys

Review deliverables and illustrative timeline

Time schedule	Activities	Deliverables

Week 1	PIMs review of BRC-supported CVA programmes between 2020-2022 Selection of sample programmes	List of selected programmes to review
Week 2	Development of detailed inception report or data collection/ analysis plan and scheduled, draft methodology, and data collection tools	Inception report with detailed data collection and analysis plan, methodology and data collection tools
Week 3 & 4	Desktop review of documents and key informant interviews	RAG table
Week 5 & 6	Visits to NS offices (face-to-face KII)	
Week 7	Analysis of data	
Week 7 & 8	Draft of review report	Draft report
Week 9 & 10	Final review report and presentation	Final report and ppt presentation