



LESSONS LEARNT WORKSHOP REPORT

Cash and Voucher Assistance (CVA)
Programme in response to the
Ukraine and Impacted Countries
Emergency Appeal in Estonia

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1. INTRODUCTION

The Lessons Learnt Workshop (LLW) for Cash and Voucher Assistance (CVA) Programmes in Estonia in response to the Ukraine and Impacted Countries Emergency Appeal (EA) took place on 22 and 23 September in Tallinn (Estonia). The workshop was organised by the Estonian Red Cross (ERC), with support from the Austrian Red Cross, the IFRC Warsaw Country Cluster, and the IFRC Regional Office of Europe. The workshop took place in English, with on-site informal translation in Estonian, Ukrainian and Russian by staff and volunteers. Participants included the ERC CVA focal point, Branch Coordinators, Procurement, IM, Communication, and volunteers who took part in the implementation of the programme.

The **objectives** of the Workshop were the following:

- To facilitate an in-depth exploration of insights, best practices, and lessons learned from CVA programmes implemented in Estonia.
- To engage ERC staff in collaborative discussions to improve coordination and cooperation of CVA initiatives and knowledge sharing.
- To build consensus on future directions for CVA programming integrating lessons learned.

The workshop used a **participatory and interactive approach**, combining plenary discussions, group work, and role-playing learning methods to ensure engagement and reflection among participants. The methodology was designed in order to facilitate both structured analysis and open dialogue around the implementation of the CVA intervention. The LLW included the following methodology:

- Presentation of interventions. This included objectives, target and operational modalities, allowing for a common reference point for participants.
- Working groups. Divided into small groups, participants discussed different thematic areas, allowing to understand limitations and enablers, while also exploring solutions and recommendations. This was particularly useful given the different languages spoken in the group.
- Privilege Walk. This role-playing activity allowed for participants to reflect on access, equity and inclusion within the interventions, understanding better people's experience with CVA programming though putting oneself into the target group's shoes.
- Session on CVA concepts. To ensure shared understanding, a focused session was held on CVA. This session reinforced participants' conceptual knowledge and understanding of CVA as a humanitarian tool to achieve sectorial project objectives.
- Case studies. Participants were given practical challenges that allowed them to reflect on the intervention, enabling deeper understanding of limitations and reflect on future recommendations.
- Simulation exercise. Divided into small groups, participants were given a simulation case study and tasked with designing a CVA intervention. This encouraged the application of learning from the workshop.

2. LIMITATIONS

There are several limitations that should be considered when interpreting the findings of this LLW report. These elements may have influenced the scope, depth and representativeness of the discussions and analysis.

The first limitation is the facilitation and analysis overlap. Two of the people facilitating the workshop were also involved in the analysis of the data for elaborating this report, both being IFRC staff members. While this offered useful contextual understanding, it may have affected objectivity in how participants' inputs were interpreted.

The second limitation concern is the language and translation constraints. The workshop relied on interpretation and translation provided by a local colleague. Despite efforts to ensure accuracy, some nuances or meanings may have been lost in translation.

Lastly, language barriers among participants. Some participants were not fluent in either of the languages used during facilitation and translation. During the workgroups, instructors tried to organise group work to facilitate language needs. However, the overall constraint may have affected some participants' ability to fully express their views or engage in group discussions, potentially influencing the comprehensiveness of the feedback collected.



Staff members from the ERC reflecting on a case study during the LLW. Source: Natalia Andruszko, IFRC.

3. EA IN NUMBERS

Under the Emergency Appeal for Ukraine and Impacted Countries:



159,127

households received assistance



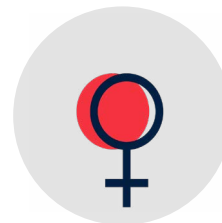
297,275

individuals received assistance



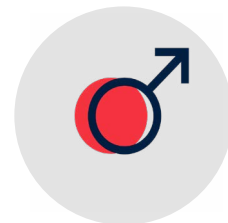
CHF 92.25M

distributed across multiple countries.



103,401

were females



39,956

were males

The largest allocations were provided in Poland (over CHF 30M), Romania (CHF 28M), Ukraine (over CHF 14M), Slovakia (CHF 5,5M), and Bulgaria (CHF 4,8M).

Estonia received **CHF 191,814**

The total assistance has included cash for education, health, protection, shelter, support to veterans and host communities, multipurpose cash assistance, vouchers, and winterization top-ups.

4. CONTEXT

In February of 2022, the escalation of the international armed conflict between Russia and Ukraine led to the displacement of millions of people from Ukraine, with over [5 million having registered for Temporary Protection in EU countries by October 2025](#). Neighboring countries have hosted a significant number of people, placing pressure on national systems. [According to UNHCR](#), as of 30 September 2024, **Estonia** had registered 36,135 Ukrainian refugees, with a total of 62,420 people having applied for asylum, temporary protection or similar national protection. Together with Lithuania and the Czech Republic, Estonia is one of the countries hosting the largest number of Ukrainian refugees per capita.

This large-scale displacement has led to constant changes, challenges and continuous need for adaptation across host countries in Europe, as they have sought to respond to the growing needs and vulnerabilities of people displaced from Ukraine. Within this context, IFRC launched the [Ukraine and Impacted Countries Emergency Appeal](#), with **National Societies** at forefront of operations, mobilising volunteers, staff and resources to provide essential assistance and protection to people in vulnerable situations.

To respond to these needs, and as part of the Emergency Appeal response, **ERC implemented two CVA programmes**. According to results of an internal needs assessment conducted by the Estonian Red Cross in 2024, 57 per cent of Ukrainian refugees in Estonia had difficulty meeting basic needs, often having to prioritize one basic need over another. 25.3 per cent of people indicated that medical expenses are one of the most frequently unmet needs. Results showed that access to healthcare services¹, especially mental health services, remained critical, as many people have experienced trauma and need ongoing support. However, even if they receive state healthcare, people often face difficulties in understanding the system, finding the right service provider, or navigating language barriers.

Based on the identified needs, ERC designed two CVA programmes using voucher modality aimed at Ukrainian refugees who had arrived after March 2022 in Estonia. One voucher was redeemable at the RIMI supermarket chain, assisting people in covering basic needs, while the other was to use at Apotheka pharmacies to support people in covering their medication needs and health-related expenses.

RIMI voucher was specifically aimed at:

- Single-headed household with at least 2 children (under 18 years old).²
- Older people (equal to or over 65).³
- People with disabilities.

The Rimi gift card had a value of 50 Euros, each household member received one card. The gift card could be used multiple times until the remaining balance was fully used. While technically the Rimi gift card was reloadable, this project consisted of only one instalment, therefore this feature was not used. People were unable to buy tobacco, alcohol or lottery tickets with the Rimi voucher.

People registered through Jotform, and the card recipient data was stored in Espo when it was picked up. The program lasted from June 2023 to February 2024. A total of 1935 unique cards were used.

1 The requirements for people from Ukraine to apply for Estonian national healthcare system are the same as for Estonian citizens. Therefore, persons granted temporary protection do not automatically receive national health insurance. They can receive it either by presenting an employment contract of at least one month or by registering as unemployed with the unemployment insurance fund. These requirements place many people in a difficult situation, especially in the first months when they are waiting for temporary protection and cannot yet work.

2 Single-parent families, mainly mothers with two or more minor children, often face the greatest difficulties in settling in Estonia. As of January 2023, at least 70 per cent of adult Ukrainian refugees were women and over a third of all refugees were children. Thus, the majority of refugees in Estonia are women raising children, which presents specific challenges in their integration into Estonian society and the labor market.

3 At the time of the programme planning, there were around 6,000 people from Ukraine living in Estonia who were older than 60. Less than half of them had found work, leading to challenges to address basic needs. Ukrainian pensioners in Estonia receive Ukrainian pensions, which are often significantly lower than in Estonia, making it difficult to cover all necessary expenses.

Apotheka voucher was specifically aimed at:

- People who have not received similar financial assistance from other humanitarian or state institutions.
- People who have a chronic illness that requires regular medication and have visited an Estonian healthcare institution to get a prescription.¹

Each voucher had a value of 30 Euros (CHF 27.8) per person, and was charged once a month for 4 months, with a total amount in the card of 120 Euros (CHF 111.2). Registration of people was done through Kobo, which automatically went to Espo. The program lasted from February 2025 to August 2025. A total of 90,222.54 Euros (CHF 83,597.83) were purchased at Apotheka.

After both programmes, **post-distribution monitoring (PDM)** was conducted. Participants completed a Kobo-based survey, and the collected data was analyzed and visualized using Power BI. Comments provided in Ukrainian, Russian, or Estonian were translated into English using online translation tools. All personally identifiable or traceable information was removed to ensure data protection and confidentiality.

The PDM of the **Rimi supermarket voucher** was conducted from March to July 2024 and gathered feedback from 224 respondents, primarily located in Tallinn (45), Pärnu Maakond (20), and Tartu (16). The survey revealed a high overall satisfaction rate of 92.74 per cent, with 71 per cent of participants confirming they could purchase everything they needed at Rimi. The preferred channels for receiving information were Facebook (29 per cent), SMS (27 per cent), and Viber (16 per cent). Nearly all respondents (96.77 per cent) reported no issues with the cash and voucher assistance (CVA) process, with people describing Red Cross staff as “attentive,” “friendly,” and providing a “safe” environment. While most participants indicated that the support improved their short-term financial situation (122 respondents), when asked on suggestions, some recommended more regular/periodic assistance (7 respondents), expanding cooperation with other supermarket chains (2 respondents), sending cards by mail (1 respondent).

The PDM for the **Apotheka pharmacy card program** was conducted in the beginning of September 2025 and collected feedback from 143 respondents, mainly from Tallinn (56), Ida-Viru (27), and Tartu (18). Overall satisfaction was high at 90.9 per cent. The preferred information channels were Facebook (49% per cent), Telegram (32 per cent), and SMS (25 per cent). Most participants reported receiving clear and timely information about the assistance process (92.09 per cent), though a few (5.76 per cent) highlighted issues such as unclear information on branch schedules to pick up cards (12 respondents). Only two respondents were very dissatisfied with the registration process, due to not receiving cards (1 respondent) or uncertainty about next steps (1 respondent). In final comments, participants underlined ERC staff professionalism, empathy, and dedication (9 respondents), with a respondent noting the supportive attitude of workers who “treated everyone attentively.” As with Rimi supermarket voucher, suggestions for improvement included more continued program support (13 respondents), and expansion of the pharmacy network to ensure better product availability (3 respondents), particularly for prescription medicines in some regions.

5. FINDINGS

The following section presents main findings from the Lessons Learned Workshop, complemented by PDM results from both programmes aiming to provide a more comprehensive and evidence-based analysis. The findings are divided into thematic areas, ordered according to how recurrently they appeared in discussion and their perceived significance to the CVA implementation.

CVA design and delivery

Modality choice

For both programmes, vouchers were chosen as the modality of implementation. Throughout the workshop, participants explained that vouchers were considered as an appropriate modality.

¹ Older people, especially pensioners, are at higher risk of developing chronic diseases. The prevalence of chronic diseases among Ukrainian pensioners was presumed to be high during planning, similar to other European countries, where more than 60 per cent of people over 65 have at least one chronic disease. This makes it difficult for elderly people living alone to cope, with many at risk of living close or below the poverty line.

This was especially present among Branch Managers. Participants from the workshop explained that vouchers were fast to implement, required minimal preparation time and resources from branches, and enabled effective data collection for future interventions.

Moreover, participants noted that an in-kind response was not viable due to difficulties in reaching certain rural areas and the limited knowledge of people's specific needs. As for cash assistance, this option was explored at the planning phase with participants recognising it may have been more efficient. However, constraints related to data storage and limited staff experience with cash programming at the time led to the decision not to pursue this option for this specific project. This reinforced the overall view during the workshop that choosing the voucher modality had been the most appropriate decision given the context of organizational capacity at this moment, but not due to affected populations preferences or effectiveness. Furthermore, according to the PDMs, the preferred assistance delivery mechanism for Rimi voucher was 44 per cent cash vs 32 per cent vouchers; for the Apotheka voucher PDM it was 48 per cent vouchers vs 34 per cent cash.

However, participants also expressed concern about the use of vouchers. Although they were useful given that this was ERC's first experience with CVA interventions, there were limitations and issues brought up. On the one hand, the use of vouchers presented risks such as people losing the voucher itself. This challenge was reinforced by PDM findings, with 4 participants expressing that they did not feel safe due to the potential risk of losing the card.

On the other hand, the voucher made it difficult for people to follow up on the expenses. In the case of the Apotheka voucher, an online system allowed recipients to check their remaining balance. However, LLW participants noted that various users reported difficulties tracking their expenses, suggesting that information about the system may not have been communicated clearly, or that the platform was challenging to use due to factors such as age or language barriers.

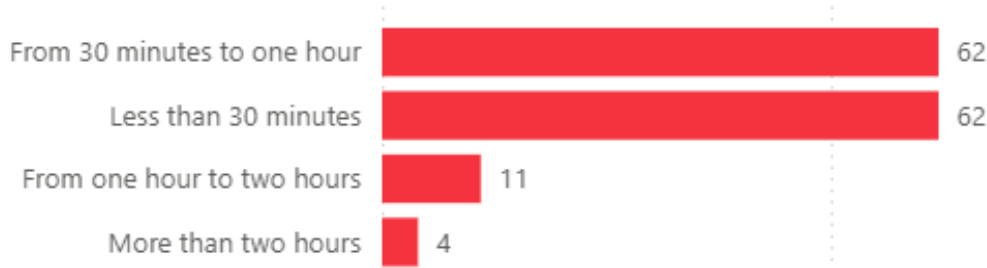


Participants from the LLW, including staff and volunteers from the ERC, Austrian RC staff and IFRC staff. Source: Natalia Andruszko, IFRC.

Vendor choice

Overall, Apotheke and RIMI were seen as good and appropriate choices as vendors. Given their extensive reach throughout the country and their establishment as trustworthy brands, ERC members felt like they were reliable partners. Both vendors had ready-made systems, with the IT knowledge and tools needed, that allowed for the cards to be processed with ease within their system.

That said, although both RIMI and Apotheke have broad coverage across Estonia, there were areas where the establishments were not available, especially in the countryside. As a result, people had to travel to other areas to use their vouchers. During the Apotheke PDM, 78 people reported taking over 30 minutes to get to the distribution point, with 4 reporting it took them more than 2 hours (see Infographic 1). It is also important to note that the majority (101 respondents) took public transport to pick up their cards (see Infographic 2).



Infographic 1. Bar chart representing travel time to the distribution point (Apotheke).



Infographic 2. Pie chart representing transportation method to distribution point (Apotheke).

Moreover, during the workshop, volunteers explained that many people who received the voucher had never heard of Apotheke, leading to added struggles. Furthermore, the brands were considered to be expensive among LLW participants, with suggestions to look into more accessible establishments. This was reflected in the RIMI PDM, with 28 per cent of respondents explaining that they would have preferred another market chain.

Value of Assistance

When discussing value, participants of the LLW agreed that the amount was too low. Given the current cost of living and overall economic situation in Estonia, this amount was considered insufficient to cover people's basic needs. However, they acknowledged that, in practice, while the assessed needs may be greater, available donor funding and pre-set requirements often limit the level of assistance that can be provided.

Community, Engagement and Accountability

During the workshop, Community, Engagement and Accountability (CEA) was raised repeatedly and discussed in depth. Understanding the community's context, listening to people's needs, open communication, and having a thorough feedback system were some of the elements discussed.

When discussing the target group, participants shared struggles for people from Ukraine to understand if they were eligible for a voucher. LLW participants identified several contributing factors, including cultural differences on understanding key terms¹, the broadness of the target group, the lack of specificities, and the lack of direct access for people to verify eligibility criteria—all of which led to confusion. On this topic, ERC volunteers and staff reinforced the importance of distributing the eligibility criteria more widely, accessible, clear, and cultural-appropriate manner, as well as providing direct feedback lines during registration for people to contact in case issues arise.

Despite these challenges and added delays due to information management issues, as a key strength, branch managers emphasized the role of volunteers. They noted that volunteer engagement—especially in person—helped ensure that people affected felt listened to and supported, easing the overall response. Continuous interaction with members from the target group enabled programmes to adapt to emerging challenges and evolving needs. This was reinforced by ERC volunteers from Ukraine, whose language skills and cultural familiarity greatly facilitated communication, strengthened trust, and enhanced the overall responsiveness and inclusivity of the intervention. This achievement is strengthened with the results from the PDM, as elaborated in the context section, with respondents expressing their gratefulness for the attitude of RC staff.

- *“It was safe, the employees of the Red Cross are very attentive and friendly.”*
- *“Everything was wonderful in the premises of the Red Cross, I felt at ease.”*

Source: Rimi supermarket voucher PDM

- *“You are doing a good job, thank you very much.”*
- *“The attitude of the employee of the Red Cross who issued the card was very touching - she was very late at work until she served the entire queue, even those who were late, each visitor was treated very attentively, she explained everything in detail and helped everyone. This attitude towards each person clearly went beyond the scope of her official duties, and at the same time she said that all Red Cross workers, without exception, treat people in this way. It was very nice.”*
- *“It seems to me that you are doing a lot, it is impossible to do everything. Thank you very much for your help.”*
- *“I am grateful for everything”*
- *“Thank you for the card for the pharmacy, it helped a lot to get prescription drugs for my son, he suffers from bronchial asthma, so he constantly receives anti-allergy drugs, and to maintain his general condition.”*

Source: Apotheka voucher PDM

Information management

There were several challenges in the area of information management. Overall, for both programmes, registration was perceived as difficult. In the LLW, participants expressed that many people faced issues when registering, especially older people. Factors that may have led to this were language differences, differences in technological levels, and lack of clear instructions and guidelines. As a strong point, participants highlighted that people could come in person to branches, as well as call the designated Call Centre, to receive assistance with registration.

Moreover, during the Apotheka programme, the registration took place in Kobo that was supposed to be integrated with Espo. Thus, allowing all the participants information to be available and ready once they came to pick up the voucher. However, there were technical difficulties which did not list everyone registered in the Espo system, making the beneficiary identification through this system not possible or only possible for some people. This led to errors and delays and turning back to excel.

¹ For example, ERC established “pensioners” as target group. The age for pensioners in Ukraine and Estonia differs, leading to misunderstandings.

Protection, Gender and Inclusion

From a protection, gender and inclusion (PGI) perspective, accessibility remains a key consideration for ERC. Several branches do not have physical offices, which limits opportunities for people—particularly those with specific needs—to access in-person and personalized support. This structural gap may reduce inclusiveness and hinder participation. In addition, branch members noted that some existing offices are not fully accessible for people using wheelchairs. While this did not create barriers during the analysed operation, ensuring dignity, equitable access and safety for all community members is essential.



ERC staff and volunteers taking place in group work facilitated by Austrian Red Cross staff during the LLW. Source: Natalia Andruszko, IFRC.

6. RECOMMENDATIONS

The following recommendations have been identified based on the LLW findings. They aim to strengthen overall preparedness and institutional readiness of CVA interventions in humanitarian emergency responses by providing actionable steps for the Estonian Red Cross, while also offering transferable insights for other National Societies and humanitarian partners operating in similar contexts.

Improve CVA response planning and implementation

General recommendations

- **Incorporate preparedness in CVA planning.** This includes (1) designing CVA interventions based on evidence based needs analysis, option analysis, and available and reliable delivery mechanisms, (2) conducting CVA feasibility and market assessments regularly, including considerations on transfer-value determination, (3) maintain updated response and contingency plans that include CVA as a modality, and (4) establish CVA Standard Operating Procedures (SOPs).

- **Strengthen staff and volunteer capacity in CVA.** Provide regular and comprehensive training for staff and volunteers on CVA concepts, tools, SOPs, and delivery mechanisms to ensure consistent, quality implementation across branches.
- **Enhance coordination and knowledge sharing among the Movement.** Promote regular exchanges with other National Societies to learn from their CVA experiences, share best practices, and harmonise approaches where possible. A suggested starting point is the [Cash Hub](#).

Context-specific recommendations for ERC

- **Establish CVA Standard Operating Procedures (SOPs).** Develop, test and update comprehensive SOPs for CVA design, implementation, and monitoring, aligned with IFRC standards and national regulations. Include CVA preparedness components such as contingency planning, data protection, partnerships with Financial Service Providers (FSPs), and pre-agreements with vendors. It has to be noted that organisational capacity improvements in data protection, beneficiary selection criteria, data management or data sharing with other organisations, etc. is nothing CVA specific as these thematic areas are required for any in-kind support as well. However, every CVA project will also benefit from improved capacity in these areas.
- **Refine and communicate target group criteria.** For future operations, it is important to clearly define and communicate eligibility criteria to all people involved. Moreover, prepare referral pathways for people in vulnerable situations that fall outside the established target group.
- **Plan for phased assistance through multiple distributions.** When feasible, provide support through multiple instalments rather than a single round. The experience with the Apotheka vouchers showed that repeated distributions increased satisfaction.
- **Adapt transfer modalities to the target group's context.** Consider the legal status, access to financial systems, and digital literacy of the target population when selecting cash or voucher modalities. Especially in cash modality, ensure flexibility to use alternative mechanisms for groups unable to access bank transfers.

Strengthen CEA mechanisms within CVA preparedness and responses

General recommendations

- **Embed CEA throughout the project cycle.** It is key to ensure a people-centered approach through-out the intervention by integrating meaningful community participation, open and honest communication, and mechanisms to listen to and act on feedback, within our programmes and operations. See resources such as [Project/Programme Planning Guidance Manual](#), [CEA Guide](#) and [CEA Toolkit](#).
- **Ensure diversified and adaptive communication channels.** By combining both digital and in-person tools, it can better adapt to people's level of access and digital literacy. It is important that these elements are offered in a wide range of languages, catered to the target group's needs. Some tools can be the following: social media, messaging systems, hotlines, printed materials, and community meetings. This also includes **feedback mechanisms**. It's important to promote accessible and timely feedback and complaint mechanisms (QR codes, complaint boxes, or short online forms) that ensure confidentiality and timely response. This can be done through online forms (shared at the end of needs assessments, for example), QR codes, or complaint boxes.
- **Ensure consistency of information.** All staff and volunteers involved should have clear, up-to-date information to avoid contradictions between what is communicated at different stages or by different actors.
- **Build internal capacity.** Train staff and volunteers on CEA to facilitate the institutionalisation values of acceptance, trust and accountability. This will lead to more effective, timely, and humane emergency responses. As a starting point, IFRC offers a [CEA in Cash & Voucher Assistance \(CVA\) E-learning Course](#), available on its Learning Platform.

Context-specific recommendations for ERC

- **Improve and expand accessibility and visibility of information.** Clearly communicate the ERC Infoline number and ERC feedback email during registration and ensure it is displayed on all relevant materials. Moreover, create a specific feedback form (available both online and off-line) that people can fill out during the response. For the form, combine multiple tools such as QR codes, complaint boxes, Facebook, and Telegram to ensure inclusivity. Use automatic messages to confirm receipt of registrations, inquiries or complaints and provide timely feedback on reported issues. Lastly, where branches lack a physical office, consider temporary distribution or information points in accessible public areas, such as shopping centres, supermarkets or community spaces.
- **Establish clear communication systems and focal responsibility.** Appoint a CEA focal point to coordinate communication and feedback efforts across branches, ensuring information shared with communities is consistent, timely, and accurate.
- **Build on volunteer networks for community insight and better communication:** Use the knowledge and language skills of volunteers (many of whom belong to the target communities) to improve outreach, quickly identify needs, and share key information through trusted community channels.

Improve Information Management systems and practices for effective support to the affected population, including for CVA components

General recommendations

- **Ensure data management, protection and compliance.** This entails scheduling regular data backups while ensuring duplication of datasets for prevent loss. Additionally, maintain consistency in data collection and storage formats across projects to support quality analysis and reporting. Moreover, it is essential to be up-to-date with national regulations and Movement data protection standards when collecting, storing, and sharing data. Prioritise data encryption and controlled access to safeguard sensitive beneficiary information.
- **Strengthen preparedness and contingency planning.** Develop clear IM contingency plans outlining backup systems and alternative procedures in case of technical failure or system downtime.
- **Invest in IM capacity and sustainability.** Provide trainings for staff and volunteers on IM tools, data protection, and analysis. Encourage knowledge-sharing and cascading trainings to prevent reliance on a single person and ensure institutional continuity.

Context-specific recommendations for ERC

- **Prioritise IFRC-endorsed platforms.** Prioritise **Kobo Toolbox** as the main data collection platform due to its offline functionality and integration within IFRC systems. It is key to ensure that all staff and volunteers are adequately trained before rollout.
- **Strengthen institutional IM capacity:** Secure project-based funding for a dedicated IM position (even part-time) to coordinate data processes, ensure quality control, and build institutional knowledge across branches.